





# HEALTH QUARTERLY STATEMENT

As of September 30, 2017  
of the Condition and Affairs of the

## RiverLink Health

NAIC Group Code.....4807, 4807  
(Current Period) (Prior Period)

NAIC Company Code..... 15499

Employer's ID Number..... 46-4380824

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Licensed as Business Type Health Insuring Corporation

Is HMO Federally Qualified? Yes [ X ] No [ ]

Incorporated/Organized..... December 18, 2013

Commenced Business..... January 1, 2015

Statutory Home Office

33820 Weyerhaeuser Way S..... Federal Way .... WA .... US .... 98001  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

33820 Weyerhaeuser Way S..... Federal Way .... WA .... US .... 98001  
(Street and Number) (City or Town, State, Country and Zip Code)

866-789-7747

Mail Address

PO Box 27510..... Federal Way .... WA .... US .... 98093  
(Street and Number) (City or Town, State, Country and Zip Code)

(Area Code) (Telephone Number)

Primary Location of Books and Records

33820 Weyerhaeuser Way S..... Federal Way .... WA .... US .... 98001  
(Street and Number) (City or Town, State, Country and Zip Code)

253-517-4300

Internet Web Site Address

www.RiverLinkHealth.com

(Area Code) (Telephone Number)

Statutory Statement Contact

Thuy Le  
(Name)  
thuy.le@qualchoicehealth.com  
(E-Mail Address)

253-517-4340

(Area Code) (Telephone Number) (Extension)  
253-517-4385  
(Fax Number)

## OFFICERS

Name

1. Steven Charles Schramm

Title

President, Chief Financial Officer, & Treasurer

Name

2. William Nathan Young MD

Title

Chief Medical Officer

3.

4.

## OTHER

## DIRECTORS OR TRUSTEES

Mark Fred Bjornson  
David Allen Sorenson

Charles William Hanson

Jennifer Jean Boeff

Michael Edward Stock

State of..... Washington  
County of.... King

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.



(Signature)

Steven Charles Schramm

1. (Printed Name)

President, Chief Financial Officer, & Treasurer

(Title)

(Signature)

William Nathan Young MD

2. (Printed Name)

Chief Medical Officer

(Title)

(Signature)

3. (Printed Name)

(Title)

Subscribed and sworn to before me

This 7th day of November 2017



a. Is this an original filing?  
b. If no: 1. State the amendment number  
2. Date filed  
3. Number of pages attached

Yes [ X ] No [ ]

KRISTIN L B LYONS, NOTARY PUBLIC  
MY APPOINTMENT EXPIRES 11-01-2021



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(Signature)  
Steven Charles Schramm  
1. (Printed Name)  
President, Chief Financial Officer, & Treasurer  
(Title)

(Signature)  
William Nathan Young MD  
2. (Printed Name)  
Chief Medical Officer  
(Title)

(Signature)  
3. (Printed Name)  
(Title)

Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_

a. Is this an original filing?  
b. If no: 1. State the amendment number  
2. Date filed  
3. Number of pages attached

Yes [ X ] No [ ]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ASSETS**

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	4,753,145		4,753,145	4,645,848
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....818,757), cash equivalents (\$.....0) and short-term investments (\$.....0).....	818,757		818,757	(57,761)
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	5,571,902	0	5,571,902	4,588,087
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	18,669		18,669	16,538
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	9,569		9,569	3,805
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$....249,962) and contracts subject to redetermination (\$....88,949).....	338,911		338,911	164,287
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	276,960
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	18,410
18.1 Current federal and foreign income tax recoverable and interest thereon.....	340		340	6,046
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$....247,041) and other amounts receivable.....	280,736	33,695	247,041	280,217
25. Aggregate write-ins for other than invested assets.....	4,500	4,500	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	6,224,627	38,195	6,186,432	5,354,349
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	6,224,627	38,195	6,186,432	5,354,349

**DETAILS OF WRITE-INS**

1101.....			0	
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Prepaid.....	4,500	4,500	0	
2502.....			0	
2503.....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	4,500	4,500	0	0

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	1,501,779		1,501,779	1,493,535
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	2,057		2,057	1,764
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....	447,753		.447,753	1,339,511
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserve.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....	940,756		.940,756	
9. General expenses due or accrued.....			0	
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....			0	
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....			0	
12. Amounts withheld or retained for the account of others.....			0	
13. Remittances and items not allocated.....			0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			0	
15. Amounts due to parent, subsidiaries and affiliates.....	35,371		35,371	684,504
16. Derivatives.....			0	
17. Payable for securities.....			0	
18. Payable for securities lending.....			0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and certified \$.....0 reinsurers).....			0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
22. Liability for amounts held under uninsured plans.....	326,973		.326,973	
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	0	.0	0	0
24. Total liabilities (Lines 1 to 23).....	3,254,689	.0	.3,254,689	3,519,315
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX		
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	7,150,000	5,650,000
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	(4,218,257)	(3,814,966)
32. Less treasury stock, at cost:				
32.1 ....0.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX		
32.2 ....0.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	2,931,743	1,835,034
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	6,186,432	5,354,349

