

ANNUAL STATEMENT

OF THE

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**OFFICE OF RISK
ASSESSMENT**

COSE Health and Wellness Trust

Of

Cleveland

in the state of

Ohio

to the Insurance Department

of the state of Ohio

For the Year Ended

December 31, 2017

2017



ANNUAL STATEMENT

For the Year Ended December 31, 2017
of the Condition and Affairs of the

COSE Health and Wellness Trust

NAIC Group Code..... 0, 0
(Current Period) (Prior Period)
Organized under the Laws of OH
Licensed as Business Type.....Health
Incorporated/Organized..... February 18, 2016
Statutory Home Office
Main Administrative Office
Mail Address
Primary Location of Books and Records
Internet Web Site Address
Statutory Statement Contact

NAIC Company Code..... 122
State of Domicile or Port of Entry OH
1240 Huron Road E., Ste. 200..... Cleveland OH US 44115-1355
(Street and Number) (City or Town, State, Country and Zip Code)
1240 Huron Road E., Ste. 200..... Cleveland OH US 44115-1355
(Street and Number) (City or Town, State, Country and Zip Code)
1240 Huron Road E., Ste. 200..... Cleveland OH US 44115-1355
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)
1240 Huron Road E., Ste. 200..... Cleveland OH US 44115-1355
(Street and Number) (City or Town, State, Country and Zip Code)
www.cosemewa.com
Timothy E DiPlacido
(Name)
Tdiplacido@gcpartnership.com
(E-Mail Address)

Employer's ID Number..... 81-6240902
Country of Domicile US
Is HMO Federally Qualified? Yes [] No []
Commenced Business..... August 22, 2016
216-592-2436
(Area Code) (Telephone Number)
216-592-2436
(Area Code) (Telephone Number)
216-592-2292
(Area Code) (Telephone Number) (Extension)
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Timothy Maynard Reynolds	Chairman	2. Stephen Anthony Millard	Plan Administrator
3.		4.	

OTHER

DIRECTORS OR TRUSTEES

Timothy Maynard Reynolds Elyse Anne Logan Martha Judith Lanning

State of..... Ohio
County of..... Cuyahoga

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)	(Signature)	(Signature)
Timothy Maynard Reynolds	Stephen Anthony Millard	
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Chairman	Plan Administrator	
(Title)	(Title)	(Title)

Subscribed and sworn to before me by Stephen A. Millard
This 26th day of March, 2018

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



DANA STOLA
NOTARY PUBLIC
STATE OF OHIO
Recorded in
Cuyahoga County
My Comm. Exp. 9/21/19



Candy Cerjan
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG166331
Expires 2/20/2023 3/26/2018 8:02:05 AM

Subscribed and Sworn before me by
Timothy Maynard Reynolds who produced
an OHIO Drivers License as identification
this 27th day of March, 2018 in the
State of Florida, Indian River County

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	4,779,852		4,779,852	
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
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 (\$.....2,247,633, Schedule E-Part 1), cash equivalents (\$.....5,897,146, Schedule E-Part 2) and short-term investments (\$.....1,158,542, Schedule DA).....	9,303,321		9,303,321	5,834,491
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	(5,082)
12. Subtotals, cash and invested assets (Lines 1 to 11).....	14,083,173	0	14,083,173	5,829,409
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	26,645		26,645	
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	258,760		258,760	49,813
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 (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
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	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
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 (\$.....0) and other amounts receivable.....	228,880		228,880	197,790
25. Aggregate write-ins for other-than-invested assets.....	5,882	5,882	0	5,082
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	14,603,339	5,882	14,597,458	6,082,094
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTAL (Lines 26 and 27).....	14,603,339	5,882	14,597,458	6,082,094

DETAILS OF WRITE-INS

1101. Prepaid Business Insurance.....			0	(4,082)
1102. Prepaid State Certification Fee.....			0	(1,000)
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0	(5,082)
2501. Prepaid Business Insurance.....	4,082	4,082	0	4,082
2502. Prepaid State Certification Fee.....	1,000	1,000	0	1,000
2503. Prepaid State Domestic Assessment Fee.....	800	800	0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	5,882	5,882	0	5,082

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	6,116,369		6,116,369	805,512
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	244,688		244,688	
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....			0	
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserves.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....	587,611		587,611	135,569
9. General expenses due or accrued.....	104,410		104,410	237,698
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)).....	28,170		28,170	
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.....			0	
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 \$.....0 certified 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.....			0	
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	7,081,248	0	7,081,248	1,178,779
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		
29. Surplus notes.....	XXX	XXX	5,000,000	5,000,000
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	2,516,209	(96,685)
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	7,516,209	4,903,315
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	14,597,458	6,082,094

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

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX	96,143	4,863
2. Net premium income (including \$.....0 non-health premium income).....	XXX	34,486,720	1,770,158
3. Change in unearned premium reserves and reserve for rate credits.....	XXX		
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
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0
8. Total revenues (Lines 2 to 7).....	XXX	34,486,720	1,770,158
Hospital and Medical:			
9. Hospital/medical benefits.....		16,936,402	688,594
10. Other professional services.....		976,368	39,600
11. Outside referrals.....		378,888	3,292
12. Emergency room and out-of-area.....		2,786,295	236,556
13. Prescription drugs.....		5,260,533	394,979
14. Aggregate write-ins for other hospital and medical.....0		0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			
16. Subtotal (Lines 9 to 15).....0		26,338,486	1,363,022
Less:			
17. Net reinsurance recoveries.....		19,399	
18. Total hospital and medical (Lines 16 minus 17).....0		26,319,087	1,363,022
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....		244,688	
21. General administrative expenses.....		5,372,350	504,632
22. Increase in reserves for life and accident and health contracts including \$.....0 increase in reserves for life only).....			
23. Total underwriting deductions (Lines 18 through 22).....0		31,936,125	1,867,654
24. Net underwriting gain or (loss) (Lines 8 minus 23).....XXX		2,550,595	(97,496)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		89,546	5,892
26. Net realized capital gains or (losses) less capital gains tax of \$.....0.....			
27. Net investment gains or (losses) (Lines 25 plus 26).....0		89,546	5,892
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
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		2,640,141	(91,604)
31. Federal and foreign income taxes incurred.....XXX		26,447	
32. Net income (loss) (Lines 30 minus 31).....XXX		2,613,694	(91,604)

DETAILS OF WRITE-INS

C601.	XXX		
C602.	XXX		
C603.	XXX		
C698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	0	0
C699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX	0	0
C701.	XXX		
C702.	XXX		
C703.	XXX		
C798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	0	0
C799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page.....0		0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....0		0	0
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page.....0		0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....0		0	0

COSE Health and Wellness Trust
STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period.....	4,903,315	
34. Net income or (loss) from Line 32.....	2,613,694	(91,604)
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains and (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.....	(800)	(5,082)
40. Change in unauthorized and certified reinsurance.....		
41. Change in treasury stock.....		
42. Change in surplus notes.....		5,000,000
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.....		
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
48. Net change in capital and surplus (Lines 34 to 47).....	2,612,894	4,903,315
49. Capital and surplus end of reporting period (Line 33 plus 48).....	7,516,209	4,903,315

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

COSE Health and Wellness Trust
CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance	34,729,814	1,855,914
2. Net investment income	69,866	5,892
3. Miscellaneous income		
4. Total (Lines 1 through 3)	34,799,680	1,861,806
5. Benefit and loss related payments	21,039,320	755,300
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	5,505,637	266,934
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	(1,723)	
10. Total (Lines 5 through 9)	26,543,234	1,022,234
11. Net cash from operations (Line 4 minus Line 10)	8,256,446	839,572
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds		
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		
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds	4,786,817	
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)	4,786,817	0
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14)	(4,786,817)	0
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		5,000,000
16.2 Capital and paid in surplus, less treasury stock		
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)	(800)	(5,082)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(800)	4,994,918
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	3,468,830	5,834,491
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	5,834,491	
19.2 End of year (Line 18 plus Line 19.1)	9,303,321	5,834,491

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

20.0001		
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plans	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income.....	34,486,720	34,486,720								
2. Change in unearned premium reserves and reserve for rate credit.....	0	0								
3. Fee-for-service (net of \$.....0 medical expenses).....	0									XXX
4. Risk revenue.....	0									XXX
5. Aggregate write-ins for other health care related revenues.....	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues.....	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6).....	34,486,720	34,486,720	0	0	0	0	0	0	0	0
8. Hospital/medical benefits.....	16,936,402	16,936,402								XXX
9. Other professional services.....	976,368	976,368								XXX
10. Outside referrals.....	378,888	378,888								XXX
11. Emergency room and out-of-area.....	2,786,295	2,786,295								XXX
12. Prescription drugs.....	5,260,533	5,260,533								XXX
13. Aggregate write-ins for other hospital and medical.....	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts.....	0									XXX
15. Subtotal (Lines 8 to 14).....	26,338,486	26,338,486	0	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries.....	19,399	19,399								XXX
17. Total hospital and medical (Lines 15 minus 16).....	26,319,087	26,319,087	0	0	0	0	0	0	0	XXX
18. Non-health claims (net).....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$.....0 cost containment expenses.....	244,688	244,688								
20. General administrative expenses.....	5,372,350	5,372,350								
21. Increase in reserves for accident and health contracts.....	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
22. Increase in reserve for life contracts.....	0	XXX								
23. Total underwriting deductions (Lines 17 to 22).....	31,936,125	31,936,125	0	0	0	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23).....	2,550,595	2,550,595	0	0	0	0	0	0	0	0

DETAILS OF WRITE-INS

0501.	0									XXX
0502.	0									XXX
0503.	0									XXX
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0	XXX
0599. Total (Lines 0501 through 0503 plus 0598) (Line 5 above).....	0	0	0	0	0	0	0	0	0	XXX
0601.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Total (Lines 0601 through 0603 plus 0698) (Line 6 above).....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.	0									XXX
1302.	0									XXX
1303.	0									XXX
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	XXX
1399. Total (Lines 1301 through 1303 plus 1398) (Line 13 above).....	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cos. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	37,218,318		2,731,598	34,486,720
2. Medicare supplement				0
3. Dental only				0
4. Vision only				0
5. Federal employees health benefits plan				0
6. Title XVIII - Medicare				0
7. Title XIX - Medicaid				0
8. Other health				0
9. Health subtotal (Lines 1 through 8)	37,218,318	0	2,731,598	34,486,720
10. Life				0
11. Property/casualty				0
12. Totals (Lines 9 to 11)	37,218,318	0	2,731,598	34,486,720

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct.....	21,027,629	21,027,629								
1.2 Reinsurance assumed.....	0	0								
1.3 Reinsurance ceded.....	19,399	19,399								
1.4 Net.....	21,008,230	21,008,230	0		0	0	0	0	0	0
2. Paid medical incentive pools and bonuses.....	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct.....	6,116,369	6,116,369								
3.2 Reinsurance assumed.....	0	0								
3.3 Reinsurance ceded.....	0	0								
3.4 Net.....	6,116,369	6,116,369	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct.....	0	0								
4.2 Reinsurance assumed.....	0	0								
4.3 Reinsurance ceded.....	0	0								
4.4 Net.....	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year.....	0									
6. Net healthcare receivables (a).....	0	0								
7. Amounts recoverable from reinsurers December 31, current year.....	0	0								
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct.....	805,512	805,512								
8.2 Reinsurance assumed.....	0	0								
8.3 Reinsurance ceded.....	0	0								
8.4 Net.....	805,512	805,512	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct.....	0	0								
9.2 Reinsurance assumed.....	0	0								
9.3 Reinsurance ceded.....	0	0								
9.4 Net.....	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year.....	0									
11. Amounts recoverable from reinsurers December 31, prior year.....	0									
12. Incurred benefits:										
12.1 Direct.....	26,338,486	26,338,486	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded.....	19,399	19,399	0	0	0	0	0	0	0	0
12.4 Net.....	26,319,087	26,319,087	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses.....	0	0	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Medical and Hospital)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct.....	0									
1.2 Reinsurance assumed.....	0									
1.3 Reinsurance ceded.....	0									
1.4 Net.....	0	0	0	0	0	0	0	0	0	0
2. Incurred but unreported:										
2.1 Direct.....	6,116,369	6,116,369								
2.2 Reinsurance assumed.....	0									
2.3 Reinsurance ceded.....	0									
2.4 Net.....	6,116,369	6,116,369	0	0	0	0	0	0	0	0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct.....	0									
3.2 Reinsurance assumed.....	0									
3.3 Reinsurance ceded.....	0									
3.4 Net.....	0	0	0	0	0	0	0	0	0	0
4. Totals:										
4.1 Direct.....	6,116,369	6,116,369	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
4.4 Net.....	6,116,369	6,116,369	0	0	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		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)	705,271	20,302,959		6,116,369	705,271	805,512
2. Medicare supplement					0	
3. Dental only					0	
4. Vision only					0	
5. Federal employees health benefits plan					0	
6. Title XVII - Medicare					0	
7. Title XIX - Medicaid					0	
8. Other health					0	
9. Health subtotal (Lines 1 to 8)	705,271	20,302,959	0	6,116,369	705,271	805,512
10. Healthcare receivables (a)					0	
11. Other non-health					0	
12. Medical incentive pools and bonus amounts					0	
13. Totals (Lines 9 - 10 + 11 + 12)	705,271	20,302,959	0	6,116,369	705,271	805,512

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
1	Prior	1 2013	2 2014	3 2015	4 2016	5 2017
2. 2013						
3. 2014		XXX				
4. 2015		XXX	XXX			
5. 2016		XXX	XXX	XXX	557	1,263
6. 2017		XXX	XXX	XXX	XXX	20,303

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
1	Prior	1 2013	2 2014	3 2015	4 2016	5 2017
2. 2013						
3. 2014		XXX				
4. 2015		XXX	XXX			
5. 2016		XXX	XXX	XXX	1,363	1,363
6. 2017		XXX	XXX	XXX	XXX	26,319

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2013				0.0	0	0.0			0	0.0
2. 2014				0.0	0	0.0			0	0.0
3. 2015				0.0	0	0.0			0	0.0
4. 2016	1,770	1,263		0.0	1,263	71.3	100		1,363	77.0
5. 2017	34,487	20,303		0.0	20,303	58.9	6,016	245	26,564	77.0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - HOSPITAL AND MEDICAL

	Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
		1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior						
2. 2013						
3. 2014		XXX				
4. 2015		XXX	XXX			
5. 2016		XXX	XXX	XXX	557	1,263
6. 2017		XXX	XXX	XXX	XXX	20,303

SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL

	Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior						
2. 2013						
3. 2014		XXX				
4. 2015		XXX	XXX			
5. 2016		XXX	XXX	XXX	1,363	1,363
6. 2017		XXX	XXX	XXX	XXX	26,319

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - HOSPITAL AND MEDICAL

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2013			0		0.0	0	0.0			0	0.0
2. 2014			0		0.0	0	0.0			0	0.0
3. 2015			0		0.0	0	0.0			0	0.0
4. 2016		1,770	1,263		0.0	1,263	71.3	100		1,363	77.0
5. 2017		34,487	20,303		0.0	20,303	58.9	6,016	245	26,564	77.0

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2D - Aggregate Reserve for A&H Contracts Only
NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building).....					0
2. Salaries, wages and other benefits.....					0
3. Commissions (less \$.....0 ceded plus \$.....0 assumed).....					0
4. Legal fees and expenses.....			10,498		10,498
5. Certifications and accreditation fees.....			1,000		1,000
6. Auditing, actuarial and other consulting services.....			194,311		194,311
7. Traveling expenses.....			1,254		1,254
8. Marketing and advertising.....					0
9. Postage, express and telephone.....			104		104
10. Printing and office supplies.....					0
11. Occupancy, depreciation and amortization.....					0
12. Equipment.....					0
13. Cost or depreciation of EDP equipment and software.....			7,108		7,108
14. Outsourced services including EDP, claims, and other services.....			5,069,548		5,069,548
15. Boards, bureaus and association fees.....					0
16. Insurance, except on real estate.....			48,978		48,978
17. Collection and bank service charges.....			18,782		18,782
18. Group service and administration fees.....					0
19. Reimbursements by uninsured plans.....					0
20. Reimbursements from fiscal intermediaries.....					0
21. Real estate expenses.....					0
22. Real estate taxes.....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....			1,723		1,723
23.2 State premium taxes.....			800		800
23.3 Regulatory authority licenses and fees.....			938		938
23.4 Payroll taxes.....					0
23.5 Other (excluding federal income and real estate taxes).....					0
24. Investment expenses not included elsewhere.....			17,307		17,307
25. Aggregate write-ins for expenses.....	0	244,688	0	0	244,688
26. Total expenses incurred (Lines 1 to 25).....	0	244,688	5,372,350	0 (a)	5,617,038
27. Less expenses unpaid December 31, current year.....			104,410		104,410
28. Add expenses unpaid December 31, prior year.....			237,698		237,698
29. Amounts receivable relating to uninsured plans, prior year.....					0
30. Amounts receivable relating to uninsured plans, current year.....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30).....	0	244,688	5,505,637	0	5,750,325

DETAILS OF WRITE-INS

2501. Claims Adjustment Expense.....		244,688			244,688
2502.					0
2503.					0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0	0
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above).....	0	244,688	0	0	244,688

