



HEALTH QUARTERLY STATEMENT

As of March 31, 2018
of the Condition and Affairs of the

RiverLink Health

NAIC Group Code.....4807, 4807 (Current Period) (Prior Period) NAIC Company Code..... 15499 Employer's ID Number..... 46-4380824

Organized under the Laws of OH State of Domicile or Port of Entry OH Country of Domicile US

Licensed as Business Type Health Insuring Corporation Is HMO Federally Qualified? Yes [X] No []

Incorporated/Organized..... December 18, 2013 Commenced Business..... January 1, 2015

Statutory Home Office 10496 Montgomery Road, Suite 212 .. Cincinnati .. OH .. US .. 45242
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 33820 Weyerhaeuser Way S .. Federal Way .. WA .. US .. 98001 866-789-7747
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 33820 Weyerhaeuser Way S .. Federal Way .. WA .. US .. 98001 253-517-4300
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.RiverLinkHealth.com

Statutory Statement Contact Thuy Le 253-517-4340
(Name) (Area Code) (Telephone Number) (Extension)
thuy.le@qualchoicehealth.com 253-517-4385
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Steven Charles Schramm	President, Chief Financial Officer, & Treasurer	2. William Nathan Young MD	Chief Medical Officer
3.		4.	

OTHER

DIRECTORS OR TRUSTEES

Mark Fred Bjornson Charles William Hanson Jennifer Jean Boeff Michael Edward Stock
David Allen Sorenson

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

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

(Signature)	(Signature)	(Signature)
Steven Charles Schramm	William Nathan Young MD	
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President, Chief Financial Officer, & Treasurer	Chief Medical Officer	
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____

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 _____

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



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_____ (Signature) Steven Charles Schramm 1. (Printed Name) President, Chief Financial Officer, & Treasurer _____ (Title)	_____ (Signature) William Nathan Young MD 2. (Printed Name) Chief Medical Officer _____ (Title)	_____ (Signature) 3. (Printed Name) _____ (Title)
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Subscribed and sworn to before me
This _____ day of _____

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 _____

ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	4,734,342		4,734,342	4,716,018
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....1,896,742), cash equivalents (\$.....0) and short-term investments (\$.....0).....	1,896,742		1,896,742	1,064,415
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	6,631,084	0	6,631,084	5,780,433
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	20,874		20,874	20,107
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	4,984		4,984	7,715
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 (\$....543,944) and contracts subject to redetermination (\$.....0).....	543,944		543,944	468,944
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.....	64,154		64,154	64,154
18.2 Net deferred tax asset.....	367	46	321	321
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.....	469		469	267
24. Health care (\$....345,918) and other amounts receivable.....	411,455	65,538	345,918	348,426
25. Aggregate write-ins for other than invested assets.....	1,500	1,500	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	7,678,832	67,083	7,611,748	6,690,368
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	7,678,832	67,083	7,611,748	6,690,368

DETAILS OF WRITE-INS

1101.....			0	
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Prepaid.....	1,500	1,500	0	
2502.....			0	
2503.....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	1,500	1,500	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	1,442,388	3,129	1,445,517	1,532,810
2. Accrued medical incentive pool and bonus amounts.....			.0	
3. Unpaid claims adjustment expenses.....	737		737	1,978
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....	100,070		100,070	133,426
5. Aggregate life policy reserves.....			.0	
6. Property/casualty unearned premium reserve.....			.0	
7. Aggregate health claim reserves.....			.0	
8. Premiums received in advance.....	732,473		732,473	
9. General expenses due or accrued.....	4,448		4,448	
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....			.0	
10.2 Net deferred tax liability.....			.0	
11. Ceded reinsurance premiums payable.....			.0	
12. Amounts withheld or retained for the account of others.....			.0	
13. Remittances and items not allocated.....			.0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			.0	
15. Amounts due to parent, subsidiaries and affiliates.....	31,429		31,429	13,766
16. Derivatives.....			.0	
17. Payable for securities.....			.0	
18. Payable for securities lending.....			.0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and certified \$.....0 reinsurers).....			.0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			.0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			.0	
22. Liability for amounts held under uninsured plans.....	250,766		250,766	272,677
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	2,562,310	3,129	2,565,439	1,954,657
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	8,650,000	8,650,000
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	.0	.0
31. Unassigned funds (surplus).....	XXX	XXX	(3,603,691)	(3,914,288)
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	5,046,309	4,735,712
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	7,611,748	6,690,368