**DETAILS OF WRITE-INS**

2301. ....			0	
2302. ....			0	
2303. ....			0	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	.0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	0	.0	0	0
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	XXX	XXX	0	0
3001. ....				
3002. ....				
3003. ....				
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months.....	XXX.....	10,228	11,544	15,430
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	6,599,653	6,811,891	9,215,174
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	53,673	52,160	35,276
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX.....			
5. Risk revenue.....	XXX.....			
6. Aggregate write-ins for other health care related revenues.....	XXX.....	0	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0	0	0
8. Total revenues (Lines 2 to 7).....	XXX.....	6,653,326	6,864,051	9,250,450
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits.....		6,628,978	6,058,428	9,177,581
10. Other professional services.....		101,581	127,716	170,752
11. Outside referrals.....				
12. Emergency room and out-of-area.....		89,224	86,581	124,762
13. Prescription drugs.....		742,444	1,049,222	1,182,945
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Lines 9 to 15).....	0	7,562,227	7,321,947	10,656,040
<b>Less:</b>				
17. Net reinsurance recoveries.....		13,635	197,147	297,631
18. Total hospital and medical (Lines 16 minus 17).....	0	7,548,592	7,124,800	10,358,409
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$....81,824 cost containment expenses.....		122,273	111,111	155,995
21. General administrative expenses.....		342,206	453,777	589,955
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only).....		(891,758)	290,703	817,209
23. Total underwriting deductions (Lines 18 through 22).....	0	7,121,312	7,980,391	11,921,568
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	(467,986)	(1,116,340)	(2,671,118)
25. Net investment income earned.....		48,424	36,620	50,189
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....		(6,847)	12,087	12,372
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	41,577	48,707	62,561
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....				
29. Aggregate write-ins for other income or expenses.....	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX.....	(426,409)	(1,067,633)	(2,608,557)
31. Federal and foreign income taxes incurred.....	XXX.....	(340)		3
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	(426,069)	(1,067,633)	(2,608,560)

**DETAILS OF WRITE-INS**

0601.....	XXX.....			
0602.....	XXX.....			
0603.....	XXX.....			
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX.....	0	0	0
0701.....	XXX.....			
0702.....	XXX.....			
0703.....	XXX.....			
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	XXX.....	0	0	0
1401.....				
1402.....				
1403.....				
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0	0	0	0
2901.....				
2902.....				
2903.....				
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	0	0	0

**RiverLink Health**  
**STATEMENT OF REVENUE AND EXPENSES (Continued)**

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	1,835,034	3,504,567	3,504,567
34. Net income or (loss) from Line 32.....	(426,069)	(1,067,633)	(2,608,560)
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			
39. Change in nonadmitted assets.....	22,778		(60,973)
40. Change in unauthorized and certified reinsurance.....			
41. Change in treasury stock.....			
42. Change in surplus notes.....			
43. Cumulative effect of changes in accounting principles.....			
44. Capital changes:			
44.1 Paid in.....			
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....	1,500,000	1,000,000	1,000,000
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	1,096,710	(67,633)	(1,669,533)
49. Capital and surplus end of reporting period (Line 33 plus 48).....	2,931,744	3,436,934	1,835,034

**DETAILS OF WRITE-INS**

4701.....			
4702.....			
4703.....			
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above).....	0	0	0

**CASH FLOW**

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CASH FROM OPERATIONS</b>			
1. Premiums collected net of reinsurance.....	7,413,693	7,773,836	9,211,439
2. Net investment income.....	58,248	34,830	52,309
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	7,471,942	7,808,666	9,263,748
5. Benefit and loss related payments.....	7,202,934	6,550,755	9,920,873
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	118,803	620,201	765,015
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	(6,046)	(0)	(0)
10. Total (Lines 5 through 9).....	7,315,691	7,170,955	10,685,888
11. Net cash from operations (Line 4 minus Line 10).....	156,251	637,711	(1,422,140)
<b>CASH FROM INVESTMENTS</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	2,536,191	3,689,939	4,492,706
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			72
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	2,536,191	3,689,939	4,492,778
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	2,662,293	3,779,413	4,587,496
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....	2,662,293	3,779,413	4,587,496
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(126,102)	(89,474)	(94,718)
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....	1,500,000	1,000,000	1,000,000
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	(653,631)	(648,976)	398,172
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	846,369	351,024	1,398,172
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	876,518	899,261	(118,685)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	(57,761)	60,925	60,925
19.2 End of period (Line 18 plus Line 19.1).....	818,757	960,186	(57,761)

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.001			
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**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>Total Members at End of:</b>										
1. Prior Year.....	1,296								1,296	
2. First Quarter.....	1,148								1,148	
3. Second Quarter.....	1,134								1,134	
4. Third Quarter.....	1,119								1,119	
5. Current Year.....	.0									
6. Current Year Member Months.....	10,228								10,228	
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician.....	9,166								9,166	
8. Non-Physician.....	7,975								7,975	
9. Total.....	17,141	.0	0	.0	.0	.0	.0	17,141	.0	0
10. Hospital Patient Days Incurred.....	1,052								1,052	
11. Number of Inpatient Admissions.....	118								118	
12. Health Premiums Written (a).....	6,626,142								6,626,142	
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written.....	.0									
15. Health Premiums Earned.....	6,626,142								6,626,142	
16. Property/Casualty Premiums Earned.....	.0									
17. Amount Paid for Provision of Health Care Services.....	7,548,592								7,548,592	
18. Amount Incurred for Provision of Health Care Services.....	7,562,228								7,562,228	

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$....6,626,142.

**CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

## Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
<b>Claims Unpaid (Reported)</b>						
Claims Unpaid - Pharmacy.....	43,880					43,880
Claims Unpaid - Behavior Health.....	14					14
0199999. Individually Listed Claims Unpaid.....	43,893	0	0	0	0	43,893
0499999. Subtotals.....	43,893	0	0	0	0	43,893
0599999. Unreported Claims and Other Claim Reserves.....						1,457,886
0799999. Total Claims Unpaid.....						1,501,779

**UNDERWRITING AND INVESTMENT EXHIBIT**

## Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....					0	
2. Medicare Supplement.....					0	
3. Dental only.....					0	
4. Vision only.....					0	
5. Federal Employees Health Benefits Plan.....					0	
6. Title XVIII - Medicare.....	1,187,947	6,676,741	90,609	1,411,171	1,278,556	1,493,536
7. Title XIX - Medicaid.....					0	
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	1,187,947	6,676,741	90,609	1,411,171	1,278,556	1,493,536
10. Healthcare receivables (a).....	263,866	120,929	68,820	211,915	332,686	341,190
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....					0	
13. Totals (Lines 9-10+11+12).....	924,081	6,555,812	21,789	1,199,256	945,870	1,152,346

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

**NOTES TO FINANCIAL STATEMENTS****Note 1 – Summary of Significant Accounting Policies and Going Concern****A. Accounting Practices**

The financial statements of RiverLink Health (RLH or the Company) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio insurance law. The National Association of Insurance Commissioners ("NAIC") *Accounting Practices and Procedures Manual* ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the state of Ohio.