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

COSE Health and Wellness Trust
EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Eamed During Year
1. U.S. government bonds.....	(a).....7,881	18,362
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....9,516	15,188
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....48,557	55,996
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	0	0
10. Total gross investment income.....	65,955	89,546
11. Investment expenses.....	.....	(g).....
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....
13. Interest expense.....	.....	(h).....
14. Depreciation on real estate and other invested assets.....	.....	(i).....0
15. Aggregate write-ins for deductions from investment income.....	.....	.....0
16. Total deductions (Lines 11 through 15).....	.....	.....0
17. Net investment income (Line 10 minus Line 16).....	.....	.....89,546

DETAILS OF WRITE-INS

0901. ....	.....	.....
0902. ....	.....	.....
0903. ....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	0	0
* 501. ....	.....	.....
* 502. ....	.....	.....
* 503. ....	.....	.....
* 598. Summary of remaining write-ins for Line 15 from overflow page.....	0	0
* 599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....	0	0

- (a) Includes \$.....438 accrual of discount less \$.....7,402 amortization of premium and less \$.....29,001 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....3,895 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....			0	.....	.....
1.1 Bonds exempt from U.S. tax.....			0	.....	.....
1.2 Other bonds (unaffiliated).....			0	.....	.....
1.3 Bonds of affiliates.....			0	.....	.....
2.1 Preferred stocks (unaffiliated).....			0	.....	.....
2.11 Preferred stocks of affiliates.....			0	.....	.....
2.2 Common stocks (unaffiliated).....			0	.....	.....
2.21 Common stocks of affiliates.....			0	.....	.....
3. Mortgage loans.....			0	.....	.....
4. Real estate.....			0	.....	.....
5. Contract loans.....			0	.....	.....
6. Cash, cash equivalents and short-term investments.....			0	.....	.....
7. Derivative instruments.....			0	.....	.....
8. Other invested assets.....			0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	0	0	0	0	0
10. Total capital gains (losses).....	0	0	0	0	0

NONE

DETAILS OF WRITE-INS

C901. ....	.....	.....	.....0	.....	.....
C902. ....	.....	.....	.....0	.....	.....
C903. ....	.....	.....	.....0	.....	.....
C998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0	0	0	0
C999. Totals (Lines C901 through C903 plus C998) (Line 9 above).....	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			0
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
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
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
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....			0
25. Aggregate write-ins for other-than-invested assets.....	5,882	5,082	(800)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	5,882	5,082	(800)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	5,882	5,082	(800)

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
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0
2501. Prepaid Business Insurance.....	4,082	4,082	0
2502. Prepaid State Certification Fee.....	1,000	1,000	0
2503. Prepaid State Domestic Assessment Fee.....	800		(800)
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	5,882	5,082	(800)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health maintenance organizations.....						
2. Provider service organizations.....	1,982	5,388	7,287	9,673	12,746	96,143
3. Preferred provider organizations.....						
4. Point of service.....						
5. Indemnity only.....						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total.....	1,982	5,388	7,287	9,673	12,746	96,143

DETAILS OF WRITE-INS

0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	0	0	0	0	0	0

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
A&H Premiums Due and Unpaid						
The Word Church.....	11,809					11,809
Royal Document Destruction Inc.....	12,684					12,684
Alta Mira Corp.....	21,128					21,128
Washington Township.....	22,740					22,740
Vexor Technology.....	24,800					24,800
Zashin & Rich Co LPA.....	42,098					42,098
0299997. Group subscribers subtotal.....	135,260	0	0	0	0	135,260
0299998. Premiums due and unpaid not individually listed.....	123,500	0	0	0	0	123,500
0299999. Total group.....	258,760	0	0	0	0	258,760
0599999. Accident and health premiums due and unpaid (Page 2, Line 15).....	258,760	0	0	0	0	258,760

Ex. 3 - Health Care Receivables
NONE

Ex. 3A - Analysis of Health Care Receivables Collected and Accrued
NONE

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0599999. Unreported claim and other claim reserves						6,116,369
0799999. Total claims unpaid						6,116,369

Ex. 5 - Amounts Due from Parent, Subsidiaries and Affiliates
NONE

Ex. 6 - Amounts Due to Parent, Subsidiaries and Affiliates
NONE

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups.....	0	0.0				
2. Intermediaries.....	0	0.0				
3. All other providers.....	0	0.0				
4. Total capitation payments.....	0	0.0	0		0	0
Other Payments:						
5. Fee-for-service.....	2,395,749	118	.XXX	.XXX	2,395,749	
6. Contractual fee payments.....	17,907,210	88.2	.XXX	.XXX	17,907,210	
7. Bonus/withhold arrangements - fee-for-service.....	0	0.0	.XXX	.XXX		
8. Bonus/withhold arrangements - contractual fee payments.....	0	0.0	.XXX	.XXX		
9. Non-contingent salaries.....	0	0.0	.XXX	.XXX		
10. Aggregate cost arrangements.....	0	0.0	.XXX	.XXX		
11. All other payments.....	0	0.0	.XXX	.XXX		
12. Total other payments.....	20,302,959	100.0	.XXX	.XXX	20,302,959	0
13. Total (Line 4 plus Line 12).....	20,302,959	100.0	.XXX	.XXX	20,302,959	0

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
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NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment		NONE				0
2. Medical furniture, equipment and fixtures						0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment						0
6. Total	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

	SSAP #	F/S Page	F/S Line #	2017	2016
NET INCOME					
(1) COSE Health and Wellness Trust Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 2,613,694	\$ (91,604)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 2,613,694	\$ (91,604)
SURPLUS					
(5) COSE Health and Wellness Trust Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 7,516,209	\$ 4,903,315
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 7,516,209	\$ 4,903,315

B. Use of Estimates in the Preparation of the Financial Statement
Reasonable and conservative estimates from the Trust's Actuaries were used to determine the IBNR and Claims Adjustment amounts. No other balance required estimating.

C. Accounting Policy
These financial statements have been prepared in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures Manual.

- (1) **Basis for Short-Term Investments**
Short-term investments are stated at amortized cost using the interest method.
- (2) **Basis for Bonds and Amortization Schedule**
Bonds not backed by other loans are stated at amortized cost using the interest method.
- (3) **Basis for Common Stocks**
Not Applicable
- (4) **Basis for Preferred Stocks**
Not Applicable
- (5) **Basis for Mortgage Loans**
Not Applicable
- (6) **Basis for Loan-Backed Securities and Adjustment Methodology**
Not Applicable
- (7) **Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities**
Not Applicable
- (8) **Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities**
Not Applicable
- (9) **Accounting Policies for Derivatives**
Not Applicable
- (10) **Anticipated Investment Income Used in Premium Deficiency Calculation**
Not Applicable
- (11) **Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses for A&H Contracts**
Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
- (12) **Changes in the Capitalization Policy and Predefined Thresholds from Prior Period**
Not Applicable
- (13) **Method Used to Estimate Pharmaceutical Rebate Receivables**
Not Applicable

D. Going Concern
There is no substantial doubt by Management or the Trustees about the COSE Health and Wellness Trust's ability to continue as a going concern.

Note 2 – Accounting Changes and Correction of Errors

NOTES TO FINANCIAL STATEMENTS

No Significant changes

Note 3 – Business Combinations and Goodwill

Not applicable

Note 4 – Discontinued Operations

Not applicable

Note 5 – Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans
Not applicable
- B. Debt Restructuring
Not applicable
- C. Reverse Mortgages
Not applicable
- D. Loan-Backed Securities
Not applicable
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions
Not applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing
Not applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing
Repurchase Transactions – Cash Provider – Overview of Secured Borrowing Transactions
Not applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale
Repurchase Transaction – Cash Taker – Overview of Sale Transactions
Not applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale
Repurchase Transaction – Cash Provider – Overview of Sale Transactions
Not applicable
- J. Real Estate
Not applicable
- K. Low-Income Housing Tax Credits (LIHTC)
Not applicable
- L. Restricted Assets
Not applicable
- M. Working Capital Finance Investments
Not applicable
- N. Offsetting and Netting of Assets and Liabilities
Not applicable
- O. Structured Notes
Not applicable
- P. 5+ Securities
Not applicable
- Q. Short Sales
Not applicable

NOTES TO FINANCIAL STATEMENTS

R. Prepayment Penalty and Acceleration Fees

 Not applicable

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

 Not applicable

Note 7 – Investment Income

A. The bases, by category of investment income, for excluding (nonadmitting) any investment income due and accrued:
 No investment income was classified for exclusion

Note 8 – Derivative Instruments

 Not applicable

Note 9 – Income Taxes

A. Deferred Tax Assets/(Liabilities) - **NOT APPLICABLE**

1. Components of Net Deferred Tax Asset/(Liability)

	2017			2016			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Gross deferred tax assets	\$	\$	\$	\$	\$	\$	\$	\$	\$
b. Statutory valuation allowance adjustment									
c. Adjusted gross deferred tax assets (1a-1b)	\$	\$	\$	\$	\$	\$	\$	\$	\$
d. Deferred tax assets nonadmitted									
e. Subtotal net admitted deferred tax asset (1c-1d)	\$	\$	\$	\$	\$	\$	\$	\$	
f. Deferred tax liabilities									
g. Net admitted deferred tax assets/(net deferred tax liability) (1e-1f)	\$	\$	\$	\$	\$	\$	\$	\$	\$

2. Admission Calculation Components SSAP No. 101

	1	2017 2	3	4	2016 5	6	7	Change	9
	Ordinary	Capital	(Col 1+2) Total	Ordinary	Capital	(Col 4+5) Total	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks									
b. Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below:									
Adjusted gross deferred tax assets expected to be realized following the balance sheet date									
Adjusted gross deferred tax assets allowed per limitation threshold									
c. Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax									

NOTES TO FINANCIAL STATEMENTS

		2017			2016			Change	
	1	2	3	4	5	6	7	8	9
	Ordinary	Capital	(Col 1+2) Total	Ordinary	Capital	(Col 4+5) Total	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
liabilities									
d. Deferred tax assets admitted as the result of application of SSAP 101. Total (2(a)+2(b)+2(c))									

3. Other Admissibility Criteria

		2017	2016
a.	Ratio percentage used to determine recovery period and threshold limitation amount	%	%
b.	Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above		

4. Impact of Tax Planning Strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.

	12/31/2017		12/31/2016		Change	
	1	2	3	4	5	6
	Ordinary	Capital	Ordinary	Capital	(Col. 1-3) Ordinary	(Col. 2-4) Capital
1. Adjusted gross DTAs amount from Note 9A1(c)						
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	%	%	%	%	%	%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)						
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	%	%	%	%	%	%

(b) Does the company's tax planning strategies include the use of reinsurance? NO

B. Deferred Tax Liabilities Not Recognized - NOT APPLICABLE

1. The types of temporary differences for which a DTL has not been recognized and the types of events that would cause those temporary differences to become taxable are:
2. The cumulative amount of each type of temporary difference is:
3. The amount of the unrecognized DTL for temporary differences related to investments in foreign subsidiaries and foreign corporate joint ventures that are essentially permanent in duration, if determination of that liability is practicable, or a statement that determination is not practicable are:
4. The amount of the DTL for temporary differences other than those in item (3) above that is not recognized is:

C. Current and Deferred Income Taxes

1. Current Income Tax

	1	2	3
	2017	2016	(Col 1-2) Change
a. Federal	26,447		26,447
b. Foreign			
c. Subtotal	26,447		26,447
d. Federal income tax on net capital gains			
e. Utilization of capital loss carry-forwards			
f. Other			
g. Federal and Foreign income taxes incurred	26,447		26,447

2. Deferred Tax Assets

	1	2	3
			(Col 1-2)

NOTES TO FINANCIAL STATEMENTS

	2017	2016	Change
a. Ordinary:			
1. Discounting of unpaid losses			
2. Unearned premium reserve			
3. Policyholder reserves			
4. Investments			
5. Deferred acquisition costs			
6. Policyholder dividends accrual			
7. Fixed assets			
8. Compensation and benefits accrual			
9. Pension accrual			
10. Receivables - nonadmitted			
11. Net operating loss carry-forward			
12. Tax credit carry-forward			
13. Other (items <5% of total ordinary tax assets)			
Other (items >=5% of total ordinary tax assets)			
14.			
99. Subtotal			
b. Statutory valuation allowance adjustment			
c. Nonadmitted			
d. Admitted ordinary deferred tax assets (2a99-2b-2c)			
e. Capital:			
1. Investments			
2. Net capital loss carry-forward			
3. Real estate			
4. Other (items <5% of total capital tax assets)			
Other (items >=5% of total capital tax assets)			
5.			
99. Subtotal			
f. Statutory valuation allowance adjustment			
g. Nonadmitted			
h. Admitted capital deferred tax assets (2e99-2f-2g)			
i. Admitted deferred tax assets (2d+2h)			

3. Deferred Tax Liabilities

	1	2	3
	2017	2016	(Col 1-2) Change
a. Ordinary:			
1. Investments			
2. Fixed assets			
3. Deferred and uncollected premium			
4. Policyholder reserves			
5. Other (items <5% of total ordinary tax liabilities)			
Other (items >=5% of total ordinary tax liabilities)			
6.			
99. Subtotal			
b. Capital:			
1. Investments			
2. Real estate			
3. Other (Items <5% of total capital tax liabilities)			
Other (items >=5% of total capital tax liabilities)			
4.			
99. Subtotal			
c. Deferred tax liabilities (3a99+3b99)			
4. Net Deferred Tax Assets (2i – 3c)			

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate Among the more significant book to tax adjustments were the following:

	Amount	Effective Tax Rate (%)
Permanent Differences:		
Provision computed at statutory rate		%
Proration of tax exempt investment income		%
Tax exempt income deduction		%
Dividends received deduction		%
Disallowed travel and entertainment		%
Other permanent differences		%
Temporary Differences:		
Total ordinary DTAs		%
Total ordinary DTLs		%
Total capital DTAs		%
Total capital DTLs		%
Other:		
Statutory valuation allowance adjustment		%

NOTES TO FINANCIAL STATEMENTS

	Amount	Effective Tax Rate (%)
Accrual adjustment – prior year		%
Other		%
Totals		%
Federal and foreign income taxes incurred		%
Realized capital gains (losses) tax		%
Change in net deferred income taxes		%
Total statutory income taxes	\$	%

E. Operating Loss Carryforwards and Income Taxes Available for Recoupment

1. The amounts, origination dates and expiration dates of operating loss and tax credit carry forwards available for tax purposes:
- | Description (Operating Loss or Tax Credit Carry Forward) | Amounts | Origination Dates | Expiration Dates |
|--|---------|-------------------|-------------------|
| 2016 Operating Loss | 91,604 | December 31, 2016 | December 31, 2021 |
2. The following is income tax expense for current year and proceeding years that is available for recoupment in the event of future net losses:
- | Year | Amounts |
|------|---------|
| 2017 | 26,447 |
3. The Company’s aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Service Code is .

F. Consolidated Federal Income Tax Return - NOT APPLICABLE

1. The Company’s federal income tax return is consolidated with the following entities:
2. The manner in which the Board of Directors sets forth for allocating the consolidated federal income tax:

G. Federal or Foreign Federal Income Tax Loss Contingencies:- NOT APPLICABLE

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

Not applicable

Note 11 – Debt

Not applicable

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

Not applicable

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

There were no changes to the Surplus level since the initial funding on August 15, 2016.

Note 14 – Liabilities, Contingencies and Assessments

Not applicable

Note 15 – Leases

Not applicable

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

Not applicable

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

Not applicable

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. Fair Value Measurements
- 1) Fair Value Measurements at Reporting Date
- The Company restated or reported no assets or liabilities at fair value as of December 31,2017.
- B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements

NOTES TO FINANCIAL STATEMENTS

Not applicable

C. Fair Value Level

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)	Net Asset Value (NAV) Included in Level 2
BONDS	\$ 4,722,422	\$ 4,715,458	\$	\$ 4,722,422	\$	\$	\$

D. Not Practicable to Estimate Fair Value

Not applicable

Note 21 – Other Items

Not applicable

Note 22 – Events Subsequent

A.	Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?		Yes []	No [X]
B.	ACA fee assessment payable for the upcoming year	\$	\$	
C.	ACA fee assessment paid	\$	\$	
D.	Premium written subject to ACA 9010 assessment	\$	\$	
E.	Total adjusted capital before surplus adjustment (Five-Year Historical Line 14)	\$		
F.	Total adjusted capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$		
G.	Authorized control level (Five-Year Historical Line 15)	\$		
H.	Would reporting the ACA assessment as of December 31, 2017 have triggered an RBC action level (YES/NO)?		Yes []	No [X]

Note 23 – Reinsurance

A. Ceded Reinsurance Report

Section1 – General Interrogatories

- (1) Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? Yes [] No [X]

If yes, give full details.
- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business? Yes [] No [X]

If yes, give full details.