DETAILS OF WRITE-INS

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

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months.....	XXX	2,742	3,461	13,564
2. Net premium income (including \$.....0 non-health premium income).....	XXX	2,152,260	2,216,165	9,131,840
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	0
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0	0
8. Total revenues (Lines 2 to 7).....	XXX	2,152,260	2,216,165	9,131,840
Hospital and Medical:				
9. Hospital/medical benefits.....		1,360,006	1,934,933	8,865,679
10. Other professional services.....		31,990	34,334	134,765
11. Outside referrals.....				
12. Emergency room and out-of-area.....		19,764	37,557	117,746
13. Prescription drugs.....		334,170	325,810	843,690
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Lines 9 to 15).....	0	1,745,929	2,332,635	9,961,880
Less:				
17. Net reinsurance recoveries.....			36,870	13,635
18. Total hospital and medical (Lines 16 minus 17).....	0	1,745,929	2,295,765	9,948,245
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....21,936 cost containment expenses.....		29,805	42,089	163,621
21. General administrative expenses.....		109,827	120,676	438,612
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only).....		(33,357)	(334,878)	(1,206,085)
23. Total underwriting deductions (Lines 18 through 22).....	0	1,852,205	2,123,652	9,344,393
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	300,056	92,513	(212,553)
25. Net investment income earned.....		19,291	15,724	67,057
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....		(4,487)	(2,412)	(13,050)
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	14,805	13,311	54,006
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....		(1,100)		(2,350)
29. Aggregate write-ins for other income or expenses.....	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	313,761	105,824	(160,897)
31. Federal and foreign income taxes incurred.....	XXX		(340)	(64,155)
32. Net income (loss) (Lines 30 minus 31).....	XXX	313,761	106,164	(96,742)

DETAILS OF WRITE-INS

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

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	4,735,712	1,835,034	1,835,034
34. Net income or (loss) from Line 32.....	313,761	106,164	(96,742)
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			367
39. Change in nonadmitted assets.....	(3,163)	38,577	(2,947)
40. Change in unauthorized and certified reinsurance.....			
41. Change in treasury stock.....			
42. Change in surplus notes.....			
43. Cumulative effect of changes in accounting principles.....			
44. Capital changes:			
44.1 Paid in.....			
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....		1,000,000	3,000,000
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	310,597	1,144,741	2,900,678
49. Capital and surplus end of reporting period (Line 33 plus 48).....	5,046,309	2,979,775	4,735,712

DETAILS OF WRITE-INS

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

CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	2,812,465	2,897,312	8,823,273
2. Net investment income.....	21,525	20,830	79,040
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	2,833,990	2,918,142	8,902,313
5. Benefit and loss related payments.....	1,835,377	2,430,745	9,700,121
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	159,437	(4,355)	313,282
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....		(6,046)	(6,046)
10. Total (Lines 5 through 9).....	1,994,814	2,420,344	10,007,357
11. Net cash from operations (Line 4 minus Line 10).....	839,176	497,798	(1,105,044)
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	448,559	1,163,799	3,492,480
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).....	448,559	1,163,799	3,492,480
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	474,373	801,864	3,591,256
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).....	474,373	801,864	3,591,256
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(25,814)	361,935	(98,776)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....		1,000,000	3,000,000
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	18,966	37,022	(674,005)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	18,966	1,037,022	2,325,995
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	832,328	1,896,755	1,122,175
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	1,064,414	(57,761)	(57,761)
19.2 End of period (Line 18 plus Line 19.1).....	1,896,742	1,838,994	1,064,414

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

20.0001			
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at End of:										
1. Prior Year.....	1,114							1,114		
2. First Quarter.....	913							913		
3. Second Quarter.....	0									
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	2,743							2,743		
Total Member Ambulatory Encounters for Period:										
7. Physician.....	2,935							2,935		
8. Non-Physician.....	2,359							2,359		
9. Total.....	5,294	0	0	0	0	0	0	5,294	0	0
10. Hospital Patient Days Incurred.....	0									
11. Number of Inpatient Admissions.....	0									
12. Health Premiums Written (a).....	2,159,366							2,159,366		
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	2,159,366							2,159,366		
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	1,745,929							1,745,929		
18. Amount Incurred for Provision of Health Care Services.....	1,745,929							1,745,929		

Q07

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.....2,159,366.