The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. Specifically,

Citation adopting the Manual: Administrative Rule 3901-3-18(E)		
SSAP or Appendices	State Law or Regulation	Description
A-001	§§ 3907.14 TO 3907.141 (Life): §§ 3925.05 to 3925.09; § 3925.20 (Non-Life)	Provides limitations on investments that are outside the scope of the Manual.

Such prescribed accounting practices have no significant effect on the Company's statutory-basis financial statements for the periods presented.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the Ohio Department of Insurance is show below:

	SSAP #	F/S Page	F/S Line #	2017 Period	2016
<b>NET INCOME</b>					
(1) RiverLink Health state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ (426,069)	\$ (2,608,560)
(2) State Prescribed Practice that is an increase/(decrease) from NAIC SAP					
(3) State Permitted Practice that is an increase/(decrease) from NAIC SAP					
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ (426,069)	\$ (2,608,560)
<b>SURPLUS</b>					
(5) RiverLink Health state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 2,931,743	\$ 1,835,034
(6) State Prescribed Practice that is an increase/(decrease) from NAIC SAP					
(7) State Permitted Practice that is an increase/(decrease) from NAIC SAP					
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 2,931,743	\$ 1,835,034

**B. Use of Estimates in the Preparation of the Financial Statements:**

The Preparation of financial statements in conformity with NAIC SAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the periods. Actual results could result in material differences from those estimates.

**C. Accounting Policy**

**Revenue Recognition:** The Company provides health benefits to Medicare-eligible members under contract with the Centers for Medicare and Medicaid Services (CMS). Premium revenue is fixed in advance of the periods covered and is not generally subject to significant accounting estimates.

**Recognition of Health Care Costs:** The Company arranges for medical care for its members through a combination of capitation agreements and fee-for-service programs with medical services providers. Medical and hospital expenses are recorded in the period the member receives or is entitled to the services. These expenses include payments to primary care physicians, specialists, hospitals, pharmacies and other medical services providers. Under capitation agreements, the Company pays a fixed amount per-member, per-month to providers for specified services (limited capitation) or for all services with limited exceptions (global capitation). Under limited capitation agreements and fee-for-service arrangements, the Company remains financially responsible for medical care provided to its members at discounted rates. Under global capitation agreements, the Company may retain financial responsibility for limited care, such as emergency or urgent out-of-area care, while the capitated provider group is responsible for all other care.

In addition, the Company uses the following accounting policies:

**NOTES TO FINANCIAL STATEMENTS**

- (1) Cash and cash equivalents consist primarily of highly liquid instruments which mature within three months from the date of purchase.
- (2) Short-term investments consist primarily of investments purchased with an original maturity of 91 days to one year and certain money-market mutual funds.
- (3) Bonds are stated at amortized cost using the interest method.
- (4) Investments in common stock: None
- (5) Investments in preferred stock: None
- (6) Investments in mortgage loans: None
- (7) Investments in loan-backed securities: None
- (8) Investments in subsidiaries, controlled or affiliated companies: None
- (9) Investments in joint ventures, partnerships and limited liability companies: None
- (10) Investments in derivatives: None
- (11) The Company assesses the profitability of its contracts for providing health care services to its members when current operating results or forecasts indicate probable future losses. The Company compares anticipated premiums and investment income to health care related costs, including estimated payments for providers, and costs of collecting premiums and processing claims. If the anticipated future costs exceed the premiums, a loss contract accrual is recognized.
- (12) Claims unpaid and claims adjustment expenses represent management's best estimate of the ultimate net cost of all reported and unreported claims incurred through the balance sheet date. These estimates are based on estimates of unreported claims using historical and statistical information as well as other environmental and operating factors. The estimates are subject to the effects of trends in claims severity and frequency, changes in the regulatory environment and economic conditions. Although considerable variability is inherent in such estimates, management believes that the liabilities for unpaid claims and related claims adjustment expenses are adequate. The methods for making such estimates and the resulting reserves are continually reviewed and updated as necessary as experience develops or new information becomes known with any adjustments included in current operations.
- (13) There was no change in the capitalization policy from prior periods.
- (14) The Company estimates amounts receivable for pharmacy rebates based on members' script counts reported by its contracted pharmacy benefits administrator. The Company follows SSAP 84 in determining the admissibility of pharmacy rebates receivable.
- (15) Premiums receivable greater than 90 days past due are non-admitted, with the exception of amounts due under government insurance plans, which may be admitted assets.

**D. Going Concern**

Disclosures specific to going concern is not required because it is not probable that the entity will be unable to meet obligations within the next year.

**Note 2 – Accounting Changes and Corrections of Errors**

None.

**Note 3 – Business Combinations and Goodwill**

None.

**Note 4 – Discontinued Operations**

None

**Note 5 – Investments**

- A. Mortgage Loans: None
- B. Debt Restructuring: None
- C. Reverse Mortgages: None
- D. Loan-Backed Securities: None
- E. Repurchase Agreements and/or Securities Lending Transactions: None
- F. Real Estate: None
- G. Investments in low-income housing tax credits (LIHTC): None
- H. Restricted Assets: No significant changes.
- I. Working Capital Finance Investments: None

**NOTES TO FINANCIAL STATEMENTS**

J. Offsetting and Netting of Assets and Liabilities: None

K. Structured Notes: None

**Note 6 – Joint Ventures, Partnerships and Limited Liability Companies**

None

**Note 7 – Investment Income**

No significant changes

**Note 8 – Derivative Instruments**

None

**Note 9 – Income Taxes**

No significant changes

**Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

On March 2, 2017 and April 24, 2017, the Company received a Capital contribution in amount of \$1,000,000 and \$500,000 from the parent company, QualChoice Health Plan Services, Inc. respectively.