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? Yes [] No [X]

a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$

b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? Yes [] No [X]

If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$
- (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 [] No [X]

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

B. Uncollectible Reinsurance

NOTES TO FINANCIAL STATEMENTS

(1) The Company has written off in the current year reinsurance balances due from the entities listed below, the amount of: \$

a. Claims incurred	NOT APPLICABLE	\$
b. Claims adjustment expenses incurred		\$
c. Premiums earned		\$
d. Other		\$
Entity		Amount
		\$

C. Commutation of Ceded Reinsurance - NOT APPLICABLE

The Company has reported in its operations in the current year as a result of commutation of reinsurance with the companies listed below, amounts that are reflected as:

(1) Claims incurred	\$
(2) Claims adjustment expenses incurred	\$
(3) Premiums earned	\$
(4) Other	\$
Entity	Amount
	\$

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - NOT APPLICABLE

(1) Reporting Entity Ceding to Certified Reinsurer Whose Rating was Downgraded or Status Subject to Revocation

a. Certified Reinsurers Downgraded or Status Subject to Revocation

Name of Certified Reinsurer	Relationship to Reporting Entity	Date of Action	Jurisdiction of Action	Before	After	Net Obligation Subject to Collateral	Collateral Required (But Not Received)
				%	%	\$	\$

b. Impact to the Reporting Entity as a Result of the Assuming Entity's Downgraded or Revocation of Certified Reinsurer Status

(2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation -NOT APPLICABLE

a. Certified Reinsurer Rating is Downgraded or Status Subject to Revocation

Date of Action	Jurisdiction of Action	Before	After	Net Obligation Subject to Collateral	Collateral Required (But Not Received)
		%	%	\$	\$

b. Impact to the Reporting Entity as a Result of the Certified Reinsurer Rating Downgraded or Revocation of Certified Reinsurer Status

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. Method Used to Estimate Accrued Retrospective Premium Adjustments

Not applicable

B. Retrospective Premiums Recorded Through Written Premium or Adjustment to Earned Premium

Not applicable

C. Amount and Percentage of Net Premiums Written Subject to Retrospective Rating Features

Not applicable

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act

Not applicable

NOTES TO FINANCIAL STATEMENTS

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$	\$	\$	\$	\$
(2) Medical loss ratio rebates paid	\$	\$	\$	\$	\$
(3) Medical loss ratio rebates unpaid	\$	\$	\$	\$	\$
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	\$
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	\$
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$	\$	\$	\$	\$
(8) Medical loss ratio rebates paid	\$	\$	\$	\$	\$
(9) Medical loss ratio rebates unpaid	\$	\$	\$	\$	\$
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	\$
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	\$
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$

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 [X] No []

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year:

a. Permanent ACA Risk Adjustment Program	AMOUNT
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment	\$
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$
3. Premium adjustments payable due to ACA Risk Adjustment	\$
Operations (Revenue & Expenses)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$

b. Transitional ACA Reinsurance Program	AMOUNT
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	\$
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance -- not reported as ceded premium	\$
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$
Operations (Revenue & Expenses)	
7. Ceded reinsurance premiums due to ACA Reinsurance	\$
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$
9. ACA Reinsurance contributions -- not reported as ceded premium	\$

c. Temporary ACA Risk Corridors Program	AMOUNT
Assets	
1. Accrued retrospective premium due to ACA Risk Corridors	\$
Liabilities	
3. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$
Operations (Revenue & Expenses)	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	\$
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$

(3) Roll forward of prior year ACA Risk Sharing Provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance:

	Accrued During the Prior Year on Business Written Before Dec. 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec. 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable	\$	\$	\$	\$	\$	\$	\$	\$	A	\$	\$
2. Premium adjustments (payable)									B		
3. Subtotal ACA Permanent Risk	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$

NOTES TO FINANCIAL STATEMENTS

	Accrued the Prior Business Before the Prior	During Year on Written Before Dec. 31 of Year	Received or the Current Business Before the Prior	Paid as of Year on Written Before Dec. 31 of Year	Differences		Adjustments		Ref	Unsettled	Balances
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		as of the	Reporting Date
1	2	3	4	5	6	7	8		0	10	
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)	
Adjustment Program											
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$	\$	\$	\$	\$	\$	\$	\$	C	\$	\$
2. Amounts recoverable for claims unpaid (contra liability)									D		
3. Amounts receivable relating to uninsured plans									E		
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums									F		
5. Ceded reinsurance premiums payable									G		
6. Liability for amounts held under uninsured plans									H		
7. Subtotal ACA Transitional Reinsurance Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	I	\$	\$
2. Reserve for rate credits or policy experience rating refunds									J		
3. Subtotal ACA Risk Corridors Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
d. Total for ACA Risk Sharing Provisions	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$

Explanations of Adjustments

- A.
- B.
- C.
- D.
- E.
- F.
- G.
- H.
- I.
- J.

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

	Accrued the Prior Year Written Dec. 31 of the	During on Business Before Prior Year	Received or Paid as of the Current Year on Business Written Before Dec. 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
1	2	3	4	5	6	7	8	9	10	
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	
a. 2014										
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	A	\$
2. Reserve for rate credits for policy experience rating refunds	\$	\$	\$	\$	\$	\$	\$	\$	B	\$
b. 2015										
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	C	\$
2. Reserve for rate credits for policy experience rating refunds	\$	\$	\$	\$	\$	\$	\$	\$	D	\$
c. 2017										
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	E	\$
2. Reserve for rate credits or policy experience rating refunds	\$	\$	\$	\$	\$	\$	\$	\$	F	\$

NOTES TO FINANCIAL STATEMENTS

	Accrued the Prior Year Written Dec. 31 of the	During on Business Before Prior Year	Received or Paid as of the Current Year on Business Written Before Dec. 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
					5	6	7	8	9	10
					Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)
d. Total for Risk Corridors	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

A.
B.
C.
D.
E.
F.

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	1	2	3	4	5	5
	Estimated Amount to be Filed or Final Amount Filed with CMS	Non-Accrued Amounts for Impairment or Other Reasons	Amounts Received from CMS	Asset Balance (Gross of Non-Admissions) (1-2-3)	Non-Admitted Amount	Net Admitted Asset (4-5)
a. 2014	\$	\$	\$	\$	\$	\$
b. 2016						
c. 2017						
d. Total (a+b+c)	\$	\$	\$	\$	\$	\$

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

On December 31st, 2017, the Trust completed 16 months of operation. Realizing that trends in claim payments were becoming more creditable but not totally yet, Management exercised a conservative approach to the Trust's reserve balance.

Reserves as of December 31st, 2017 were \$26,338 million. As of December 31st, 2017, \$20,222 million has been paid for claims and \$6,116 million reserved (IBNR) attributable to insured events of the current year. A reserve of \$806 thousand was established in 2016 for the prior year claims. Claims paid in 2017 associated with this reserve were \$705 thousand. The IBNR level of reserve was calculated and verified by the Company's outside Actuary. The calculated loss ratio was 62%. With the Trust experiencing only 16 months of claims experience, Management decided to reserve to a loss ratio of 76%.. A level close to 80%, the early pro-forma assumption of the Trust.

As the Trust becomes more creditable with its claims trend, Management will evaluate along with the Trust's outside Actuary the adjustments to reserves.

Note 26 – Intercompany Pooling Arrangements

Not applicable

Note 27 – Structured Settlements

Not applicable

Note 28 – Health Care Receivables

Not applicable

Note 29 – Participating Policies

Not applicable

Note 30 – Premium Deficiency Reserves

No reserve was necessary to establish as of December 31st, 2017.

Note 31 – Anticipated Salvage and Subrogation

Not applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

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?
If yes, complete Schedule Y, Parts 1, 1A and 2.

Yes ☐ No ☒

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes ☐ No ☐ N/A ☒

1.3

State regulating?

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 ☒

2.2

If yes, date of change:

3.1

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

3.2

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.

3.3

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).

3.4

By what department or departments?

3.5

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 ☒

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☐ No ☐ N/A ☒

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11

sales of new business?

Yes ☐ No ☒

4.12

renewals?

Yes ☐ No ☒

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21

sales of new business?

Yes ☐ No ☒

4.22

renewals?

Yes ☐ No ☒

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒

5.2

If yes, provide the 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		

6.1

Has the 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 ☒

6.2

If yes, give full information:

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes ☐ No ☒

7.2

If yes,

7.21

State the percentage of foreign control

%

7.22

State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

8.1

Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board?

Yes ☐ No ☒

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 ☒

8.4

If the response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
RSM Cleveland, Ohio

10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes ☐ No ☒

10.2

If the response to 10.1 is yes, provide information related to this exemption:

10.3

Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes ☐ No ☒

10.4

If the response to 10.3 is yes, provide information related to this exemption:

10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes ☐ No ☐ N/A ☒

10.6

If the response to 10.5 is no or n/a, please explain:
Although an Audit Committee is not required by the State for a MEWA, the independent audit report created by the Trust's outside CPA Audit Firm is presented, reviewed, and approved by the Trust's Board of Trustees.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Mike Brown, Vice President, Lewis & Ellis, Inc., 11225 College Boulevard, Suite 320, Overland Park, KS 66210
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes ☐ No ☒

12.11 Name of real estate holding company

12.12 Number of parcels involved

\$0

12.13 Total book/adjusted carrying value

\$0
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes ☐ No ☐
- 13.3 Have there been any changes made to any of the trust indentures during the year?

Yes ☐ No ☐
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes ☐ No ☐ N/A ☐
- 14.1 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 ☒ 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.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended?

Yes ☐ No ☒
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes ☐ No ☒
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes ☐ No ☒
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
			\$

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof?

Yes ☐ No ☒
17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?

Yes ☒ No ☐
18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes ☒ No ☐

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes ☐ No ☒
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers

\$0

20.12 To stockholders not officers

\$0

20.13 Trustees, supreme or grand (Fraternal only)

\$0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers

\$0

20.22 To stockholders not officers

0

20.23 Trustees, supreme or grand (Fraternal only)

0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement?

Yes ☐ No ☒
- 21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others

\$0

21.22 Borrowed from others

\$0

21.23 Leased from others

\$0

21.24 Other

\$0
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments?

Yes ☐ No ☒
- 22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment

\$0

22.22 Amount paid as expenses

\$0

22.23 Other amounts paid

\$0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes ☐ No ☒
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$0

INVESTMENT

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

24.01

Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)?

Yes ☐ No ☒

24.02

If no, give full and complete information, relating thereto:

24.03

For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).
Not Applicable

24.04

Does the company's security lending program meet the requirements for a conforming program as outlined in the *Risk-Based Capital Instructions*?

Yes ☐ No ☐ N/A ☒

24.05

If answer to 24.04 is yes, report amount of collateral for conforming programs.

\$ 0

24.06

If answer to 24.04 is no, report amount of collateral for other programs

\$ 0

24.07

Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

Yes ☐ No ☐ N/A ☒

24.08

Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

Yes ☐ No ☐ N/A ☒

24.09

Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?

Yes ☐ No ☐ N/A ☒

24.10

For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101

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

\$ 0

24.102

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

\$ 0

24.103

Total payable for securities lending reported on the liability page:

\$ 0

25.1

Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.)

Yes ☐ No ☒

25.2

If yes, state the amount thereof at December 31 of the current year:

25.21

Subject to repurchase agreements

\$ 0

25.22

Subject to reverse repurchase agreements

\$ 0

25.23

Subject to dollar repurchase agreements

\$ 0

25.24

Subject to reverse dollar repurchase agreements

\$ 0

25.25

Placed under option agreements

\$ 0

25.26

Letter stock or securities restricted as sale – excluding FHLB Capital Stock

\$ 0

25.27

FHLB Capital Stock

\$ 0

25.28

On deposit with states

\$ 0

25.29

On deposit with other regulatory bodies

\$ 0

25.30

Pledged as collateral – excluding collateral pledged to an FHLB

\$ 0

25.31

Pledged as collateral to FHLB – including assets backing funding agreements

\$ 0

25.32

Other

\$ 0

25.3

For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		\$

26.1

Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes ☐ No ☒

26.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

Yes ☐ No ☐ N/A ☐

27.1

Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes ☐ No ☒

27.2

If yes, state the amount thereof at December 31 of the current year:

\$ 0

28.

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 ☐ No ☒

28.01

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

1 Name of Custodian(s)	2 Custodian's Address
PNC Institutional Asset Management	PNC Center, 1900 East 9th St., Cleveland, OH 44114

28.02

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)

28.03

Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes ☐ No ☒

28.04

If yes, give full and complete information relating thereto:

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

28.05

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
PNC Institutional Asset Management	U
Group Services, Inc.(MEWA Administrator)	A

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

28.0597 For those firms/individuals listed in the table for Question 28.05, 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 [X]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [] No [X]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
	PNC Institutional Asset Management		OCC	NO
	Group Services, Inc.(MEWA Administrator)			NO

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
		\$
29.2999 TOTAL		\$

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
		\$	

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	\$ 5,938,394	\$ 5,878,721	\$ (59,674)
30.2	Preferred Stocks	\$ 0	\$ 0	\$ 0
30.3	Totals	\$ 5,938,394	\$ 5,878,721	\$ (59,674)

30.4 Describe the sources or methods utilized in determining the fair values:

Not applicable

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No [X]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

32.2 If no, list exceptions:

33. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designation 5*GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5*GI securities? Yes [] No [X]

OTHER

34.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 0

34.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	\$

35.1 Amount of payments for legal expenses, if any? \$ 10,498

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Tucker Ellis LLP	\$ 10,498

36.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$

36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	\$

GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [☐] No [☒ X]

1.2

If yes, indicate premium earned on U.S. business only.

\$ 0

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$ 0

1.31

Reason for excluding:

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$ 0

1.5

Indicate total incurred claims on all Medicare Supplement insurance.

\$ 0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$ 0

1.62

Total incurred claims

\$ 0

1.63

Number of covered lives

0

All years prior to most current three years:

1.64

Total premium earned

\$ 0

1.65

Total incurred claims

\$ 0

1.66

Number of covered lives

0

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$ 0

1.72

Total incurred claims

\$ 0

1.73

Number of covered lives

0

All years prior to most current three years:

1.74

Total premium earned

\$ 0

1.75

Total incurred claims

\$ 0

1.76

Number of covered lives

0

2.

Health Test:

2.1

Premium Numerator

\$ 34,486,720

\$ 1,770,158

2.2

Premium Denominator

\$ 34,486,720

\$ 1,770,158

2.3

Premium Ratio (2.1/2.2)

100.0%

100.0%

2.4

Reserve Numerator

\$ 6,117,205

\$ 805,512

2.5

Reserve Denominator

\$ 6,116,369

\$ 805,512

2.6

Reserve Ratio (2.4/2.5)

100.0%

100.0%

3.1

Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [☐] No [☒ X]

3.2

If yes, give particulars:

4.1

Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [☒ X] No [☐]

4.2

If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [☐] No [☒ X]

5.1

Does the reporting entity have stop-loss reinsurance?

Yes [☒ X] No [☐]

5.2

If no, explain:

5.3

Maximum retained risk (see instructions)

5.31

Comprehensive Medical

\$ 333,333

5.32

Medical Only

\$ 0

5.33

Medicare Supplement

\$ 0

5.34

Dental and Vision

\$ 0

5.35

Other Limited Benefit Plan

\$ 0

5.36

Other

\$ 0

6.

Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

28

03/26/2018 8:02:15 AM

GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

7.1

Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes ☒ No ☐

7.2

If no, give details

8.

Provide the following information regarding participating providers:

8.1

Number of providers at start of reporting year

0

8.2

Number of providers at end of reporting year

0

9.1

Does the reporting entity have business subject to premium rate guarantees?

Yes ☒ No ☐

9.2

If yes, direct premium earned:

9.21

Business with rate guarantees with rate guarantees between 15-36 months

\$4,784,606

9.22

Business with rate guarantees over 36 months

\$0

10.1

Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes ☐ No ☒

10.2

If yes:

10.21

Maximum amount payable bonuses

0

10.22

Amount actually paid for year bonuses

0

10.23

Maximum amount payable withholds

0

10.24

Amount actually paid for year withholds

0

11.1

Is the reporting entity organized as:

11.12

A Medical Group/Staff Model,

Yes ☐ No ☒

11.13

An Individual Practice Association (IPA), or,

Yes ☐ No ☒

11.14

A Mixed Model (combination of above)?

Yes ☐ No ☒

11.2

Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes ☒ No ☐

11.3

If yes, show the name of the state requiring such minimum capital and surplus.
Ohio

11.4

If yes, show the amount required.

\$5,000,000

11.5

Is this amount included as part of a contingency reserve in stockholder's equity?

Yes ☐ No ☒

11.6

If the amount is calculated, show the calculation

12.

List service areas in which reporting entity is licensed to operate:

1

Name of Service Area

Ohio

13.1

Do you act as a custodian for health savings accounts?

Yes ☐ No ☒

13.2

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

\$0

13.3

Do you act as an administrator for health savings accounts?

Yes ☐ No ☒

13.4

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

\$0

14.1

Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?

Yes ☐ No ☐ N/A ☒

14.2

If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
	0		\$	\$	\$	\$

15.

Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1

Direct Premium Written

\$0

15.2

Total Incurred Claims

\$0

15.3

Number of Covered Lives

0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

COSE Health and Wellness Trust
FIVE-YEAR HISTORICAL DATA

	1 2017	2 2016	3 2015	4 2014	5 2013
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28).....	14,597,458	6,082,094			
2. Total liabilities (Page 3, Line 24).....	7,081,248	1,178,779			
3. Statutory minimum capital and surplus requirement.....	5,000,000	5,000,000			
4. Total capital and surplus (Page 3, Line 33).....	7,516,209	4,903,315			
Income Statement Items (Page 4)					
5. Total revenues (Line 8).....	34,486,720	1,770,158			
6. Total medical and hospital expenses (Line 18).....	26,319,087	1,363,022			
7. Claims adjustment expenses (Line 20).....	244,688				
8. Total administrative expenses (Line 21).....	5,372,350	504,632			
9. Net underwriting gain (loss) (Line 24).....	2,550,595	(97,496)			
10. Net investment gain (loss) (Line 27).....	89,546	5,892			
11. Total other income (Lines 28 plus 29).....					
12. Net income or (loss) (Line 32).....	2,613,694	(91,604)			
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	8,256,446	839,572			
Risk-Based Capital Analysis					
14. Total adjusted capital.....	7,516,209	4,903,315			
15. Authorized control level risk-based capital.....	1,585,942	419,275			
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7).....	12,746	1,982			
17. Total member months (Column 6, Line 7).....	96,143	4,863			
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5).....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19).....	76.3	77.0			
20. Cost containment expenses.....					
21. Other claims adjustment expenses.....	0.7				
22. Total underwriting deductions (Line 23).....	92.6	105.5			
23. Total underwriting gain (loss) (Line 24).....	7.4	(5.5)			
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5).....	705,271				
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	805,512				
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1).....					
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1).....					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10).....					
30. Affiliated mortgage loans on real estate.....					
31. All other affiliated.....					
32. Total of above Lines 26 to 31.....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.....					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?
If no, please explain:

Yes [] No []



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)
REPORT FOR: 1. CORPORATION.....COSE Health and Wellness Trust 2. Cleveland, OH

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

(Location)

NAIC Group Code0

NAIC Company Code122

	1 Total	2 Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		Individual	Group							
Total Members at end of:										
1. Prior year.....	1,982		1,982							
2. First quarter.....	5,388		5,388							
3. Second quarter.....	7,287		7,287							
4. Third quarter.....	9,673		9,673							
5. Current year.....	12,746		12,746							
6. Current year member months.....	96,143		96,143							
Total Member Ambulatory Encounters for Year:										
7. Physician.....	40,721		40,721							
8. Non-physician.....	29,977		29,977							
9. Totals.....	70,698	0	70,698	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	931		931							
11. Number of inpatient admissions.....	250		250							
12. Health premiums written (b).....	37,218,318		37,218,318							
13. Life premiums direct.....	0		0							
14. Property/casualty premiums written.....	0		0							
15. Health premiums earned.....	37,218,318		37,218,318							
16. Property/casualty premiums earned.....	0		0							
17. Amount paid for provision of health care services.....	20,302,959		20,302,959							
18. Amount incurred for provision of health care services.....	26,338,486		26,338,486							

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

Sch. S - Pt. 1 - Sn. 2
NONE

Sch. S - Pt. 2
NONE

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (estimated)	10 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
29076	34-0648820	09/01/2016	Medical Mutual of Ohio	OH	ASL/G	CMM	536,857						
29076	34-0648820	09/01/2016	Medical Mutual of Ohio	OH	SSL/G	CMM	2,194,741						
0899999	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						2,731,598	0	0	0	0	0	0
1099999	Total - General Account - Authorized - Non-Affiliates						2,731,598	0	0	0	0	0	0
1199999	Total - General Account - Authorized						2,731,598	0	0	0	0	0	0
3499999	Total - General Account - Authorized, Unauthorized and Certified						2,731,598	0	0	0	0	0	0
6999999	Total - U.S.						2,731,598	0	0	0	0	0	0
9999999	Total						2,731,598	0	0	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums.....	2,732	139			
2. Title XVIII - Medicare.....					
3. Title XIX - Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....					
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with certified reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple beneficiary trust.....					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	14,083,173		14,083,173
2. Accident and health premiums due and unpaid (Line 15).....	258,760		258,760
3. Amounts recoverable from reinsurers (Line 16.1).....			0
4. Net credit for ceded reinsurance.....	XXX		0
5. All other admitted assets (balance).....	255,524		255,524
6. Totals assets (Line 28).....	14,597,458	0	14,597,458
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	6,117,205		6,117,205
8. Accrued medical incentive pool and bonus payments (Line 2).....			0
9. Premiums received in advance (Line 8).....	587,611		587,611
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....			0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....			0
12. Reinsurance with certified reinsurers (Line 20 inset amount).....			0
13. Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount).....			0
14. All other liabilities (balance).....	349,099		349,099
15. Total liabilities (Line 24).....	7,053,914	0	7,053,914
16. Total capital and surplus (Line 33).....	7,543,544	XXX	7,543,544
17. Total liabilities, capital and surplus (Line 34).....	14,597,458	0	14,597,458
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance.....	0		
21. Reinsurance recoverable on paid losses.....	0		
22. Other ceded reinsurance recoverables.....	0		
23. Total ceded reinsurance recoverables.....	0		
24. Premiums receivable.....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....	0		
26. Unauthorized reinsurance.....	0		
27. Reinsurance with certified reinsurers.....	0		
28. Funds held under reinsurance treaties with certified reinsurers.....	0		
29. Other ceded reinsurance payables/offsets.....	0		
30. Total ceded reinsurance payables/offsets.....	0		
31. Total net credit for ceded reinsurance.....	0		

COSE Health and Wellness Trust
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

		Direct Business Only							
State, Etc.		1	2	3	4	5	6	7	8
		Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7
									9
									Deposit-Type Contracts
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.....	37,218,318						37,218,318
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
59.	Subtotal.....XXX		37,218,318	0	0	0	0	0	37,218,318
60.	Reporting entity contributions for Employee Benefit Plans.....XXX								0
61.	Total (Direct Business).....(a)	1	37,218,318	0	0	0	0	0	37,218,318

DETAILS OF WRITE-INS

58001.									0
58002.									0
58003.									0
58998.	Summary of remaining write-ins for line 58.....		0	0	0	0	0	0	0
58999.	Total (Lines 58001 through 58003 + 58998).....		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.
Explanation of basis of allocation by states, premiums by state, etc.

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

Sch. T - Pt. 2 - Interstate Compact
NONE

Sch. Y-Pt. 1
NONE

Sch. Y - Pt. 1A
NONE

Sch. Y - Pt. 2
NONE

COSE Health and Wellness Trust
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	NO
2.	Will an actuarial opinion be filed by March 1?	NO
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	NO
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	NO

APRIL FILING		
5.	Will the Management's Discussion and Analysis be filed by April 1?	NO
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO

JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	SEE EXPLANATION

AUGUST FILING		
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	SEE EXPLANATION

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.

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO

APRIL FILING		
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
23.	Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO

AUGUST FILING		
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

EXPLANATIONS:

1. The data for this supplement is not required to be filed.
2. The data for this supplement is not required to be filed.
3. The data for this supplement is not required to be filed.
4. The data for this supplement is not required to be filed.
5. The data for this supplement is not required to be filed.
6.
7. The data for this supplement is not required to be filed.
8.
9. Not required until 6/30
10.
11. The data for this supplement is not required to be filed.
12. The data for this supplement is not required to be filed.
13. The data for this supplement is not required to be filed.
14. The data for this supplement is not required to be filed.
15. The data for this supplement is not required to be filed.
16. The data for this supplement is not required to be filed.
17. The data for this supplement is not required to be filed.
18. The data for this supplement is not required to be filed.
19. The data for this supplement is not required to be filed.
20. The data for this supplement is not required to be filed.
21. The data for this supplement is not required to be filed.
22.
23. The data for this supplement is not required to be filed.
24.

BAR CODE:

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NONE**

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NONE**

COSE Health and Wellness Trust
SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities.....	3,357,909	23.8	3,357,909		3,357,909	23.8
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies.....		0.0			0	0.0
1.22 Issued by U.S. government sponsored agencies.....		0.0			0	0.0
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities).....		0.0			0	0.0
1.4 Securities issued by states, territories and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations.....		0.0			0	0.0
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations.....		0.0			0	0.0
1.43 Revenue and assessment obligations.....		0.0			0	0.0
1.44 Industrial development and similar obligations.....		0.0			0	0.0
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA.....		0.0			0	0.0
1.512 Issued or guaranteed by FNMA and FHLMC.....		0.0			0	0.0
1.513 All other.....		0.0			0	0.0
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA.....		0.0			0	0.0
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-based securities issued or guaranteed by agencies shown in Line 1.521.....		0.0			0	0.0
1.523 All other.....		0.0			0	0.0
2. Other debt and other fixed income securities (excluding short-term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities).....	1,421,944	10.1	1,421,944		1,421,944	10.1
2.2 Unaffiliated non-U.S. securities (including Canada).....		0.0			0	0.0
2.3 Affiliated securities.....		0.0			0	0.0
3. Equity interests:						
3.1 Investments in mutual funds.....		0.0			0	0.0
3.2 Preferred stocks:						
3.21 Affiliated.....		0.0			0	0.0
3.22 Unaffiliated.....		0.0			0	0.0
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated.....		0.0			0	0.0
3.32 Unaffiliated.....		0.0			0	0.0
3.4 Other equity securities:						
3.41 Affiliated.....		0.0			0	0.0
3.42 Unaffiliated.....		0.0			0	0.0
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated.....		0.0			0	0.0
3.52 Unaffiliated.....		0.0			0	0.0
4. Mortgage loans:						
4.1 Construction and land development.....		0.0			0	0.0
4.2 Agricultural.....		0.0			0	0.0
4.3 Single family residential properties.....		0.0			0	0.0
4.4 Multifamily residential properties.....		0.0			0	0.0
4.5 Commercial loans.....		0.0			0	0.0
4.6 Mezzanine real estate loans.....		0.0			0	0.0
5. Real estate investments:						
5.1 Property occupied by company.....		0.0			0	0.0
5.2 Property held for production of income (including \$.....0 of property acquired in satisfaction of debt).....		0.0			0	0.0
5.3 Property held for sale (including \$.....0 property acquired in satisfaction of debt).....		0.0			0	0.0
6. Contract loans.....		0.0			0	0.0
7. Derivatives.....		0.0			0	0.0
8. Receivables for securities.....		0.0			0	0.0
9. Securities lending (Line 10, Asset Page reinvested collateral).....		0.0		XXX	XXX	XXX
10. Cash, cash equivalents and short-term investments.....	9,303,321	66.1	9,303,321		9,303,321	66.1
11. Other invested assets.....		0.0			0	0.0
12. Total invested assets.....	14,083,173	100.0	14,083,173	0	14,083,173	100.0

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1.	Book/adjusted carrying value, December 31 of prior year.....	
2.	Cost of acquired:	
2.1	Actual cost at time of acquisition (Part 2, Column 6).....	
2.2	Additional investment made after acquisition (Part 2, Column 9).....	0
3.	Current year change in encumbrances:	
3.1	Totals, Part 1, Column 13.....	
3.2	Totals, Part 3, Column 11.....	0
4.	Total gain (loss) on disposals, Part 3, Column 18.....	
5.	Deduct amounts received on disposals, Part 3, Column 15.....	
6.	Total foreign exchange change in book/adjusted carrying value:	
6.1	Totals, Part 1, Column 15.....	
6.2	Totals, Part 3, Column 13.....	0
7.	Deduct current year's other-than-temporary impairment recognized:	
7.1	Totals, Part 1, Column 12.....	
7.2	Totals, Part 3, Column 10.....	0
8.	Deduct current year's depreciation:	
8.1	Totals, Part 1, Column 11.....	
8.2	Totals, Part 3, Column 9.....	0
9.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	0
10.	Deduct total nonadmitted amounts.....	
11.	Statement value at end of current period (Line 9 minus Line 10).....	0

NONE

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1.	Book value/recorded investment excluding accrued interest, December 31 of prior year.....	
2.	Cost of acquired:	
2.1	Actual cost at time of acquisition (Part 2, Column 7).....	
2.2	Additional investment made after acquisition (Part 2, Column 8).....	0
3.	Capitalized deferred interest and other:	
3.1	Totals, Part 1, Column 12.....	
3.2	Totals, Part 3, Column 11.....	0
4.	Accrual of discount.....	
5.	Unrealized valuation increase (decrease):	
5.1	Totals, Part 1, Column 9.....	
5.2	Totals, Part 3, Column 8.....	0
6.	Total gain (loss) on disposals, Part 3, Column 18.....	
7.	Deduct amounts received on disposals, Part 3, Column 15.....	
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:	
9.1	Totals, Part 1, Column 13.....	
9.2	Totals, Part 3, Column 13.....	0
10.	Deduct current year's other-than-temporary impairment recognized:	
10.1	Totals, Part 1, Column 11.....	
10.2	Totals, Part 3, Column 10.....	0
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
12.	Total valuation allowance.....	
13.	Subtotal (Line 11 plus Line 12).....	0
14.	Deduct total nonadmitted amounts.....	
15.	Statement value of mortgages owned at end of current period (Line 13 minus Line 14).....	0

NONE

COSE Health and Wellness Trust
SCHEDULE BA - VERIFICATION BETWEEN YEARS
Other Long-Term Invested Assets

1.	Book/adjusted carrying value, December 31 of prior year.....	
2.	Cost of acquired:	
2.1	Actual cost at time of acquisition (Part 2, Column 8).....	
2.2	Additional investment made after acquisition (Part 2, Column 9).....	0
3.	Capitalized deferred interest and other:	
3.1	Totals, Part 1, Column 16.....	
3.2	Totals, Part 3, Column 12.....	0
4.	Accrual of discount.....	
5.	Unrealized valuation increase (decrease):	
5.1	Totals, Part 1, Column 13.....	
5.2	Totals, Part 3, Column 9.....	0
6.	Total gain (loss) on disposals, Part 3, Column 19.....	
7.	Deduct amounts received on disposals, Part 3, Column 16.....	
8.	Deduct amortization of premium and depreciation.....	
9.	Total foreign exchange change in book/adjusted carrying value:	
9.1	Totals, Part 1, Column 17.....	
9.2	Totals, Part 3, Column 14.....	0
10.	Deduct current year's other-than-temporary impairment recognized:	
10.1	Totals, Part 1, Column 15.....	
10.2	Totals, Part 3, Column 11.....	0
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0
12.	Deduct total nonadmitted amounts.....	
13.	Statement value at end of current period (Line 11 minus Line 12).....	0

NONE

SCHEDULE D - VERIFICATION BETWEEN YEARS
Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year.....	
2.	Cost of bonds and stocks acquired, Part 3, Column 7.....	4,786,817
3.	Accrual of discount.....	438
4.	Unrealized valuation increase (decrease):	
4.1	Part 1, Column 12.....	
4.2	Part 2, Section 1, Column 15.....	
4.3	Part 2, Section 2, Column 13.....	
4.4	Part 4, Column 11.....	0
5.	Total gain (loss) on disposals, Part 4, Column 19.....	
6.	Deduct consideration for bonds and stocks disposed of, Part 4, Column 7.....	
7.	Deduct amortization of premium.....	7,402
8.	Total foreign exchange change in book/adjusted carrying value:	
8.1	Part 1, Column 15.....	
8.2	Part 2, Section 1, Column 19.....	
8.3	Part 2, Section 2, Column 16.....	
8.4	Part 4, Column 15.....	0
9.	Deduct current year's other-than-temporary impairment recognized:	
9.1	Part 1, Column 14.....	
9.2	Part 2, Section 1, Column 17.....	
9.3	Part 2, Section 2, Column 14.....	
9.4	Part 4, Column 13.....	0
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	4,779,852
11.	Deduct total nonadmitted amounts.....	
12.	Statement value at end of current period (Line 10 minus Line 11).....	4,779,852

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS Governments (Including all obligations guaranteed by governments)	1. United States.....	3,357,909	3,317,276	3,358,613	3,350,000
	2. Canada.....				
	3. Other Countries.....				
	4. Totals.....	3,357,909	3,317,276	3,358,613	3,350,000
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals.....				
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals.....				
U.S. Special Revenue and Special Assessment Obligations and All Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions	7. Totals.....				
Industrial and Miscellaneous, SVO Identified Funds and Hybrid Securities (Unaffiliated)	8. United States.....	1,421,944	1,405,147	1,428,204	1,375,000
	9. Canada.....				
	10. Other Countries.....				
	11. Totals.....	1,421,944	1,405,147	1,428,204	1,375,000
Parent, Subsidiaries and Affiliates	12. Totals.....				
	13. Total Bonds.....	4,779,852	4,722,422	4,786,817	4,725,000
PREFERRED STOCKS Industrial and Miscellaneous (Unaffiliated)	14. United States.....				
	15. Canada.....				
	16. Other Countries.....				
	17. Totals.....	0	0	0	
Parent, Subsidiaries and Affiliates	18. Totals.....				
	19. Total Preferred Stocks.....	0	0	0	
COMMON STOCKS Industrial and Miscellaneous (Unaffiliated)	20. United States.....				
	21. Canada.....				
	22. Other Countries.....				
	23. Totals.....	0	0	0	
Parent, Subsidiaries and Affiliates	24. Totals.....				
	25. Total Common Stocks.....	0	0	0	
	26. Total Stocks.....	0	0	0	
	27. Total Bonds and Stocks.....	4,779,852	4,722,422	4,786,817	