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
Claims Unpaid - Pharmacy.....	43,847					43,847
Claims Unpaid - Behavioral health.....	106					106
0199999. Individually Listed Claims Unpaid.....	43,953	0	0	0	0	43,953
0499999. Subtotals.....	43,953	0	0	0	0	43,953
0599999. Unreported Claims and Other Claim Reserves.....						1,401,563
0799999. Total Claims Unpaid.....						1,445,517

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....					0	
2. Medicare Supplement.....					0	
3. Dental only.....					0	
4. Vision only.....					0	
5. Federal Employees Health Benefits Plan.....					0	
6. Title XVIII - Medicare.....	598,982	1,377,585	537,636	907,882	1,136,618	1,532,810
7. Title XIX - Medicaid.....					0	
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	598,982	1,377,585	537,636	907,882	1,136,618	1,532,810
10. Healthcare receivables (a).....	141,190		344,702	66,753	485,892	409,300
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....					0	
13. Totals (Lines 9-10+11+12).....	457,792	1,377,585	192,934	841,129	650,726	1,123,510

609

(a) Excludes \$.00 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

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

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

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

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

	SSAP #	F/S Page	F/S Line #	2018	2017
NET INCOME					
(1) RiverLink Health Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 313,761	\$ (96,742)
(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	\$ 313,761	\$ (96,742)
SURPLUS					
(5) RiverLink Health Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$5,046,309	\$4,735,712
(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	\$5,046,309	\$4,735,712

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

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

C. Accounting Policy

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

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

In addition, the Company uses the following accounting policies:

NOTES TO FINANCIAL STATEMENTS

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

D. Going Concern

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

Note 2 – Accounting Changes and Corrections of Errors

None.

Note 3 – Business Combinations and Goodwill

None.

Note 4 – Discontinued Operations

None.

Note 5 – Investments**D. Loan-Backed Securities**

- (1) Description of Sources Used to Determine Prepayment Assumptions - None.
- (2) Other-Than-Temporary Impairments - None.
- (3) Recognized OTTI securities - None.
- (4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains): None.
- (5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary - None.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None.

b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged	\$
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NOTES TO FINANCIAL STATEMENTS

- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing
- (1) Company Policies or Strategies for Repo Programs - None.
 - (2) Type of Repo Trades Used - None.
 - (3) Maturity Time Frame - None.
 - (4) Counterparty, Jurisdiction and Fair Value (FV) - None.
 - (5) Securities "Sold" Under Repo – Secured Borrowing - None.
 - (6) Securities Sold Under Repo – Secured Borrowing by NAIC Designation - None.
 - (7) Collateral Received – Secured Borrowing - None.
 - (8) Cash & Non-Cash Collateral Received – Secured Borrowing by NAIC Designation - None.
 - (9) Allocation of Aggregate Collateral by Remaining Contractual Maturity - None.
 - (10) Allocation of Aggregate Collateral Reinvested by Remaining Contractual Maturity - None.
 - (11) Liability to Return Collateral – Secured Borrowing (Total) - None.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing
Repurchase Transactions – Cash Provider – Overview of Secured Borrowing Transactions
- (1) Company Policy or Strategies for Engaging in Repo Programs - None.
 - (2) Type of Repo Trades Used - None.
 - (3) Original (Flow) and Residual Maturity - None.
 - (4) Counterparty, Jurisdiction and Fair Value (FV) - None.
 - (5) Fair Value of Securities Acquired Under Repo – Secured Borrowing - None.
 - (6) Securities Acquired Under Repo – Secured Borrowing by NAIC Designation - None.
 - (7) Collateral Pledged – Secured Borrowing - None.
 - (8) Allocation of Aggregate Collateral Pledged by Remaining Contractual Maturity - None.
 - (9) Recognized Receivable for Return of Collateral – Secured Borrowing - None.
 - (10) Recognized Liability to Return Collateral – Secured Borrowing (Total) - None.
- H. Repurchase Agreements Transactions Accounted for as a Sale
Repurchase Transaction – Cash Taker – Overview of Sale Transactions
- (1) Company Policy or Strategies for Engaging in Repo Programs - None.
 - (2) Type of Repo Trades Used - None.
 - (3) Original (Flow) & Residual Maturity - None.
 - (4) Counterparty, Jurisdiction and Fair Value (FV) - None.
 - (5) Securities "Sold" Under Repo – Sale - None.
 - (6) Securities Sold Under Repo – Sale by NAIC Designation - None.
 - (7) Proceeds Received – Sale - None.
 - (8) Cash & Non-Cash Collateral Received – Sale by NAIC Designation - None.
 - (9) Recognized Forward Resale Commitment - None.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale
Repurchase Transaction – Cash Provider – Overview of Sale Transactions
- (1) Company Policy or Strategies for Engaging in Repo Programs - None.
 - (2) Type of Repo Trades Used - None.
 - (3) Original (Flow) & Residual Maturity - None.