**Note 11 – Debt**

B. FHLB (Federal Home Loan Bank) Agreements: None

c. FHLB – Prepayment Obligations

		Does the Company have Prepayment Obligations under the Following Arrangements (YES/NO)
1. Debt		NO
2. Funding Agreements		NO
3. Other		NO

**Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

A. Defined Benefit Plan: None

**Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

No significant changes

**Note 14 – Liabilities, Contingencies and Assessments**

A. Contingent Commitments: None

B.-F. Not applicable

**Note 15 – Leases**

No significant changes

**Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk**

No significant changes

**Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

B. Transfer and Servicing of Financial Assets: None

**NOTES TO FINANCIAL STATEMENTS**

C. Wash Sales: None

**Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans**

Not applicable

**Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

Not applicable

**Note 20 – Fair Value Measurements**

A. The Company reports investment at amortized cost

B.-D. None

**Note 21 – Other Items**

None

**Note 22 – Events Subsequent**

None.

**Note 23 – Reinsurance**

A. Ceded Reinsurance Report

Section 3 – Ceded Reinsurance Report – Part B

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? Yes (X) No ( )

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$0.00.

**Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination**

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions Yes [ ] No [ X ]

**Note 25 – Change in Incurred Losses and Loss Adjustment Expenses**

The following schedule represents the changes in claims unpaid, unpaid claims adjustment expense and aggregate health claim reserves from the beginning of the year to the end of the period.

	2017	2016
Beginning liability for unpaid losses and loss adjustment expenses	1,495,299	697,204
Health Care Receivable	(341,190)	(45,487)
Beginning liability for unpaid losses and loss adjustment expense, net of Health Care Rec.	1,154,109	651,717
Incurred related to:		
Current year	6,726,838	9,633,012
Prior Years	1,189,711	513,627
Total paid	7,916,550	10,146,639
Ending liability for unpaid losses and loss adjustment expenses	1,503,836	1,495,299

**NOTES TO FINANCIAL STATEMENTS**

Health Care Receivable	(280,736)	(341,190)
Ending liability for unpaid losses and loss adjustment, net of Health Care Rec.	1,223,101	1,154,109

Loss and Loss Adjustment Expenses reserves as of December 31, 2016 were \$1,495,299. As of September 30, 2017, \$1,189,711 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$90,609 as a result of re-estimation of unpaid claims and claim adjustment expenses. This has generated a \$214,980 favorable prior year development from December 31, 2016 to September 30, 2017. The change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

**Note 26 – Intercompany Pooling Arrangements**

None

**Note 27 – Structured Settlements**

Not applicable for Health Entities

**Note 28 – Health Care Receivables**

No significant changes

**Note 29 – Participating policies**

Not applicable to the reporting Company

**Note 30 – Premium Deficiency Reserves**

1. Liability carried for premium deficiency reserve \$447,753
2. Date of most recent evaluation of this liability 09/30/2017
3. Was anticipated investment income utilized in the calculation? Yes [X] No [ ]

**Note 31 – Anticipated Salvage and Subrogation**

None

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES****GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?  Yes [ ]  No [X]

1.2 If yes, has the report been filed with the domiciliary state?  Yes [ ]  No [ ]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?  Yes [ ]  No [X]

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  Yes [X]  No [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?  Yes [ ]  No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  Yes [ ]  No [X]

4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2 NAIC Company Code	3 State of Domicile
Name of Entity		

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?  Yes [ ]  No [X]  N/A [ ]  
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

6.4 By what department or departments?

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?  Yes [ ]  No [ ]  N/A [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with?  Yes [ ]  No [ ]  N/A [X]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?  Yes [ ]  No [X]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board?  Yes [ ]  No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?  Yes [ ]  No [X]

8.4 If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  Yes [X]  No [ ]

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended?  Yes [ ]  No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers?  Yes [ ]  No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

**FINANCIAL**

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?  Yes [ ]  No [X]

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES**

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ \_\_\_\_\_ 0

**INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [ X ]

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$ \_\_\_\_\_ 0

13. Amount of real estate and mortgages held in short-term investments:

\$ \_\_\_\_\_ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [ ] No [ X ]

14.2 If yes, please complete the following:

14.21 Bonds  
 14.22 Preferred Stock  
 14.23 Common Stock  
 14.24 Short-Term Investments  
 14.25 Mortgage Loans on Real Estate  
 14.26 All Other  
 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)  
 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

1 Prior Year End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
\$ 0	\$ 0
0	0
0	0
0	0
0	0
0	0
\$ 0	\$ 0
\$ 0	\$ 0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [ ] No [ X ]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes [ ] No [ ]

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:

\$ \_\_\_\_\_ 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:

\$ \_\_\_\_\_ 0

16.3 Total payable for securities lending reported on the liability page:

\$ \_\_\_\_\_ 0

17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes [ X ] No [ ]

17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian Address
BNY Mellon Asset Servicing	BNY Mellon Center, 500 Grant Street, Suite 410, Pittsburgh, PA 15258

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes [ ] No [ X ]

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such "[...that have access to the investment accounts", "handle securities"].