SCHEDULE D - PART 1A - SECTION 1
Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.7	9 Total from Column 7 Prior Year	10 % from Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 NAIC 1	324,379	3,357,909				XXX	3,682,287	62.0		0.0	3,682,287	
1.2 NAIC 2						XXX	0	0.0		0.0		
1.3 NAIC 3						XXX	0	0.0		0.0		
1.4 NAIC 4						XXX	0	0.0		0.0		
1.5 NAIC 5						XXX	0	0.0		0.0		
1.6 NAIC 6						XXX	0	0.0		0.0		
1.7 Totals	324,379	3,357,909	0	0	0	XXX	3,682,287	62.0	0	0.0	3,682,287	0
2. All Other Governments												
2.1 NAIC 1						XXX	0	0.0		0.0		
2.2 NAIC 2						XXX	0	0.0		0.0		
2.3 NAIC 3						XXX	0	0.0		0.0		
2.4 NAIC 4						XXX	0	0.0		0.0		
2.5 NAIC 5						XXX	0	0.0		0.0		
2.6 NAIC 6						XXX	0	0.0		0.0		
2.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, etc., Guaranteed												
3.1 NAIC 1						XXX	0	0.0		0.0		
3.2 NAIC 2						XXX	0	0.0		0.0		
3.3 NAIC 3						XXX	0	0.0		0.0		
3.4 NAIC 4						XXX	0	0.0		0.0		
3.5 NAIC 5						XXX	0	0.0		0.0		
3.6 NAIC 6						XXX	0	0.0		0.0		
3.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 NAIC 1						XXX	0	0.0		0.0		
4.2 NAIC 2						XXX	0	0.0		0.0		
4.3 NAIC 3						XXX	0	0.0		0.0		
4.4 NAIC 4						XXX	0	0.0		0.0		
4.5 NAIC 5						XXX	0	0.0		0.0		
4.6 NAIC 6						XXX	0	0.0		0.0		
4.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 NAIC 1						XXX	0	0.0		0.0		
5.2 NAIC 2						XXX	0	0.0		0.0		
5.3 NAIC 3						XXX	0	0.0		0.0		
5.4 NAIC 4						XXX	0	0.0		0.0		
5.5 NAIC 5						XXX	0	0.0		0.0		
5.6 NAIC 6						XXX	0	0.0		0.0		
5.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 1 (continued)
Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11	12
	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	Column 7 as a % of Line 10.7	Total from Column 7 Prior Year	% from Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed (a)
6. Industrial and Miscellaneous (unaffiliated)												
6.1 NAIC 1	834,163	1,421,944				XXX	2,256,107	38.0		0.0	2,256,107	
6.2 NAIC 2						XXX		0.0		0.0		
6.3 NAIC 3						XXX		0.0		0.0		
6.4 NAIC 4						XXX		0.0		0.0		
6.5 NAIC 5						XXX		0.0		0.0		
6.6 NAIC 6						XXX		0.0		0.0		
6.7 Totals	834,163	1,421,944	0	0	0	XXX	2,256,107	38.0	0	0.0	2,256,107	0
7. Hybrid Securities												
7.1 NAIC 1						XXX	0	0.0		0.0		
7.2 NAIC 2						XXX		0.0		0.0		
7.3 NAIC 3						XXX		0.0		0.0		
7.4 NAIC 4						XXX		0.0		0.0		
7.5 NAIC 5						XXX		0.0		0.0		
7.6 NAIC 6						XXX		0.0		0.0		
7.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.1 NAIC 1						XXX	0	0.0		0.0		
8.2 NAIC 2						XXX		0.0		0.0		
8.3 NAIC 3						XXX		0.0		0.0		
8.4 NAIC 4						XXX		0.0		0.0		
8.5 NAIC 5						XXX		0.0		0.0		
8.6 NAIC 6						XXX		0.0		0.0		
8.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
9. SVO Identified Funds												
9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		
9.7 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 1 (continued)
Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.7	9 Total from Column 7 Prior Year	10 % from Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
10. Total Bonds Current Year												
10.1 NAIC 1.....	(d).....1,158,542	4,779,852	0	0	0	0	5,938,394	100.0	XXX	XXX	5,938,394	0
10.2 NAIC 2.....	(d).....0	0	0	0	0	0	0	0	XXX	XXX	0	0
10.3 NAIC 3.....	(d).....0	0	0	0	0	0	0	0	XXX	XXX	0	0
10.4 NAIC 4.....	(d).....0	0	0	0	0	0	0	0	XXX	XXX	0	0
10.5 NAIC 5.....	(d).....0	0	0	0	0	0	(c).....0	0	XXX	XXX	0	0
10.6 NAIC 6.....	(d).....0	0	0	0	0	0	(c).....0	0	XXX	XXX	0	0
10.7 Totals.....	1,158,542	4,779,852	0	0	0	0	(b).....5,938,394	100.0	XXX	XXX	5,938,394	0
10.8 Line 10.7 as a % of Col. 7.....	19.5	80.5	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year												
11.1 NAIC 1.....	.....	.....	.....	.....	.....	.....	XXX	XXX	0	0.0	.....	.....
11.2 NAIC 2.....	.....	.....	.....	.....	.....	.....	XXX	XXX	0	0.0	.....	.....
11.3 NAIC 3.....	.....	.....	.....	.....	.....	.....	XXX	XXX	0	0.0	.....	.....
11.4 NAIC 4.....	.....	.....	.....	.....	.....	.....	XXX	XXX	0	0.0	.....	.....
11.5 NAIC 5.....	.....	.....	.....	.....	.....	.....	XXX	XXX	(c).....0	0.0	.....	.....
11.6 NAIC 6.....	.....	.....	.....	.....	.....	.....	XXX	XXX	(c).....0	0.0	.....	.....
11.7 Totals.....	0	0	0	0	0	0	XXX	XXX	(b).....0	0.0	0	0
11.8 Line 11.7 as a % of Col. 9.....	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	0	XXX	0	0.0
12. Total Publicly Traded Bonds												
12.1 NAIC 1.....	1,158,542	4,779,852	.....	.....	.....	.....	5,938,394	100.0	0	0.0	5,938,394	XXX
12.2 NAIC 2.....	.....	.....	.....	.....	.....	.....	.....0	0	0	0.0	0	XXX
12.3 NAIC 3.....	.....	.....	.....	.....	.....	.....	.....0	0	0	0.0	0	XXX
12.4 NAIC 4.....	.....	.....	.....	.....	.....	.....	.....0	0	0	0.0	0	XXX
12.5 NAIC 5.....	.....	.....	.....	.....	.....	.....	.....0	0	0	0.0	0	XXX
12.6 NAIC 6.....	.....	.....	.....	.....	.....	.....	.....0	0	0	0.0	0	XXX
12.7 Totals.....	1,158,542	4,779,852	0	0	0	0	5,938,394	100.0	XXX	XXX	5,938,394	XXX
12.8 Line 12.7 as a % of Col. 7.....	19.5	80.5	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 7, Section 10.....	19.5	80.5	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds												
13.1 NAIC 1.....	.....	.....	.....	.....	.....	.....	.....0	0	0	0.0	XXX	0
13.2 NAIC 2.....	.....	.....	.....	.....	.....	.....	.....0	0	0	0.0	XXX	0
13.3 NAIC 3.....	.....	.....	.....	.....	.....	.....	.....0	0	0	0.0	XXX	0
13.4 NAIC 4.....	.....	.....	.....	.....	.....	.....	.....0	0	0	0.0	XXX	0
13.5 NAIC 5.....	.....	.....	.....	.....	.....	.....	.....0	0	0	0.0	XXX	0
13.6 NAIC 6.....	.....	.....	.....	.....	.....	.....	.....0	0	0	0.0	XXX	0
13.7 Totals.....	0	0	0	0	0	0	0	0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 7.....	0.0	0.0	0.0	0.0	0.0	0.0	0	0	XXX	0.0	XXX	0
13.9 Line 13.7 as a % of Line 10.7, Col. 7, Section 10.....	0.0	0.0	0.0	0.0	0.0	0.0	0	XXX	XXX	XXX	XXX	0.0

(a) Includes \$.....0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
(b) Includes \$.....0 current year, \$.....0 prior year of bonds with Z* designations and \$.....0 current year, \$.....0 prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class are under regulatory review.
(c) Includes \$.....0 current year, \$.....0 prior year of bonds with 5* designations and \$.....0 current year, \$.....0 prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.
(d) 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 D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type		1	2	3	4	5	6	7	8	9	10	11	12
		1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	Column 7 as a % of Line 10.6	Total from Column 7 Prior Year	% from Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed
1.	U.S. Governments												
1.1	Issuer Obligations	324,379	3,357,909				XXX	3,682,287	62.0		0.0	3,682,287	
1.2	Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		
1.3	Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		
1.4	Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		
1.5	Totals	324,379	3,357,909	0	0	0	XXX	3,682,287	62.0	0	0.0	3,682,287	0
2.	All Other Governments												
2.1	Issuer Obligations						XXX	0	0.0		0.0		
2.2	Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		
2.3	Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		
2.4	Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		
2.5	Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.	U.S. States, Territories and Possessions, Guaranteed												
3.1	Issuer Obligations						XXX	0	0.0		0.0		
3.2	Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		
3.3	Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		
3.4	Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		
3.5	Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.	U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1	Issuer Obligations						XXX	0	0.0		0.0		
4.2	Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		
4.3	Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		
4.4	Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		
4.5	Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.	U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1	Issuer Obligations						XXX	0	0.0		0.0		
5.2	Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		
5.3	Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		
5.4	Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		
5.5	Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.	Industrial and Miscellaneous (unaffiliated)												
6.1	Issuer Obligations	834,163	1,421,944				XXX	2,256,107	38.0		0.0	2,256,107	
6.2	Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		
6.3	Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		
6.4	Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		
6.5	Totals	834,163	1,421,944	0	0	0	XXX	2,256,107	38.0	0	0.0	2,256,107	0
7.	Hybrid Securities												
7.1	Issuer Obligations						XXX	0	0.0		0.0		
7.2	Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		
7.3	Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		
7.4	Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		
7.5	Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.	Parent, Subsidiaries and Affiliates												
8.1	Issuer Obligations						XXX	0	0.0		0.0		
8.2	Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		
8.3	Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		
8.4	Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		
8.5	Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.6	9 Total from Column 7 Prior Year	10 % from Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
9. SVO Identified Funds												
9.1 Exchange Traded Funds Identified by the SVO.....	XXX	XXX	XXX	XXX	XXX			.00		.00		
9.2 Bond Mutual Funds Identified by the SVO.....	XXX	XXX	XXX	XXX	XXX			.00		.00		
9.3 Totals.....	XXX	XXX	XXX	XXX	XXX	.0		.00	.0	.00	.0	.0
10. Total Bonds Current Year												
10.1 Issuer Obligations.....	1,158,542	4,779,852	.0	.0	.0	XXX	5,938,394	100.0	XXX	XXX	5,938,394	.0
10.2 Residential Mortgage-Backed Securities.....	.0	.0	.0	.0	.0	XXX	.0	.00	XXX	XXX	.0	.0
10.3 Commercial Mortgage-Backed Securities.....	.0	.0	.0	.0	.0	XXX	.0	.00	XXX	XXX	.0	.0
10.4 Other Loan-Backed and Structured Securities.....	.0	.0	.0	.0	.0	XXX	.0	.00	XXX	XXX	.0	.0
10.5 SVO Identified Funds.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.00	XXX	XXX	.0	.0
10.6 Totals.....	1,158,542	4,779,852	.0	.0	.0	.0	5,938,394	100.0	XXX	XXX	5,938,394	.0
10.7 Line 10.6 as a % of Col. 7.....	19.5	80.5	.00	.00	.00	.00	100.0	XXX	XXX	XXX	100.0	.00
11. Total Bonds Prior Year												
11.1 Issuer Obligations.....						XXX	XXX	XXX	.0	.00		
11.2 Residential Mortgage-Backed Securities.....						XXX	XXX	XXX	.0	.00		
11.3 Commercial Mortgage-Backed Securities.....						XXX	XXX	XXX	.0	.00		
11.4 Other Loan-Backed and Structured Securities.....						XXX	XXX	XXX	.0	.00		
11.5 SVO Identified Funds.....	XXX	XXX	XXX	XXX	XXX		XXX	XXX	.0	.00		
11.6 Totals.....	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	100.0	.0	.0
11.7 Line 11.6 as a % of Col. 9.....	.00	.00	.00	.00	.00	.00	XXX	XXX	.00	XXX	.00	.00
12. Total Publicly Traded Bonds												
12.1 Issuer Obligations.....	1,158,542	4,779,852				XXX	5,938,394	100.0	.0	.00	5,938,394	XXX
12.2 Residential Mortgage-Backed Securities.....						XXX	.0	.00	.0	.00	.0	XXX
12.3 Commercial Mortgage-Backed Securities.....						XXX	.0	.00	.0	.00	.0	XXX
12.4 Other Loan-Backed and Structured Securities.....						XXX	.0	.00	.0	.00	.0	XXX
12.5 SVO Identified Funds.....	XXX	XXX	XXX	XXX	XXX		.0	.00	.0	.00	.0	XXX
12.6 Totals.....	1,158,542	4,779,852	.0	.0	.0	.0	5,938,394	100.0	.0	.00	5,938,394	XXX
12.7 Line 12.6 as a % of Col. 7.....	19.5	80.5	.00	.00	.00	.00	100.0	XXX	XXX	XXX	100.0	XXX
12.8 Line 12.6 as a % of Line 10.6, Col. 7, Section 10.....	19.5	80.5	.00	.00	.00	.00	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds												
13.1 Issuer Obligations.....						XXX	.0	.00	.0	.00	XXX	.0
13.2 Residential Mortgage-Backed Securities.....						XXX	.0	.00	.0	.00	XXX	.0
13.3 Commercial Mortgage-Backed Securities.....						XXX	.0	.00	.0	.00	XXX	.0
13.4 Other Loan-Backed and Structured Securities.....						XXX	.0	.00	.0	.00	XXX	.0
13.5 SVO Identified Funds.....	XXX	XXX	XXX	XXX	XXX		.0	.00	.0	.00	XXX	.0
13.6 Totals.....	.0	.0	.0	.0	.0	.0	.0	.00	.0	.00	XXX	.0
13.7 Line 13.6 as a % of Col. 7.....	.00	.00	.00	.00	.00	.00	.00	XXX	XXX	XXX	XXX	.00
13.8 Line 13.6 as a % of Line 10.6, Col. 7, Section 10.....	.00	.00	.00	.00	.00	.00	.00	XXX	XXX	XXX	XXX	.00

SCHEDULE DA - VERIFICATION BETWEEN YEARS
Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year	0				
2. Cost of short-term investments acquired	1,164,999	1,164,999			
3. Accrual of discount	(6,447)	(6,447)			
4. Unrealized valuation increase (decrease)	0				
5. Total gain (loss) on disposals	0				
6. Deduct consideration received on disposals	0				
7. Deduct amortization of premium	0				
8. Total foreign exchange change in book/adjusted carrying value	0				
9. Deduct current year's other-than-temporary impairment recognized	0				
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6+7+8+9)	1,158,542	1,158,542	0	0	0
11. Deduct total nonadmitted amounts	0				
12. Statement value at end of current period (Line 10 minus Line 11)	1,158,542	1,158,542	0	0	0

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment.

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

SCHEDULE E - PART 2 - VERIFICATION BETWEEN YEARS

Cash Equivalents

	1 Total	2 Bonds	3 Money Market Mutual Funds	4 Other (a)
1. Book/adjusted carrying value, December 31 of prior year	0			
2. Cost of cash equivalents acquired	5,897,146		5,897,146	
3. Accrual of discount	0			
4. Unrealized valuation increase (decrease)	0			
5. Total gain (loss) on disposals	0			
6. Deduct consideration received on disposals	0			
7. Deduct amortization of premium	0			
8. Total foreign exchange change in book/adjusted carrying value	0			
9. Deduct current year's other-than-temporary impairment recognized	0			
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6+7+8-9)	5,897,146	0	5,897,146	0
11. Deduct total nonadmitted amounts	0			
12. Statement value at end of current period (Line 10 minus Line 11)	5,897,146	0	5,897,146	0

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment.