1 Name of Firm or Individual	2 Affiliation
Catholic Health Initiatives - Treasury department	A

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes [ ] No [ ]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [ ] No [ ]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
N/A	Catholic Health Initiatives - Treasury department	47-0617373		

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [ X ] No [ ]

18.2 If no, list exceptions:

**GENERAL INTERROGATORIES (continued)****PART 2 - HEALTH**

## 1. Operating Percentages:

1.1 A&H loss percent	115.4 %
1.2 A&H cost containment percent	1.2 %
1.3 A&H expense percent excluding cost containment expenses	5.2 %

2.1 Do you act as a custodian for health savings accounts?

Yes [ ] No [ X ]

2.2 If yes, please provide the amount of custodial funds held as of the reporting date.

0

2.3 Do you act as an administrator for health savings accounts?

Yes [ ] No [ X ]

2.4 If yes, please provide the amount of funds administered as of the reporting date.

0

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating

**A&H Non-Affiliates**

64890.....	91-6034263.....	01/01/2017	Berkley Life and Health Insurance Company.....	IA.....	CO/I.....	Authorized.....	.....	.....
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**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

State, Etc.	Active Status	1	Direct Business Only								Deposit-Type Contracts
			2	3	4	5	6	7	8		
			Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Columns 2 through 7		
1. Alabama.....	.AL	N.								0	
2. Alaska.....	.AK	N.								0	
3. Arizona.....	.AZ	N.								0	
4. Arkansas.....	.AR	N.								0	
5. California.....	.CA	N.								0	
6. Colorado.....	.CO	N.								0	
7. Connecticut.....	.CT	N.								0	
8. Delaware.....	.DE	N.								0	
9. District of Columbia.....	.DC	N.								0	
10. Florida.....	.FL	N.								0	
11. Georgia.....	.GA	N.								0	
12. Hawaii.....	.HI	N.								0	
13. Idaho.....	.ID	N.								0	
14. Illinois.....	.IL	N.								0	
15. Indiana.....	.IN	N.								0	
16. Iowa.....	.IA	N.								0	
17. Kansas.....	.KS	N.								0	
18. Kentucky.....	.KY	N.								0	
19. Louisiana.....	.LA	N.								0	
20. Maine.....	.ME	N.								0	
21. Maryland.....	.MD	N.								0	
22. Massachusetts.....	.MA	N.								0	
23. Michigan.....	.MI	N.								0	
24. Minnesota.....	.MN	N.								0	
25. Mississippi.....	.MS	N.								0	
26. Missouri.....	.MO	N.								0	
27. Montana.....	.MT	N.								0	
28. Nebraska.....	.NE	N.								0	
29. Nevada.....	.NV	N.								0	
30. New Hampshire.....	.NH	N.								0	
31. New Jersey.....	.NJ	N.								0	
32. New Mexico.....	.NM	N.								0	
33. New York.....	.NY	N.								0	
34. North Carolina.....	.NC	N.								0	
35. North Dakota.....	.ND	N.								0	
36. Ohio.....	.OH	L.		6,626,142						6,626,142	
37. Oklahoma.....	.OK	N.								0	
38. Oregon.....	.OR	N.								0	
39. Pennsylvania.....	.PA	N.								0	
40. Rhode Island.....	.RI	N.								0	
41. South Carolina.....	.SC	N.								0	
42. South Dakota.....	.SD	N.								0	
43. Tennessee.....	.TN	N.								0	
44. Texas.....	.TX	N.								0	
45. Utah.....	.UT	N.								0	
46. Vermont.....	.VT	N.								0	
47. Virginia.....	.VA	N.								0	
48. Washington.....	.WA	N.								0	
49. West Virginia.....	.WV	N.								0	
50. Wisconsin.....	.WI	N.								0	
51. Wyoming.....	.WY	N.								0	
52. American Samoa.....	.AS	N.								0	
53. Guam.....	.GU	N.								0	
54. Puerto Rico.....	.PR	N.								0	
55. U.S. Virgin Islands.....	.VI	N.								0	
56. Northern Mariana Islands.....	.MP	N.								0	
57. Canada.....	.CAN	N.								0	
58. Aggregate Other alien.....	OT	XXX	0	0	0	0	0	0	0	0	
59. Subtotal.....		XX	0	6,626,142	0	0	0	0	6,626,142	0	
60. Reporting entity contributions for Employee Benefit Plans.....		XXX								0	
61. Total (Direct Business).....		(a)....1	0	6,626,142	0	0	0	0	6,626,142	0	

**DETAILS OF WRITE-INS**

58001.....										0	
58002.....										0	
58003.....										0	
58998. Summary of remaining write-ins for line 58 from overflow page.....			0	0	0	0	0	0	0	0	
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above).....			0	0	0	0	0	0	0	0	

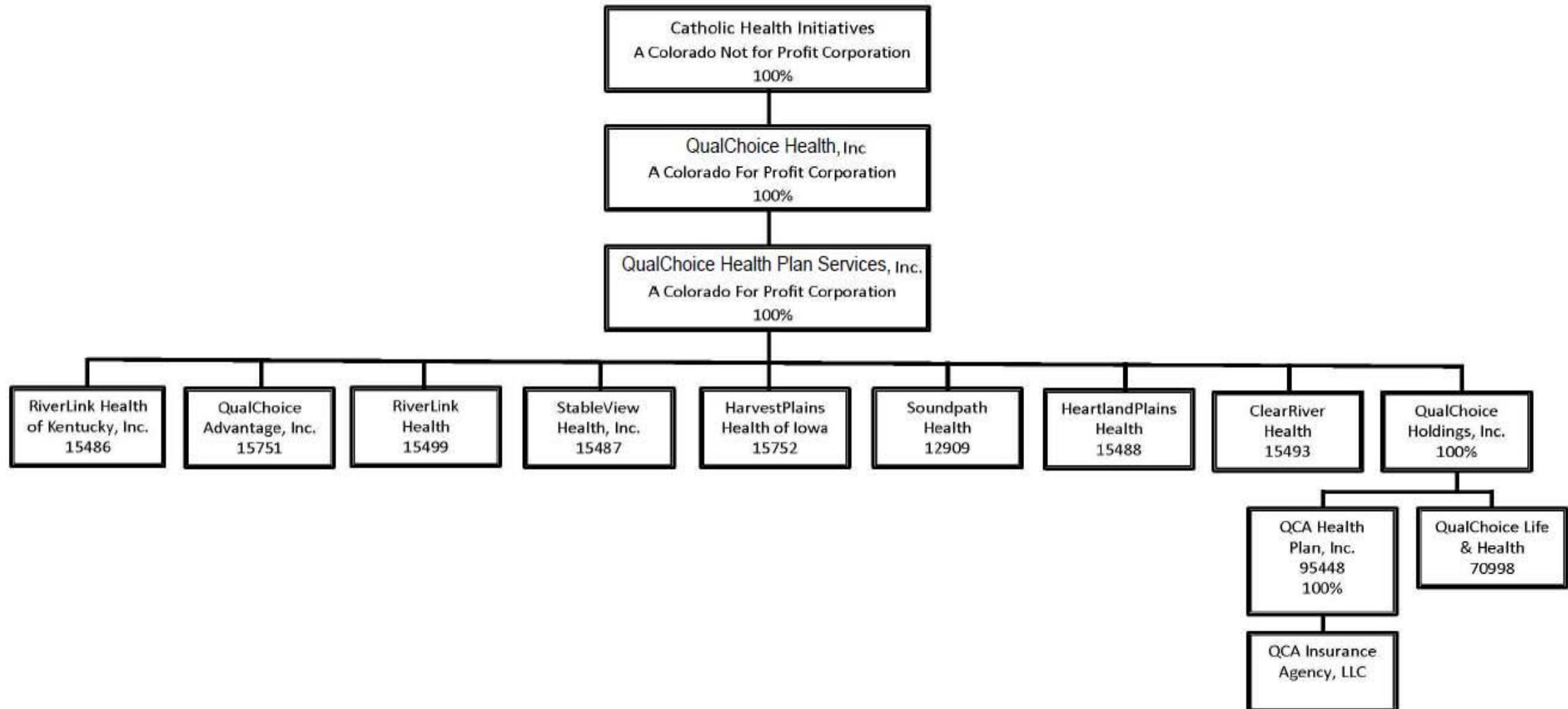
(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;

(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

## SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 – ORGANIZATIONAL CHART



**SCHEDULE Y****PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
<b>Members</b>															
4807	Catholic Hlth Initiatives Grp...	12909...	42-1720801...				QualChoice Health Plan Services, Inc.....	CO.....	UDP.....	QualChoice Health, Inc.....	Ownership.....	...100.000	Catholic Health Initiatives.....	N.....	
4807	Catholic Hlth Initiatives Grp...	95448...	71-0794605...				Soundpath Health.....	WA.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives.....	N.....	
4807	Catholic Hlth Initiatives Grp...	70998...	71-0386640...				QCA Health Plan, Inc.....	AR.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives.....	N.....	
4807	Catholic Hlth Initiatives Grp...	15493...	46-4495960...				QualChoice Life and Health.....	AR.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives.....	N.....	
4807	Catholic Hlth Initiatives Grp...	15488...	46-4368223...				ClearRiver Health.....	TN.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives.....	N.....	
4807	Catholic Hlth Initiatives Grp...	15499...	46-4380824...				HeartlandPlains Health.....	NE.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives.....	N.....	
4807	Catholic Hlth Initiatives Grp...	15486...	46-4828332...				RiverLink Health.....	OH.....	RE.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives.....	N.....	
4807	Catholic Hlth Initiatives Grp...	15487...	46-4373713...				RiverLink Health of Kentucky, Inc.....	KY.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives.....	N.....	
4807	Catholic Hlth Initiatives Grp...	15751...	47-3433912...				StableView Health Inc.....	KY.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives.....	N.....	
4807	Catholic Hlth Initiatives Grp...	15752...	47-3451750...				QualChoice Advantage Inc.....	AR.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives.....	N.....	
							HarvestPlains Health of Iowa.....	IA.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives.....	N.....	

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

**Response**

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

**Explanation:**

1. The data for this supplement is not required to be filed.

**Bar Code:**

**Overflow Page for Write-Ins**

**NONE**

**SCHEDULE A - VERIFICATION**

## Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.....0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Current year change in encumbrances.....		
4. Total gain (loss) on disposals.....		
5. Deduct amounts received on disposals.....		
6. Total foreign exchange change in book/adjusted carrying value.....		
7. Deduct current year's other-than-temporary impairment recognized.....		
8. Deduct current year's depreciation.....		
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	.....0	.....0
10. Deduct total nonadmitted amounts.....		
11. Statement value at end of current period (Line 9 minus Line 10).....	.....0	.....0

**NONE****SCHEDULE B - VERIFICATION**

## Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	.....0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and mortgage interest points and commitment fees.....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	.....0	.....0
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....	.....0	.....0
14. Deduct total nonadmitted amounts.....		
15. Statement value at end of current period (Line 13 minus Line 14).....	.....0	.....0

**SCHEDULE BA - VERIFICATION**

## Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.....0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and depreciation.....		
9. Total foreign exchange change in book/adjusted carrying value.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	.....0	.....0
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	.....0	.....0

**NONE****SCHEDULE D - VERIFICATION**

## Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	.....4,645,847	.....4,549,884
2. Cost of bonds and stocks acquired.....	.....2,662,292	.....4,587,496
3. Accrual of discount.....	.....2,272	.....3,389
4. Unrealized valuation increase (decrease).....	.....(6,847)	.....12,300
5. Total gain (loss) on disposals.....	.....(6,847)	.....12,300
6. Deduct consideration for bonds and stocks disposed of.....	.....2,536,189	.....4,492,700
7. Deduct amortization of premium.....	.....14,227	.....14,523
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	.....4,753,147	.....4,645,847
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	.....4,753,147	.....4,645,847

**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	4,273,375	742,146	736,827	(2,214)	3,807,842	4,273,375	4,276,480	4,167,603
2. NAIC 2 (a).....	492,850	20,467	35,154	(1,498)	469,223	492,850	476,665	528,393
3. NAIC 3 (a).....							0	
4. NAIC 4 (a).....							0	
5. NAIC 5 (a).....							0	
6. NAIC 6 (a).....							0	
7. Total Bonds.....	4,766,225	762,613	771,981	(3,712)	4,277,065	4,766,225	4,753,145	4,695,996
<b>PREFERRED STOCK</b>								
8. NAIC 1.....							0	
9. NAIC 2.....							0	
10. NAIC 3.....							0	
11. NAIC 4.....							0	
12. NAIC 5.....							0	
13. NAIC 6.....							0	
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	4,766,225	762,613	771,981	(3,712)	4,277,065	4,766,225	4,753,145	4,695,996

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

**SCHEDULE DA - PART 1**

## Short-Term Investments

	1 Book/Adjusted Carrying Value	Par Value	2 Total Cost	3 Accrued Interest	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	.....	.....XXX.....	.....	.....	.....	.....