Sch. A - Pt. 1
NONE

Sch. A - Pt. 2
NONE

Sch. A - Pt. 3
NONE

Sch. B - Pt. 1
NONE

Sch. B - Pt. 2
NONE

Sch. B - Pt. 3
NONE

Sch. BA - Pt. 1
NONE

Sch. BA - Pt. 2
NONE

Sch. BA - Pt. 3
NONE

SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

CUSIP Identification	Description	Codes		6	7	Far Value		10	11	Change in Book/Adjusted Carrying Value			Interest			20	21	Dates			
		3	4			8	9			12	13	14	15	16	17				18	19	
U.S. Government - Issuer Obligations																					
912828 W9 7	US TREASURY NOTE 1.25% 3/31/2019			IFE		299,649	99,262	297,766	300,000	299,722		73			1,250	1,324	MS	958	1,875	08/25/2017	03/31/2019
912828 XS 4	US TREASURY NOTE 1.25% 5/31/2019			IFE		349,508	99,172	347,102	350,000	349,603		94			1,250	1,331	MN	377	2,188	08/25/2017	05/31/2019
912828 X9 6	US TREASURY NOTE 1.375% 5/15/2020			IFE		450,739	99,043	445,694	450,000	450,648		(91)			1,375	1,313	MN	791	3,375	08/25/2017	05/15/2020
912828 W6 3	US TREASURY NOTE 1.5% 3/15/2020			IFE		452,374	99,391	452,260	450,000	452,058	(316)				1,500	1,289	MS	2,014	3,656	08/25/2017	03/15/2020
912828 WL 0	US TREASURY NOTE 1.5% 5/31/2019			IFE		300,833	99,500	298,500	300,000	300,674	(159)				1,500	1,339	MN	395	2,250	08/25/2017	05/31/2019
912828 XR 6	US TREASURY NOTE 1.75% 5/31/2022			IFE		424,765	98,258	417,597	425,000	424,801	16				1,750	1,761	MN	657	3,719	08/25/2017	05/31/2022
912828 W5 5	US TREASURY NOTE 1.875% 2/28/2022			IFE		301,864	99,918	296,754	300,000	301,864					1,875	1,714	FA	1,911	2,813	08/25/2017	02/28/2022
912828 W8 9	US TREASURY NOTE 1.875% 3/31/2022			IFE		427,375	98,871	420,202	425,000	427,204	(171)				1,875	1,748	MS	2,036	3,984	08/25/2017	03/31/2022
912828 WG 1	US TREASURY NOTE 2.25% 4/30/2021			IFE		204,516	100,664	201,328	200,000	204,110	(406)				2,250	1,614	AO	764	2,250	08/25/2017	04/30/2021
912828 S7 6	US TREASURY NOTES 1.125% 7/31/2021			IFE		146,971	96,703	145,055	150,000	147,225	254				1,125	1,659	JJ	706		08/25/2017	07/31/2021
01999999	U.S. Government - Issuer Obligations					3,358,613	XXX	3,317,276	3,350,000	3,357,969	0	(704)	0		XXX	XXX	XXX	10,609	26,109	XXX	XXX
05999999	Total - U.S. Government					3,358,613	XXX	3,317,276	3,350,000	3,357,969	0	(704)	0		XXX	XXX	XXX	10,609	26,109	XXX	XXX
Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations																					
149123 BV 2	CATERPILLAR INC SR UNSEC 3.9% 5/27/2021			IFE		160,636	105,163	157,745	150,000	159,707		(931)			3,900	1,927	MN	553	2,925	08/24/2017	05/27/2021
166764 BG 4	CHEVRON CORP CALL 2.1% 5/16/2021			IFE		251,305	99,181	247,953	250,000	251,187	(118)				2,100	1,950	MN	656	2,625	08/25/2017	05/16/2021
191216 BG 4	COCA-COLA CO THE UNSEC 2.45% 11/1/2020		2	IFE		102,161	100,730	100,730	100,000	101,951	(210)				2,450	1,741	MN	408	1,225	09/06/2017	11/01/2020
38141E AB 6	GOLDMAN SACHS GROUP INC SR RTS 6.0% 6/15			IFE		110,374	108,122	108,122	100,000	109,150	(1,214)				6,600	2,150	JD	267	3,000	08/25/2017	06/15/2020
46625H RT 9	J.P. MORGAN CHASE & CO CALL 2.4% 6/7/2021		2	IFE		100,792	99,463	99,463	100,000	100,722	(70)				2,400	2,175	JD	160	1,200	08/25/2017	06/07/2021
594918 AC 8	MICROSOFT CORP SR UNSEC 4.2% 6/01/2019			IFE		262,403	103,044	257,610	260,000	260,048	(2,355)				4,200	1,326	JD	875	5,250	08/25/2017	06/01/2019
61761J B3 2	MORGAN STANLEY UNSEC 2.8% 6/16/2020			IFE		76,415	100,902	75,677	75,000	76,249	(165)				2,800	2,101	JD	86	1,050	08/25/2017	05/16/2020
66389X BA 2	ORACLE CORP SER NOTE UNSEC 2.8% 7/9/2021			IFE		257,468	101,470	253,675	250,000	256,846	(621)				2,800	1,990	JJ	3,354		08/25/2017	07/09/2021
25462P CL 8	WALT DISNEY CO SR UNSEC 3.75% 6/01/2021			IFE		108,549	104,173	104,173	100,000	106,073	(576)				3,750	1,905	JD	313	1,875	08/25/2017	06/01/2021
38999999	Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations					1,428,204	XXX	1,405,147	1,375,000	1,421,944	0	(6,260)	0		XXX	XXX	XXX	6,663	19,150	XXX	XXX
38999999	Total - Industrial & Miscellaneous (Unaffiliated)					1,428,204	XXX	1,405,147	1,375,000	1,421,944	0	(6,260)	0		XXX	XXX	XXX	6,663	19,150	XXX	XXX
Totals																					
77999999	Total - Issuer Obligations					4,786,817	XXX	4,722,422	4,725,000	4,779,852	0	(6,964)	0		XXX	XXX	XXX	17,292	45,259	XXX	XXX
83999999	Grand Total - Bonds					4,786,817	XXX	4,722,422	4,725,000	4,779,852	0	(6,964)	0		XXX	XXX	XXX	17,292	45,259	XXX	XXX

Sch. D - Pt. 2 - Sn. 1
NONE

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

SCHEDULE D - PART 3
Showing all Long-Term Bonds and Stocks ACQUIRED During Current Year

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends
Bonds - U.S. Government								
912828 W9 7	US TREASURY NOTE 1.25% 3/31/2019		08/25/2017	PNC INVESTMENTS		299,649	300,000	1,537
912828 XS 4	US TREASURY NOTE 1.25% 5/31/2019		08/25/2017	PNC INVESTMENTS		340,508	350,000	1,064
912828 X9 6	US TREASURY NOTE 1.375% 5/15/2020		08/25/2017	PNC INVESTMENTS		450,739	450,000	1,926
912828 W6 3	US TREASURY NOTE 1.5% 3/15/2020		08/25/2017	PNC INVESTMENTS		452,374	450,000	3,299
912828 WL 0	US TREASURY NOTE 1.5% 5/31/2019		08/25/2017	PNC INVESTMENTS		300,633	300,000	1,094
912828 X5 5	US TREASURY NOTE 1.75% 2/29/2022		08/25/2017	PNC INVESTMENTS		424,765	425,000	1,809
912828 W8 9	US TREASURY NOTE 1.875% 3/31/2022		08/25/2017	PNC INVESTMENTS		301,864	300,000	2,767
912828 W9 1	US TREASURY NOTE 2.25% 4/30/2021		08/25/2017	PNC INVESTMENTS		427,375	425,000	3,266
912828 S7 6	US TREASURY NOTES 1.125% 7/31/2021		08/25/2017	PNC INVESTMENTS		204,516	200,000	1,467
05999999	Total - Bonds - U.S. Government		08/25/2017	PNC INVESTMENTS		146,971	150,000	128
						3,359,613	3,350,000	18,356
Bonds - Industrial and Miscellaneous								
149123 BV 2	CATERPILLAR INC SR UNSEC 3.9% 5/27/2021		08/24/2017	PNC INVESTMENTS		160,638	150,000	1,495
166764 BG 4	CHEVRON CORP CALL 2.1% 5/16/2021		08/25/2017	PNC INVESTMENTS		251,395	250,000	1,517
191216 BG 4	COCA-COLA CO/THE UNSC 2.45% 11/1/2020		09/05/2017	PNC INVESTMENTS		102,161	100,000	664
38141E A6 6	GOLDMAN SACHS GROUP INC SR NTS 6.0% 6/15		08/25/2017	PNC INVESTMENTS		110,374	100,000	1,250
48625H RT 9	JP MORGAN CHASE & CO CALL 2.4% 6/7/2021		08/25/2017	PNC INVESTMENTS		100,792	100,000	553
594918 AC 8	MICROSOFT CORP SR UNSEC 4.2% 6/01/2019		08/25/2017	PNC INVESTMENTS		262,403	250,000	2,596
61761J B3 2	MORGAN STANLEY UNSC 2.8% 6/16/2020		08/25/2017	PNC INVESTMENTS		76,415	75,000	432
68389X BA 2	ORACLE CORP SER NOTE UNSEC 2.8% 7/19/2021		08/25/2017	PNC INVESTMENTS		257,468	250,000	1,011
254463P CL 8	WALT DISNEY CO SR UNSEC 3.75% 6/01/2021		08/25/2017	PNC INVESTMENTS		106,643	100,000	927
36999999	Total - Bonds - Industrial and Miscellaneous					1,428,204	1,375,000	10,645
63999997	Total - Bonds - Part 3					4,786,817	4,725,000	29,001
63999999	Total - Bonds					4,786,817	4,725,000	29,001
99999999	Total - Bonds, Preferred and Common Stocks					4,786,817	XXX	29,001

Sch. D - Pt. 4
NONE

Sch. D - Pt. 5
NONE

Sch. D - Pt. 6 - Sn. 1
NONE

Sch. D - Pt. 6 - Sn. 2
NONE

SCHEDULE DA - PART 1

Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1		Codes		4	5	6	7	Change in Book/Adjusted Carrying Value			12	13	Interest				20			
		2	3					8	9	10	11			14	15	16	17	18	19	
Description				Date Acquired	Name of Vendor	Maturity Date	Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange in B/A.C.V.	Par Value	Actual Cost	Nonadmitted Due and Accrued	Effective Rate of	When Paid	Amount Received During Year	Paid for Accrued Interest		
U.S. Government Bonds - Issuer Obligations																				
USA TREASURY NOTES, 875% 7/15/2018				08/25/2017	PNC INVESTMENTS	07/15/2018	324,379		381			325,000	323,998	1,324		0.880	1,230	JJ		340
0199999 U.S. Government Bonds - Issuer Obligations							324,379	0	381	0		325,000	323,998	1,324	0	XXX	XXX	XXX	0	340
0599999 Total - U.S. Government Bonds							324,379	0	381	0		325,000	323,998	1,324	0	XXX	XXX	XXX	0	340
Bonds - Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations																				
AMERICAN EXPRESS CO UNSC 1.55% 5/22/20				08/25/2017	PNC INVESTMENTS	05/22/2018	75,000		1			75,000	74,999	126		1,550	1,550	MN	581	316
BERKSHIRE HATHAWAY FIN CORP GUAR 5.4% 5/				08/25/2017	PNC INVESTMENTS	05/15/2018	253,925		(3,532)			250,000	257,458	1,725		5,400	1,160	MN	6,750	3,938
CISCO SYSTEMS INC UNSC 1.65 6/15/2018				08/25/2017	PNC INVESTMENTS	06/15/2018	250,230		(168)			250,000	250,398	183		1,650	1,450	JD	2,063	859
JOHNSON & JOHNSON SR NTS 5.15% 7/15/2018				08/24/2017	PNC INVESTMENTS	07/15/2018	255,009		(3,129)			250,000	258,138	5,937		5,150	1,400	JJ		1,574
3299999 Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations							834,163	0	(6,828)	0		825,000	840,992	7,971	0	XXX	XXX	XXX	9,394	6,687
3899999 Total - Industrial & Miscellaneous (Unaffiliated)							834,163	0	(6,828)	0		825,000	840,992	7,971	0	XXX	XXX	XXX	9,394	6,687
Total Bonds																				
7799999 Subtotals - Issuer Obligations							1,158,542	0	(6,447)	0		1,150,000	1,164,989	9,296	0	XXX	XXX	XXX	9,394	7,027
8399999 Subtotals - Bonds							1,158,542	0	(6,447)	0		1,150,000	1,164,989	9,296	0	XXX	XXX	XXX	9,394	7,027
9199999 Total - Short-Term Investments							1,158,542	0	(6,447)	0		XXX	1,164,989	9,296	0	XXX	XXX	XXX	9,394	7,027

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

Sch. DB - Pt. A - Sn. 2
NONE

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

Sch. DB - Pt. B - Sn. 2
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

COSE Health and Wellness Trust
SCHEDULE E - PART 1 - CASH

1	2	3	4	5	6	7
Depository	Code	Rate of Interest	Amount of Interest Received During Year	Amount of Interest Accrued December 31 of Current Year	Balance	*
Open Depositories						
PNC Bank..... Cleveland, Ohio.....		0.250	10,055		2,247,633	XXX
0199999. Total - Open Depositories.....	XXX	XXX	10,055	0	2,247,633	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	10,055	0	2,247,633	XXX
0599999. Total Cash.....	XXX	XXX	10,055	0	2,247,633	XXX

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR							
1. January.....	6,459,211	4. April.....	9,035,883	7. July.....	1,178,009	10. October.....	717,674
2. February.....	7,472,220	5. May.....	2,717,191	8. August.....	1,001,926	11. November.....	1,600,479
3. March.....	8,269,000	6. June.....	1,628,308	9. September.....	720,362	12. December.....	2,247,633

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 CUSIP Identification Sweep Accounts	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
	PNC Bank Money Market		05/11/2017	0.650		5,833,033	33,033	33,033
	PNC Investments Money Market		09/21/2017	1.120		64,112	1,246	1,188
8499999, Total - Sweep Accounts						5,897,146	34,279	34,221
8899999, Total - Cash Equivalents						5,897,146	34,279	34,221

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

		1	2	Deposits for the Benefit of All Policyholders		All Other Special Deposits	
				3	4	5	6
States, Etc.		Type of Deposit	Purpose of Deposit	Book/Adjusting Carrying Value	Fair Value	Book/Adjusting Carrying Value	Fair Value
1.	Alabama.....	AL					
2.	Alaska.....	AK					
3.	Arizona.....	AZ					
4.	Arkansas.....	AR					
5.	California.....	CA					
6.	Colorado.....	CO					
7.	Connecticut.....	CT					
8.	Delaware.....	DE					
9.	District of Columbia.....	DC					
10.	Florida.....	FL					
11.	Georgia.....	GA					
12.	Hawaii.....	HI					
13.	Idaho.....	ID					
14.	Illinois.....	IL					
15.	Indiana.....	IN					
16.	Iowa.....	IA					
17.	Kansas.....	KS					
18.	Kentucky.....	KY					
19.	Louisiana.....	LA					
20.	Maine.....	ME					
21.	Maryland.....	MD					
22.	Massachusetts.....	MA					
23.	Michigan.....	MI					
24.	Minnesota.....	MN					
25.	Mississippi.....	MS					
26.	Missouri.....	MO					
27.	Montana.....	MT					
28.	Nebraska.....	NE					
29.	Nevada.....	NV					
30.	New Hampshire.....	NH					
31.	New Jersey.....	NJ					
32.	New Mexico.....	NM					
33.	New York.....	NY					
34.	North Carolina.....	NC					
35.	North Dakota.....	ND					
36.	Ohio.....	OH					
37.	Oklahoma.....	OK					
38.	Oregon.....	OR					
39.	Pennsylvania.....	PA					
40.	Rhode Island.....	RI					
41.	South Carolina.....	SC					
42.	South Dakota.....	SD					
43.	Tennessee.....	TN					
44.	Texas.....	TX					
45.	Utah.....	UT					
46.	Vermont.....	VT					
47.	Virginia.....	VA					
48.	Washington.....	WA					
49.	West Virginia.....	WV					
50.	Wisconsin.....	WI					
51.	Wyoming.....	WY					
52.	American Samoa.....	AS					
53.	Guam.....	GU					
54.	Puerto Rico.....	PR					
55.	US Virgin Islands.....	VI					
56.	Northern Mariana Islands.....	MP					
57.	Canada.....	CAN					
58.	Aggregate Alien and Other.....	OT	XXX				
59.	Total.....	XXX	XXX	0	0	0	0

DETAILS OF WRITE-INS

5801.							
5802.							
5803.							
5898.	Summary of remaining write-ins for line 58 from overflow page.....	XXX	XXX	0	0	0	0
5899.	Total (Lines 5801 thru 5803+5898) (Line 58 above).....	XXX	XXX	0	0	0	0



ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

United States Policy Forms Direct Business Only
For the Year Ended December 31, 2017
(To Be Filed by April 1)

NAIC Group Code.....0		1	2	3	4	5	6	7
		Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2 + 3) / 1	Number of Policies or Certificates as of December 31	Number of Covered Lives as of December 31	Member Months
A. INDIVIDUAL BUSINESS								
1. Comprehensive Major Medical:								
1.1	With contract reserves.....				0.0			
1.2	Without contract reserves.....				0.0			
1.3	Subtotal.....	0	0	0	0.0		0	0
2. Short-Term Medical:								
2.1	With contract reserves.....				0.0			
2.2	Without contract reserves.....				0.0			
2.3	Subtotal.....	0	0	0	0.0			0
3. Other Medical (Non-Comprehensive):								
3.1	With contract reserves.....				0.0			
3.2	Without contract reserves.....				0.0			
3.3	Subtotal.....	0	0	0	0.0			0
4. Specified/Named Disease:								
4.1	With contract reserves.....				0.0			
4.2	Without contract reserves.....				0.0			
4.3	Subtotal.....	0	0	0	0.0			0
5. Limited Benefit:								
5.1	With contract reserves.....				0.0			
5.2	Without contract reserves.....				0.0			
5.3	Subtotal.....	0	0	0	0.0			0
6. Student:								
6.1	With contract reserves.....				0.0			
6.2	Without contract reserves.....				0.0			
6.3	Subtotal.....	0	0	0	0.0			0
7. Accident Only or AD&D:								
7.1	With contract reserves.....				0.0			
7.2	Without contract reserves.....				0.0			
7.3	Subtotal.....	0	0	0	0.0			0
8. Disability Income - Short Term:								
8.1	With contract reserves.....				0.0			
8.2	Without contract reserves.....				0.0			
8.3	Subtotal.....	0	0	0	0.0			0