**NONE****SCHEDULE DA - VERIFICATION**

## Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.....50,153	.....
2. Cost of short-term investments acquired.....	.....	.....190,842
3. Accrual of discount.....	.....2	.....36
4. Unrealized valuation increase (decrease).....	.....	.....
5. Total gain (loss) on disposals.....	.....7	.....72
6. Deduct consideration received on disposals.....	.....50,002	.....140,115
7. Deduct amortization of premium.....	.....159	.....682
8. Total foreign exchange change in book/adjusted carrying value.....	.....	.....
9. Deduct current year's other-than-temporary impairment recognized.....	.....	.....
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	.....0	.....50,153
11. Deduct total nonadmitted amounts.....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11).....	.....0	.....50,153

**Sch. DB - Pt. A - Verification**  
**NONE**

**Sch. DB - Pt. B - Verification**  
**NONE**

**Sch. DB - Pt. C - Sn. 1**  
**NONE**

**Sch. DB - Pt. C - Sn. 2**  
**NONE**

**Sch. DB - Verification**  
**NONE**

**Sch. E - Verification**  
**NONE**

**Sch. A - Pt. 2**  
**NONE**

**Sch. A - Pt. 3**  
**NONE**

**Sch. B - Pt. 2**  
**NONE**

**Sch. B - Pt. 3**  
**NONE**

**Sch. BA - Pt. 2**  
**NONE**

**Sch. BA - Pt. 3**  
**NONE**

**SCHEDULE D - PART 3**

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Government</b>									
912828 2J 8	UNITED STATES TREASURY NOTE/BOND.....		08/01/2017.....	MORGAN STANLEY & CO.....		44,974	.45,000	.33	1.....
912828 2K 5	UNITED STATES TREASURY NOTE/BOND.....		08/04/2017.....	MORGAN STANLEY & CO.....		220,043	.220,000	.58	1.....
912828 2Q 2	UNITED STATES TREASURY NOTE/BOND.....		09/05/2017.....	VARIOUS.....		215,577	.215,000	.183	1.....
912828 XU 9	UNITED STATES TREASURY NOTE/BOND.....		07/11/2017.....	GOLDMAN SACHS & CO.....		139,677	.140,000	.155	1.....
0599999. Total - Bonds - U.S. Government.....						620,271	.620,000	.429	.XXX.....
<b>Bonds - U.S. Special Revenue and Special Assessment</b>									
91412G 2R 5	UNIVERSITY OF CALIFORNIA.....		09/20/2017.....	BARCLAYS CAPITAL FIX.....		20,000	.20,000		1FE.....
3199999. Total - Bonds - U.S. Special Revenue and Special Assessments.....						20,000	.20,000	0	.XXX.....
<b>Bonds - Industrial and Miscellaneous</b>									
02007F AC 9	ALLY AUTO RECEIVABLES TRUST 2017-4.....		08/15/2017.....	DEUTSCHE BANC/ALEX B.....		15,000	.15,000		1FE.....
037833 CZ 1	APPLE INC.....		09/05/2017.....	DEUTSCHE BANC/ALEX B.....		14,987	.15,000		1FE.....
126650 CJ 7	CVS HEALTH CORP.....		08/02/2017.....	MILLENNIUM ADVISORS.....		20,467	.20,000		.26 2FE.....
38141G WP 5	GOLDMAN SACHS GROUP INC/THE.....		07/19/2017.....	GOLDMAN SACHS & CO.....		19,998	.20,000		1FE.....
46625H HS 2	JPMORGAN CHASE & CO.....		08/01/2017.....	JPM SECURITIES-FIXED.....		21,372	.20,000		.29 1FE.....
064159 JX 5	BANK OF NOVA SCOTIA/THE.....	A.....	07/11/2017.....	SCOTIA CAITAL (USA).....		19,997	.20,000		1FE.....
893526 DK 6	TRANSCANADA PIPELINES LTD.....	A.....	08/18/2017.....	KEYBANC CAPITAL MARK.....		10,522	.10,000		.150 1FE.....
3899999. Total - Bonds - Industrial and Miscellaneous.....						122,343	.120,000		.205 .XXX.....
8399997. Total - Bonds - Part 3.....						.762,614	.760,000		.634 .XXX.....
8399999. Total - Bonds.....						.762,614	.760,000		.634 .XXX.....
9999999. Total - Bonds, Preferred and Common Stocks.....						.762,614	XXX		.634 .XXX.....

(a) For all common stock bearing NAIC market indicator "U" provide the number of such issues:.....0.

**SCHEDULE D - PART 4**

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

1 CUSIP Identification	2 Description	3 For eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest / Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation or Market Indicator (a)		
										11 Unrealized Valuation Increase (Decrease)	12 Current Year's (Amortization) / Accretion	13 Current Year's Other-Than- Temporary Impairment Recognized	14 Total Change in B/A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B/A.C.V.									
<b>Bonds - U.S. Government</b>																							
912828 N2 2	UNITED STATES TREASURY NOTE/BOND		.. 09/05/2017.	JP MORGAN CHASE BANK.....			210,016	210,000	209,926	209,952		17		17		209,968		48	48	1,908	12/15/2018.	1.....	
912828 T8 3	UNITED STATES TREASURY NOTE/BOND		.. 07/11/2017.	JPM SECURITIES-FIXED.....			158,825	160,000	159,649	159,672		94		94		159,766		(941)	(941)	838	10/31/2018.	1.....	
912828 U4 0	UNITED STATES TREASURY NOTE/BOND		.. 08/04/2017.	RBC CAPITAL MARKETS.....			219,149	220,000	219,398	219,420		180		180		219,600		(451)	(451)	1,509	11/30/2018.	1.....	
912828 U9 9	UNITED STATES TREASURY NOTE/BOND		.. 09/22/2017.	JPM SECURITIES-FIXED.....			29,963	30,000	30,045		(15)		(15)		30,029		(67)	(67)	276	12/31/2018.	1.....		
0599999.	Total - Bonds - U.S. Government.....						617,953	620,000	619,018	589,044	0	276	0	276	0	619,363	0	(1,411)	(1,411)	4,531	XXX	XXX	
<b>Bonds - Industrial and Miscellaneous</b>																							
02007L AC 6	ALLY AUTO RECEIVABLES TRUST 2016- 3		.. 08/15/2017.	BARCLAYS CAPITAL FIX.....			14,982	15,000	14,999	14,998		1		1		14,999		(18)	(18)	146	08/17/2020.	1FE.....	
126650 CH 1	CVS HEALTH CORP.....		.. 08/02/2017.	BARCLAYS CAPITAL FIX.....			20,056	20,000	20,269	20,191		(74)		(74)		20,118		(62)	(62)	398	07/20/2018.	2FE.....	
14149Y AX 6	CARDINAL HEALTH INC.....		.. 07/01/2017.	CALL 100.255.....			15,000	15,000	15,092	15,061		(25)		(25)		15,036		(36)	(36)	241	03/15/2018.	2FE.....	
17275R AU 6	CISCO SYSTEMS INC.....		.. 07/21/2017.	TORONTO DOMINION SEC.....			15,027	15,000	15,228	15,159		(62)		(62)		15,098		(71)	(71)	152	06/15/2018.	1FE.....	
36251P AA 2	GS MORTGAGE SECURITIES TRUST 2016-GS3		.. 09/01/2017.	PAYDOWN.....			920	920	920	919			0		920		0	0	9	10/01/2049.	1FE.....		
38147M AA 3	GOLDMAN SACHS GROUP INC/THE.....		.. 07/19/2017.	GOLDMAN SACHS & CO.....			20,233	20,000	20,550	20,392		(141)		(141)		20,251		(18)	(18)	588	07/19/2018.	1FE.....	
46625H JL 5	JPMORGAN CHASE & CO.....		.. 08/01/2017.	GOLDMAN SACHS & CO.....			20,008	20,000	20,079	20,054		(23)		(23)		20,031		(23)	(23)	234	05/15/2018.	1FE.....	
46645U AQ 0	JP MORGAN CHASE COMMERCIAL MORTGAGE SECU		.. 09/01/2017.	PAYDOWN.....			708	708	708	708			0		708		0	0	9	12/01/2049.	1FE.....		
91324P CB 6	UNITEDHEALTH GROUP INC.....		.. 08/14/2017.	JPM SECURITIES-FIXED.....			19,984	20,000	19,956			10		10		19,967		18	18	300	03/15/2019.	1FE.....	
95000G AW 4	WELLS FARGO COMMERCIAL MORTGAGE TRUST 20		.. 09/01/2017.	PAYDOWN.....			362	362	362	362			0		362		0	0	3	08/01/2049.	1FM.....		
064159 CU 8	BANK OF NOVA SCOTIA/THE.....	A	07/12/2017.	PERSHING & COMPANY.....			15,070	15,000	15,202	15,172		(51)		(51)		15,122		(52)	(52)	220	10/30/2018.	1FE.....	
89352H AN 9	TRANSCANADA PIPELINES LTD.....	A	08/18/2017.	WELLS FARGO SECS LLC.....			10,007	10,000	10,025	10,016		(10)		(10)		10,006		1	1	209	01/12/2018.	1FE.....	
3899999.	Total - Bonds - Industrial and Miscellaneous.....						152,357	151,989	153,390	133,032	0	(375)	0	(375)	0	152,618	0	(261)	(261)	2,509	XXX	XXX	
8399997.	Total - Bonds - Part 4.....						770,310	771,989	772,408	722,076	0	(99)	0	(99)	0	771,981	0	(1,672)	(1,672)	7,040	XXX	XXX	
8399999.	Total - Bonds.....						770,310	771,989	772,408	722,076	0	(99)	0	(99)	0	771,981	0	(1,672)	(1,672)	7,040	XXX	XXX	
9999999.	Total - Bonds, Preferred and Common Stocks.....						770,310	XXX	772,408	722,076	0	(99)	0	(99)	0	771,981	0	(1,672)	(1,672)	7,040	XXX	XXX	

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues: .....0.

**Sch. DB - Pt. A - Sn. 1**  
**NONE**

**Sch. DB - Pt. B - Sn. 1**  
**NONE**

**Sch. DB - Pt. D - Sn. 1**  
**NONE**

**Sch. DB - Pt. D - Sn. 2**  
**NONE**

**Sch. DL - Pt. 1**  
**NONE**

**Sch. DL - Pt. 2**  
**NONE**

**SCHEDULE E - PART 1 - CASH**

## Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	

**Open Depositories**

Bank of New York Mellon, Investment -- Pittsburgh, PA .....					.....54,851	.....13,552	.....30,405	XXX
PNC Bank -- Kalamazoo, MI.....					.....(71,955)	.....148,295	.....788,352	XXX
0199999. Total Open Depositories.....	XXX	XXX	.....0	.....0	.....(17,104)	.....161,847	.....818,757	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	.....0	.....0	.....(17,104)	.....161,847	.....818,757	XXX
0599999. Total Cash.....	XXX	XXX	.....0	.....0	.....(17,104)	.....161,847	.....818,757	XXX

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
------------------	-----------	--------------------	-----------------------	--------------------	-----------------------------------	---------------------------------------	----------------------------------

**NONE**