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2 + 3) / 1	Number of Policies or Certificates as of December 31	Number of Covered Lives as of December 31	Member Months
A. INDIVIDUAL BUSINESS (Continued)							
9. Disability Income - Long-Term:							
9.1 With contract reserves.....				0.0			
9.2 Without contract reserves.....				0.0			
9.3 Subtotal.....	0	0	0	0.0	0	0	0
10. Long-Term Care:							
10.1 With contract reserves.....				0.0			
10.2 Without contract reserves.....				0.0			
10.3 Subtotal.....	0	0	0	0.0	0	0	0
11. Medicare Supplement (Medigap):							
11.1 With contract reserves.....				0.0			
11.2 Without contract reserves.....				0.0			
11.3 Subtotal.....	0	0	0	0.0	0	0	0
12. Dental:							
12.1 With contract reserves.....				0.0			
12.2 Without contract reserves.....				0.0			
12.3 Subtotal.....	0	0		0.0	0	0	0
13. State Children's Health Insurance Program:							
13.1 With contract reserves.....				0.0			
13.2 Without contract reserves.....				0.0			
13.3 Subtotal.....	0	0	0	0.0	0	0	0
14. Medicare:							
14.1 With contract reserves.....				0.0			
14.2 Without contract reserves.....				0.0			
14.3 Subtotal.....	0	0	0	0.0	0	0	0
15. Medicaid:							
15.1 With contract reserves.....				0.0			
15.2 Without contract reserves.....				0.0			
15.3 Subtotal.....	0	0	0	0.0	0	0	0
16. Medicare Part D - Stand-alone							
16.1 With contract reserves.....				0.0			
16.2 Without contract reserves.....				0.0			
16.3 Subtotal.....	0	0	0	0.0	0	0	0
17. Other Individual Business:							
17.1 With contract reserves.....				0.0			
17.2 Without contract reserves.....				0.0			
17.3 Subtotal.....	0	0	0	0.0	0	0	0
18. Total Individual Business:							
18.1 With contract reserves.....	0	0	0	0.0	0	0	0
18.2 Without contract reserves.....	0	0	0	0.0	0	0	0
19. Grand Total Individual.....	0	0	0	0.0	0	0	0

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2 + 3) / 1	Number of Policies or Certificates as of December 31	Number of Covered Lives as of December 31	Member Months
B. GROUP BUSINESS							
Comprehensive Medical:							
1. Single Employer:							
1.1 Small employer.....	34,486,720	26,338,486		76.4	6,807	12,746	96,143
1.2 Other employer.....				0.0			
1.3 Single employer subtotal.....	34,486,720	26,338,486	0	76.4	6,807	12,746	96,143
2. Multiple Employer Associations and Trusts.....				0.0			
3. Other Associations and Discretionary Trusts.....				0.0			
4. Other Comprehensive Major Medical.....				0.0			
5. Comprehensive/Major Medical Subtotal.....	34,486,720	26,338,486	0	76.4	6,807	12,746	96,143
Other Medical (Non-Comprehensive):							
6. Specified/Named Disease.....				0.0			
7. Limited Benefit.....				0.0			
8. Student.....				0.0			
9. Accident Only or AD&D.....				0.0			
10. Disability Income - Short-Term.....				0.0			
11. Disability Income - Long-Term.....				0.0			
12. Long-Term Care.....				0.0			
13. Medicare Supplement (Medigap).....				0.0			
14. Federal Employees Health Benefits Plans.....				0.0			
15. Tricare.....				0.0			
16. Dental.....				0.0			
17. Medicare.....				0.0			
18. Medicare Part D - Stand-Alone.....				0.0			
19. Other Group Care.....				0.0			
20. Grand Total Group Business.....	34,486,720	26,338,486	0	76.4	6,807	12,746	96,143
C. OTHER BUSINESS							
1. Credit (Individual and Group).....				0.0			
2. Stop Loss/Excess Loss.....				0.0			
3. Administrative Services Only.....	XXX	XXX	XXX	0.0			
4. Administrative Services Contracts.....	XXX	XXX	XXX	0.0			
5. Grand Total Other Business.....	0	0	0	0.0	0	0	0
D. TOTAL BUSINESS							
1. Total Non-U.S. Policy Forms.....				0.0			
2. Grand Total Individual, Group and Other Business.....	34,486,720	26,338,486	0	76.4	6,807	12,746	96,143

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

PART 1 - INDIVIDUAL POLICIES

SUMMARY

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2 + 3) / 1
1. U.S. forms direct business.....	NONE			0.0
2. Other forms direct business.....				0.0
3. Total direct business.....		0		0.0
4. Reinsurance assumed.....		0	0	0.0
5. Less reinsurance ceded.....				0.0
6. Total.....		0	0	0.0

PART 2 - GROUP POLICIES

SUMMARY

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2 + 3) / 1
1. U.S. forms direct business.....	37,218,318	26,338,486		70.8
2. Other forms direct business.....				0.0
3. Total direct business.....	37,218,318	26,338,486	0	70.8
4. Reinsurance assumed.....				0.0
5. Less reinsurance ceded.....	2,731,598			0.0
6. Total.....	34,486,720	26,338,486	0	76.4

PART 3 - CREDIT POLICIES (Individual and Group)

SUMMARY

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2 + 3) / 1
1. U.S. forms direct business.....	NONE			0.0
2. Other forms direct business.....				0.0
3. Total direct business.....		0	0	0.0
4. Reinsurance assumed.....				0.0
5. Less reinsurance ceded.....				0.0
6. Total.....		0	0	0.0

PART 4 - ALL INDIVIDUAL, GROUP AND CREDIT POLICIES

SUMMARY

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2 + 3) / 1
1. U.S. forms direct business.....	37,218,318	26,338,486	0	70.8
2. Other forms direct business.....			0	0.0
3. Total direct business.....	37,218,318	26,338,486	0	70.8
4. Reinsurance assumed.....	0	0	0	0.0
5. Less reinsurance ceded.....	2,731,598	0	0	0.0
6. Total.....	34,486,720	26,338,486	0	76.4

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_snce_cautionary_statement.pdf)

REPORT: 1. CORPORATION: COSE Health and Wellness Trust 2. LOCATION: Cleveland OH

BUSINESS IN THE STATE OF GRAND TOTAL

NAIC Company Code ... 122

NAIC Group Code ... 0

DURING THE YEAR 2017

	Comprehensive Health Coverage		Business Subject to MLR			Expatriate Plans		9	10	11	12	13	14	15
	1	2	3	4	5	6	7							
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare PI D Stand-Alone Subject to ACA	Subtotal (Cols 1 thru 12)	Uninsured Plans	Total (Cols 13 + 14)
1. Premium:														
1.1 Health premiums earned (From Part 2, Line 1.11)	0	37,218,318	0	0	0	0	0	0	0	0	0	37,218,318	XXX	37,218,318
1.2 Federal high risk pools												0	XXX	0
1.3 State high risk pools												0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1+1.2+1.3)	0	37,218,318	0	0	0	0	0	0	0	0	0	37,218,318	XXX	37,218,318
1.5 Federal taxes and federal assessments			938									938		938
1.6 State insurance, premium and other taxes (Similar local taxes of \$.0)												0		0
1.6a Community benefit expenditures (informational only)												0		0
1.7 Regulatory authority licenses and fees												0		0
1.8 Adjusted premiums earned (Lines 1.4-1.5-1.6-1.7)	0	37,217,380	0	0	0	0	0	0	0	0	0	37,217,380	XXX	37,217,380
1.9 Net assumed less ceded reinsurance premiums earned	0	(2,731,598)	0	0	0	0	0	0	0	0	0	(2,731,598)	XXX	(2,731,598)
1.10 Other adjustments due to MLR calculations - premiums												0		0
1.11 Risk revenue												0		0
1.12 Net adjusted premiums earned after reinsurance (lines 1.8+1.9+1.10+1.11)	0	34,485,782	0	0	0	0	0	0	0	0	0	34,485,782	XXX	34,485,782
2. Claims:														
2.1 Incurred claims excluding prescription drugs														
2.2 Prescription drugs		21,077,953										21,077,953	XXX	21,077,953
2.3 Pharmaceutical rebates		5,260,533										5,260,533	XXX	5,260,533
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)												0		0
3. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4. Deductible fraud and abuse detection/recovery expenses (for MLR use only)	0	0	0	0	0	0	0	0	0	0	0	0		0
5. 5.0 Total incurred claims (Lines 2.1+2.2-2.3+3) (From Part 2, Line 2.15)	0	26,338,486	0	0	0	0	0	0	0	0	0	26,338,486	XXX	26,338,486
5.1 Net assumed less ceded reinsurance claims incurred	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.2 Other adjustments due to MLR calculations - claims									XXX	XXX		0	XXX	0
5.3 Rebates paid									XXX	XXX		0	XXX	0
5.4 Estimated rebates unpaid prior year									XXX	XXX		0	XXX	0
5.5 Estimated rebates unpaid current year									XXX	XXX		0	XXX	0
5.6 Fee for service and co-pay revenue									XXX	XXX		0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0+5.1+5.2+5.3+5.4+5.5+5.6)	0	26,338,486	0	0	0	0	0	0	0	0	0	26,338,486	XXX	26,338,486
6. Improving health care quality expenses incurred:														
6.1 Improve health outcomes	0	0	0	0	0	0	0	0				0		0
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0				0		0
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0				0		0
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0				0		0
6.5 Health information technology expenses related to health improvement	0	0	0	0	0	0	0	0				0		0
6.6 Total of defined expenses incurred for improving health care quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	0	0	0	0	0	0	XXX	XXX	0	0	0	0
7. Preliminary medical loss ratio: MLR (Lines 4+5.0+6-Footnote 2.0) / Line 1.8	0.000	0.708	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	0.000	XXX	XXX	XXX
8. Claims adjustment expenses:														
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6												0		0
8.2 All other claims adjustment expenses												0		0
8.3 Total claims adjustment expenses (Lines 8.1+8.2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Claims adjustment expense ratio (Line 8.3 / Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: COSE Health and Wellness Trust 2. LOCATION: Cleveland OH

NAIC Group Code.....0 NAIC Company Code.....122 DURING THE YEAR 2017

BUSINESS IN THE STATE OF GRAND TOTAL

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans					Expatiate Plans				
	1	2	3	4	5	6	7	8	9	10	11	12	13
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health premiums earned:													
1.1 Direct premiums written.....		37,218,318											37,218,318
1.2 Unearned premium prior year.....													0
1.3 Unearned premium current year.....													0
1.4 Change in unearned premium (Lines 1.2 - 1.3).....		0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits.....													0
1.6 Reserve for rate credits current year.....													0
1.7 Reserve for rate credits prior year.....													0
1.8 Change in reserve for rate credits (Lines 1.6 -1.7).....		0	0	0	0	0	0	0	0	0	0	0	0
1.9 Premium balances written off.....													0
1.10 Group conversion charges.....													0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10).....		37,218,318	0	0	0	0	0	0	0	0	0	0	37,218,318
1.12 Assumed premiums earned from non-affiliates.....													0
1.13 Net assumed less ceded premiums earned from affiliates.....													0
1.14 Ceded premiums earned to non-affiliates.....													0
1.15 Other adjustments due to MLR calculation - premiums.....		2,731,598											2,731,598
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15).....		34,486,720	0	0	0	0	0	0	0	0	0	0	34,486,720
2. Direct claims incurred:													
2.1 Paid claims during the year.....		20,222,117											20,222,117
2.2 Direct claim liability current year.....		6,116,369											6,116,369
2.3 Direct claim liability prior year.....													0
2.4 Direct claim reserves current year.....													0
2.5 Direct claim reserves prior year.....													0
2.6 Direct contract reserves current year.....													0
2.7 Direct contract reserves prior year.....													0
2.8 Paid rate credits.....													0
2.9 Reserve for rate credits current year.....													0
2.10 Reserve for rate credits prior year.....													0
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c).....		0	0	0	0	0	0	0	0	0	0	0	0
2.11a Paid medical incentive pools and bonuses current year.....													0
2.11b Accrued medical incentive pools and bonuses current year.....													0
2.11c Accrued medical incentive pools and bonuses prior year.....													0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b).....		0	0	0	0	0	0	0	0	0	0	0	0
2.12a Healthcare receivables current year.....													0
2.12b Healthcare receivables prior year.....													0
2.13 Group conversion charge.....													0
2.14 Multi-option coverage blended rate adjustment.....													0
2.15 Total Incurred claims (Lines 2.1+2.2+2.3+2.4+2.5+2.6+2.7+2.8+2.9+2.10+2.11-2.12+2.13+2.14).....		26,338,486	0	0	0	0	0	0	0	0	0	0	26,338,486
2.16 Assumed incurred claims from non-affiliates.....													0
2.17 Net assumed less ceded incurred claims from affiliates.....													0
2.18 Ceded incurred claims to non-affiliates.....													0
2.19 Other adjustments due to MLR calculation - claims.....													0
2.20 Net incurred claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19).....		26,338,486	0	0	0	0	0	0	0	0	0	0	26,338,486
3. Fraud and abuse recoveries that reduced PAID claims in Line 2.1 above (informational only).....													0

(a) Column 13, line 1.1 includes direct written premium of \$.....0 for stand-alone dental and \$.....0 for stand-alone vision policies.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: COSE Health and Wellness Trust 2. LOCATION: Cleveland OH

NAIC Group Code.....0		BUSINESS IN THE STATE OF GRAND TOTAL					DURING THE YEAR 2017					NAIC Company Code ....122		
All Expenses		Improving Health Care Quality Expenses			Claims Adjustment Expenses									
1	2	3	4	5	6	7	8	9	10					
Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)					
1. Individual comprehensive coverage expenses:														
1.1 Salaries (including \$.....0 for affiliated services)														
1.2 Outsourced services														
1.3 EDP equipment and software (including \$.....0 for affiliated services)														
1.4 Other equipment (excl. EDP) (including \$.....0 for affiliated services)														
1.5 Accreditation and certification (including \$.....0 for affiliated services)	XXX	XXX	XXX	XXX										
1.6 Other expenses (including \$.....0 for affiliated services)														
1.7 Subtotal before reimbursements and taxes (Lines 1.1 to 1.6)														
1.8 Reimbursements by uninsured plans and fiscal intermediaries														
1.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
1.10 Total (Lines 1.7 to 1.9)														
1.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)														
2. Small group comprehensive coverage expenses:														
2.1 Salaries (including \$.....0 for affiliated services)														
2.2 Outsourced services														
2.3 EDP equipment and software (including \$.....0 for affiliated services)														
2.4 Other equipment (excl. EDP) (including \$.....0 for affiliated services)														
2.5 Accreditation and certification (including \$.....0 for affiliated services)	XXX	XXX	XXX	XXX										
2.6 Other expenses (including \$.....0 for affiliated services)														
2.7 Subtotal before reimbursements and taxes (Lines 2.1 to 2.6)														
2.8 Reimbursements by uninsured plans and fiscal intermediaries														
2.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	938						
2.10 Total (Lines 2.7 to 2.9)														
2.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)														
3. Large group comprehensive coverage expenses:														
3.1 Salaries (including \$.....0 for affiliated services)														
3.2 Outsourced services														
3.3 EDP equipment and software (including \$.....0 for affiliated services)														
3.4 Other equipment (excl. EDP) (including \$.....0 for affiliated services)														
3.5 Accreditation and certification (including \$.....0 for affiliated services)	XXX	XXX	XXX	XXX										
3.6 Other expenses (including \$.....0 for affiliated services)														
3.7 Subtotal before reimbursements and taxes (Lines 3.1 to 3.6)														
3.8 Reimbursements by uninsured plans and fiscal intermediaries														
3.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,615,315						
3.10 Total (Lines 3.7 to 3.9)														
3.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)														

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: COSE Health and Wellness Trust 2. LOCATION: Cleveland OH

NAIC Group Code ....0		BUSINESS IN THE STATE OF GRAND TOTAL					DURING THE YEAR 2017				NAIC Company Code ....122		
All Expenses		Improving Health Care Quality Expenses					Claims Adjustment Expenses			9	10		
	1	2	3	4	5	6	7	8					
	Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)			
4. Individual mini-med plans expenses:													
4.1 Salaries (including \$.....0 for affiliated services)						0				0			
4.2 Outsourced services						0				0			
4.3 EDP equipment and software (including \$.....0 for affiliated services)						0				0			
4.4 Other equipment (excl. EDP) (including \$.....0 for affiliated services)						0				0			
4.5 Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX	0				0			
4.6 Other expenses (including \$.....0 for affiliated services)						0				0			
4.7 Subtotal before reimbursements and taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0			
4.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0			
4.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0			
4.10 Total (Lines 4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0			
4.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)													
5. Small group mini-med plans expenses:													
5.1 Salaries (including \$.....0 for affiliated services)						0				0			
5.2 Outsourced services						0				0			
5.3 EDP equipment and software (including \$.....0 for affiliated services)						0				0			
5.4 Other equipment (excl. EDP) (including \$.....0 for affiliated services)						0				0			
5.5 Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX	0				0			
5.6 Other expenses (including \$.....0 for affiliated services)						0				0			
5.7 Subtotal before reimbursements and taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0			
5.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0			
5.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0			
5.10 Total (Lines 5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0			
5.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)													
6. Large group mini-med plans expenses:													
6.1 Salaries (including \$.....0 for affiliated services)						0				0			
6.2 Outsourced services						0				0			
6.3 EDP equipment and software (including \$.....0 for affiliated services)						0				0			
6.4 Other equipment (excl. EDP) (including \$.....0 for affiliated services)						0				0			
6.5 Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX	0				0			
6.6 Other expenses (including \$.....0 for affiliated services)						0				0			
6.7 Subtotal before reimbursements and taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0			
6.8 Reimbursements by uninsured plans and fiscal intermediaries						0	0	0	0	0			
6.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0			
6.10 Total (Lines 6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0			
6.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)													

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: COSE Health and Wellness Trust 2. LOCATION: Cleveland OH

NAIC Group Code.....0		BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2017										NAIC Company Code.....122	
All Expenses		Improving Health Care Quality Expenses										Claims Adjustment Expenses	
		1	2	3	4	5	6	7	8	9	10		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)		
7.	Small group expatriate plans expenses												
7.1	Salaries (including \$.....0 for affiliated services)												
7.2	Outsourced services												
7.3	EDP equipment and software (including \$.....0 for affiliated services)												
7.4	Other equipment (excl. EDP) (including \$.....0 for affiliated services)												
7.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX							
7.6	Other expenses (including \$.....0 for affiliated services)												
7.7	Subtotal before reimbursements and taxes (Lines 7.1 to 7.6)												
7.8	Reimbursements by uninsured plans and fiscal intermediaries												
7.9	Taxes, licenses and fees (in total, for tying purposes)		XXX	XXX	XXX	XXX	XXX	XXX	XXX				
7.10	Total (Lines 7.7 to 7.9)												
7.11	Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)												
8.	Large group expatriate plans expenses												
8.1	Salaries (including \$.....0 for affiliated services)												
8.2	Outsourced services												
8.3	EDP equipment and software (including \$.....0 for affiliated services)												
8.4	Other equipment (excl. EDP) (including \$.....0 for affiliated services)												
8.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX							
8.6	Other expenses (including \$.....0 for affiliated services)												
8.7	Subtotal before reimbursements and taxes (Lines 8.1 to 8.6)												
8.8	Reimbursements by uninsured plans and fiscal intermediaries												
8.9	Taxes, licenses and fees (in total, for tying purposes)		XXX	XXX	XXX	XXX	XXX	XXX	XXX				
8.10	Total (Lines 8.7 to 8.9)												
8.11	Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)												
9.	Student health plans expenses												
9.1	Salaries (including \$.....0 for affiliated services)												
9.2	Outsourced services												
9.3	EDP equipment and software (including \$.....0 for affiliated services)												
9.4	Other equipment (excl. EDP) (including \$.....0 for affiliated services)												
9.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX							
9.6	Other expenses (including \$.....0 for affiliated services)												
9.7	Subtotal before reimbursements and taxes (Lines 9.1 to 9.6)												
9.8	Reimbursements by uninsured plans and fiscal intermediaries												
9.9	Taxes, licenses and fees (in total, for tying purposes)		XXX	XXX	XXX	XXX	XXX	XXX	XXX				
9.10	Total (Lines 9.7 to 9.9)												
9.11	Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)												



SUPPLEMENTAL HEALTH CARE EXHIBIT'S EXPENSE ALLOCATION REPORT

(To Be Filed by April 1)

NAIC Group Code.....0 NAIC Company Code.....122

Description of allocation methodology:

NONE

Detailed Description of Quality Improvement Expenses:

Expense Type from Part 3	New	Detailed Description of Expense
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NONE



SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For the year ended December 31, 2017
(To be filed by April 1)

Of COSE Health and Wellness Trust

Address (City, State, Zip Code): Cleveland OH 44115-1355

NAIC Group Code.....0 NAIC Company Code.....122 Employer's ID Number....81-6240902

The Investment Risks Interrogatories are to be filed by April 1. They are also to be included with the Audited Statutory Financial Statements.
Answer the following interrogatories by reporting the applicable U.S. dollar amounts and percentages of the reporting entity's total admitted assets held in that category of investments.

1. Reporting entity's total admitted assets as reported on Page 2 of this annual statement. \$.....14,597,458
2. Ten largest exposures to a single issuer/borrower/investment.

		1	2	3	4
				Amount	Percentage of Total Admitted Assets
2.01	PNC Bank.....	Money Market Treasury.....		\$.....5,833,033	40.0 %
2.02	US Treasury Note.....	1.15% Maturity 3/15/2020.....		\$.....447,260	3.1 %
2.03	US Treasury Note.....	1.375% Maturity 5/15/2020.....		\$.....445,694	3.1 %
2.04	US Treasury Note.....	1.875% Maturity 3/31/2022.....		\$.....420,202	2.9 %
2.05	US Treasury Note.....	1.75% Maturity 5/31/2022.....		\$.....417,597	2.9 %
2.06	US Treasury Note.....	1.25% Maturity 5/31/2019.....		\$.....347,102	2.4 %
2.07	US Treasury Note.....	.875% Maturity 7/15/2018 Short Term.....		\$.....324,214	2.2 %
2.08	US Treasury Note.....	1.5% Maturity 5/31/2019.....		\$.....298,500	2.0 %
2.09	US Treasury Note.....	1.25% Maturity 3/31/3019.....		\$.....297,786	2.0 %
2.10	US Treasury Note.....	1.875% Maturity 2/29/2022.....		\$.....296,754	2.0 %

3. Amounts and percentages of the reporting entity's total admitted assets held in bonds and preferred stocks by NAIC designation.

		1	2
<u>Bonds</u>			
3.01	NAIC 1.....	\$.....5,938,394	40.7 %
3.02	NAIC 2.....	\$.....	0.0 %
3.03	NAIC 3.....	\$.....	0.0 %
3.04	NAIC 4.....	\$.....	0.0 %
3.05	NAIC 5.....	\$.....	0.0 %
3.06	NAIC 6.....	\$.....	0.0 %
<u>Preferred Stocks</u>		3	4
3.07	P/RP-1.....	\$.....	0.0 %
3.08	P/RP-2.....	\$.....	0.0 %
3.09	P/RP-3.....	\$.....	0.0 %
3.10	P/RP-4.....	\$.....	0.0 %
3.11	P/RP-5.....	\$.....	0.0 %
3.12	P/RP-6.....	\$.....	0.0 %

4. Assets held in foreign investments:

4.01	Are assets held in foreign investments less than 2.5% of the reporting entity's total admitted assets?	Yes []	No [X]
If response to 4.01 above is yes, responses are not required for interrogatories 5-10.			
4.02	Total admitted assets held in foreign investments	\$.....	0.0 %
4.03	Foreign-currency-denominated investments	\$.....	0.0 %
4.04	Insurance liabilities denominated in that same foreign currency	\$.....	0.0 %

5. Aggregate foreign investment exposure categorized by NAIC sovereign designation:

	1	2
5.01	Countries designated NAIC 1.....	\$.....0.0 %
5.02	Countries designated NAIC 2.....	\$.....0.0 %
5.03	Countries designated NAIC 3 or below.....	\$.....0.0 %

6. Largest foreign investment exposures by country, categorized by the country's NAIC sovereign designation:

Countries designated NAIC 1:		1	2
6.01	Country 1:	\$.....	0.0 %
6.02	Country 2:	\$.....	0.0 %
Countries designated NAIC 2:			
6.03	Country 1:	\$.....	0.0 %
6.04	Country 2:	\$.....	0.0 %
Countries designated NAIC 3 or below:			
6.05	Country 1:	\$.....	0.0 %
6.06	Country 2:	\$.....	0.0 %

7. Aggregate unhedged foreign currency exposure.....\$.....0.0 %

8.	Aggregate unhedged foreign currency exposure categorized by NAIC sovereign designation:	1	2
8.01	Countries designated NAIC 1.....	\$.....	0.0 %
8.02	Countries designated NAIC 2.....	\$.....	0.0 %
8.03	Countries designated NAIC 3 or below.....	\$.....	0.0 %
9.	Largest unhedged foreign currency exposures by country, categorized by the country's NAIC sovereign designation:		
	Countries designated NAIC 1:	1	2
9.01	Country 1:	\$.....	0.0 %
9.02	Country 2:	\$.....	0.0 %
	Countries designated NAIC 2:		
9.03	Country 1:	\$.....	0.0 %
9.04	Country 2:	\$.....	0.0 %
	Countries designated NAIC 3 or below:		
9.05	Country 1:	\$.....	0.0 %
9.06	Country 2:	\$.....	0.0 %
10.	Ten largest non-sovereign (i.e. non-governmental) foreign issues:		
	1	2	
	<u>Issuer</u>	<u>NAIC Designation</u>	
		3	4
10.01	.....	\$.....	0.0 %
10.02	.....	\$.....	0.0 %
10.03	.....	\$.....	0.0 %
10.04	.....	\$.....	0.0 %
10.05	.....	\$.....	0.0 %
10.06	.....	\$.....	0.0 %
10.07	.....	\$.....	0.0 %
10.08	.....	\$.....	0.0 %
10.09	.....	\$.....	0.0 %
10.10	.....	\$.....	0.0 %
11.	Amounts and percentages of the reporting entity's total admitted assets held in Canadian investments and unhedged Canadian currency exposure:		
11.01	Are assets held in Canadian investments less than 2.5% of the reporting entity's total admitted assets?		Yes [] No [X]
	If response to 11.01 is yes, detail is not required for the remainder of Interrogatory 11.		
11.02	Total admitted assets held in Canadian Investments.....	\$.....	0.0 %
11.03	Canadian currency-denominated investments.....	\$.....	0.0 %
11.04	Canadian-denominated insurance liabilities.....	\$.....	0.0 %
11.05	Unhedged Canadian currency exposure.....	\$.....	0.0 %
12.	Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments with contractual sales restrictions.		
12.01	Are assets held in investments with contractual sales restrictions less than 2.5% of the reporting entity's total admitted assets?		Yes [] No [X]
	If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.		
	1	2	3
12.02	Aggregate statement value of investments with contractual sales restrictions.....	\$.....	0.0 %
	Largest three investments with contractual sales restrictions:		
12.03	.....	\$.....	0.0 %
12.04	.....	\$.....	0.0 %
12.05	.....	\$.....	0.0 %
13.	Amounts and percentages of admitted assets held in the ten largest equity interests:		
13.01	Are assets held in equity interest less than 2.5% of the reporting entity's total admitted assets?		Yes [] No [X]
	If response to 13.01 above is yes, responses are not required for the remainder of Interrogatory 13.		
	1	2	3
	<u>Name of Issuer</u>		
13.02	.....	\$.....	0.0 %
13.03	.....	\$.....	0.0 %
13.04	.....	\$.....	0.0 %
13.05	.....	\$.....	0.0 %
13.06	.....	\$.....	0.0 %
13.07	.....	\$.....	0.0 %
13.08	.....	\$.....	0.0 %
13.09	.....	\$.....	0.0 %
13.10	.....	\$.....	0.0 %
13.11	.....	\$.....	0.0 %
14.	Amounts and percentages of the reporting entity's total admitted assets held in nonaffiliated, privately placed equities:		
14.01	Are assets held in nonaffiliated, privately placed equities less than 2.5% of the reporting entity's total admitted assets?		Yes [] No [X]
	If response to 14.01 above is yes, responses are not required for the remainder of Interrogatory 14.		
	1	2	3
14.02	Aggregate statement value of investments held in nonaffiliated, privately placed equities.....	\$.....	0.0 %
	Largest three investments held in nonaffiliated, privately placed equities:		
14.03	.....	\$.....	0.0 %
14.04	.....	\$.....	0.0 %
14.05	.....	\$.....	0.0 %

15.

Amounts and percentages of the reporting entity's total admitted assets held in general partnership interests:

15.01 Are assets held in general partnership interests less than 2.5% of the reporting entity's total admitted assets?

If response to 15.01 above is yes, responses are not required for the remainder of Interrogatory 15.

1

2

3

15.02 Aggregate statement value of investments held in general partnership interests.....

Largest three investments in general partnership interests:

15.03

15.04

15.05

16.

Amounts and percentages of the reporting entity's total admitted assets held in mortgage loans:

16.01 Are mortgage loans reported in Schedule B less than 2.5% of the reporting entity's total admitted assets?

If response to 16.01 above is yes, responses are not required for the remainder of Interrogatory 16 and Interrogatory 17.

1

2

3

Type (Residential, Commercial, Agricultural)

16.02

16.03

16.04

16.05

16.06

16.07

16.08

16.09

16.10

16.11

Amount and percentage of the reporting entity's total admitted assets held in the following categories of mortgage loans:

Loans

16.12 Construction loans.....

16.13 Mortgage loans over 90 days past due.....

16.14 Mortgage loans in the process of foreclosure.....

16.15 Mortgage loans foreclosed.....

16.16 Restructured mortgage loans.....

17.

Aggregate mortgage loans having the following loan-to-value ratios as determined from the most current appraisal as of the annual statement date:

Loan-to-Value

Residential

Commercial

Agricultural

1

2

3

4

5

6

17.01 above 95%.....

17.02 91% to 95%.....

17.03 81% to 90%.....

17.04 71% to 80%.....

17.05 below 70%.....

18.

Amounts and percentages of the reporting entity's total admitted assets held in each of the five largest investments in real estate:

18.01 Are assets held in real estate reported less than 2.5% of the reporting entity's total admitted assets?

If response to 18.01 above is yes, responses are not required for the remainder of Interrogatory 18.

Largest five investments in any one parcel or group of contiguous parcels of real estate:

Description

2

3

18.02

18.03

18.04

18.05

18.06

19.

Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments held in mezzanine real estate loans.

19.01 Are assets held in investments held in mezzanine real estate loans less than 2.5% of the reporting entity's admitted assets?

If response to 19.01 is yes, responses are not required for the remainder of Interrogatory 19.

1

2

3

19.02 Aggregate statement value of investments held in mezzanine real estate loans

Largest three investments held in mezzanine real estate loans:

19.03

19.04

19.05

20.

Amounts and percentages of the reporting entity's total admitted assets subject to the following types of agreements:

At Year-End

At End of Each Quarter

1

2

1st Qtr

2nd Qtr

3rd Qtr

3

4

5

20.01 Securities lending agreements (do not include assets held as collateral for such transactions).....

20.02 Repurchase agreements.....

20.03 Reverse repurchase agreements.....

20.04 Dollar repurchase agreements.....

20.05 Dollar reverse repurchase agreements.....

285.2

03/26/2018 8:03:10 AM

21. Amounts and percentages of the reporting entity's total admitted assets for warrants not attached to other financial instruments, options, caps and floors:

	<u>Owned</u>		<u>Written</u>	
	1	2	3	4
21.01 Hedging.....	\$.....	0.0 %	\$.....	0.0 %
21.02 Income generation.....	\$.....	0.0 %	\$.....	0.0 %
21.03 Other.....	\$.....	0.0 %	\$.....	0.0 %

22. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for collars, swaps, and forwards:

	<u>At Year-End</u>		<u>At End of Each Quarter</u>		
	1	2	<u>1st Qtr</u> 3	<u>2nd Qtr</u> 4	<u>3rd Qtr</u> 5
22.01 Hedging.....	\$.....	0.0 %	\$.....	\$.....	\$.....
22.02 Income generation.....	\$.....	0.0 %	\$.....	\$.....	\$.....
22.03 Replications.....	\$.....	0.0 %	\$.....	\$.....	\$.....
22.04 Other.....	\$.....	0.0 %	\$.....	\$.....	\$.....

23. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for futures contracts:

	<u>At Year-End</u>		<u>At End of Each Quarter</u>		
	1	2	<u>1st Qtr</u> 3	<u>2nd Qtr</u> 4	<u>3rd Qtr</u> 5
23.01 Hedging.....	\$.....	0.0 %	\$.....	\$.....	\$.....
23.02 Income generation.....	\$.....	0.0 %	\$.....	\$.....	\$.....
23.03 Replications.....	\$.....	0.0 %	\$.....	\$.....	\$.....
23.04 Other.....	\$.....	0.0 %	\$.....	\$.....	\$.....

**Long-Term Care Experience Reporting Form 1
NONE**

**Long-Term Care Experience Reporting Form 2 - Individual
NONE**

**Long-Term Care Experience Reporting Form 2 - Group
NONE**

**Long-Term Care Experience Reporting Form 2 - Summary
NONE**

**Long-Term Care Experience Reporting Form 3 - Individual
NONE**

**Long-Term Care Experience Reporting Form 3 - Group
NONE**

**Long-Term Care Experience Reporting Form 3 - Summary
NONE**

**Long-Term Care Experience Reporting Form 4
NONE**



LONG-TERM CARE EXPERIENCE REPORTING FORM 5
EXPERIENCE IN THE STATE OF GRAND TOTAL

REPORTING YEAR 2017
(To Be Filed By April 1)

NAIC Group Code: 0

NAIC Company Code: 122

	1	2	3	4
	Earned Reserves	Incurred Claims	Inforce Count End of Year	Lives In Force End of Year
1. Individual.....				
2. Group.....				
3. Total.....	.0	.0	.0	.0
4. Actual total reported experience through prior year.....			XXX	XXX
5. Actual total reported experience through statement year.....	.0	.0	XXX	XXX

NONE

MANAGEMENT’S DISCUSSION AND ANALYSIS



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