NOTES TO FINANCIAL STATEMENTS

- (4) Counterparty, Jurisdiction and Fair Value (FV) - None.
- (5) Securities Acquired Under Repo – Sale - None.
- (6) Securities Acquired Under Repo – Sale by NAIC Designation - None.
- (7) Proceeds Provided – Sale - None.
- (8) Recognized Forward Resale Commitment - None.

M. Working Capital Finance Investments

- (2) Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs - None.
- (3) Any Events of Default or Working Capital Finance Investments - None.

N. Offsetting and Netting of Assets and Liabilities - None.**Note 6 – Joint Ventures, Partnerships and Limited Liability Companies**

None.

Note 7 – Investment Income

No significant changes

Note 8 – Derivative Instruments**H. Total Premium Costs for Contracts - None.****Note 9 – Income Taxes**

No significant changes

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

No significant changes

Note 11 – Debt**B. FHLB (Federal Home Loan Bank) Agreements**

- (1) Nature of the Agreement - None.
- (2) FHLB Capital Stock - None.
- (3) Collateral Pledged to FHLB - None.

(4) Borrowing from FHLB - None.**c. FHLB – Prepayment Obligations**

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

Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**A. Defined Benefit Plan - None.****Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

No significant changes

Note 14 – Liabilities, Contingencies and Assessments

No significant changes

Note 15 – Leases

No significant changes

NOTES TO FINANCIAL STATEMENTS

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

None.

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

B. Transfer and Servicing of Financial Assets

(2) Servicing Assets and Servicing Liabilities - None.

(4) Securitizations, Asset-Based Financing Arrangements and Similar Transfers Accounted for as Sales - None.

C. Wash Sales

(1) Description of the Objectives Regarding These Transactions - None.

(2) The details by NAIC designation 3 or below, or unrated of securities sold during the year ended December 31, 2018 and reacquired within 30 days of the sale date are: None.

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

Not applicable

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

Not applicable

Note 20 – Fair Value Measurements

A. Fair Value Measurements

The Company reports investment at amortized cost

B.-D. None.

Note 21 – Other Items

None.

Note 22 – Events Subsequent

None.

Note 23 – Reinsurance

No significant changes

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

E. Risk Sharing Provisions of the Affordable Care Act

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

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year: None.

(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: None.

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year - None.

(5) ACA Risk Corridors Receivable as of Reporting Date - None.

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

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

	2018	2017
Beginning liability for unpaid losses and loss adjustment expenses	1,534,787	1,495,299
Health Care Receivable	(409,300)	(341,190)

NOTES TO FINANCIAL STATEMENTS

Beginning liability for unpaid losses and loss adjustment expense, net of Health Care Rec.	1,125,487	1,151,109
Incurred related to:		
Current year	1,387,905	9,198,767
Prior Years	600,960	1,380,158
Total paid	1,988,864	10,578,925
Ending liability for unpaid losses and loss adjustment expenses	1,446,255	1,534,787
Health Care Receivable	(411,455)	(409,300)
Ending liability for unpaid losses and loss adjustment, net of Health Care Rec.	1,034,799	1,125,487

Loss and Loss Adjustment Expenses reserves as of December 31, 2017 were \$1,534,787. As of March 31, 2018, \$600,960 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$537,636 as a result of re-estimation of unpaid claims and claim adjustment expenses. This has generated a \$396,192 favorable prior year development from December 31, 2017 to March 31, 2018. The change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

B. Information about Significant Changes in Methodologies and Assumptions

Note 26 – Intercompany Pooling Arrangements

None.

Note 27 – Structured Settlements

Not Applicable for Health Companies

Note 28 – Health Care Receivables

No significant changes

Note 29 – Participating Policies

Not applicable to the reporting Company

Note 30 – Premium Deficiency Reserves

No significant changes

Note 31 – Anticipated Salvage and Subrogation

None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change: _____
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1 and 1A. Yes [X] No []
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No [X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. _____
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation. Yes [] No [X] N/A []
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2017
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2017
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). _____
- 6.4 By what department or departments?
Ohio Department of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator].

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

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes [X] No []
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
Modified language slightly to include "intimidation" within the following statement: "Reporters of suspected compliance issues will be protected from intimidation and retaliation if the reporter makes a good-faith report, complaint or inquiry."
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes No
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
13. Amount of real estate and mortgages held in short-term investments: \$ 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes No
- 14.2 If yes, please complete the following:

	1 Prior Year End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$ 0	\$ 0
14.22 Preferred Stock	0	0
14.23 Common Stock	0	0
14.24 Short-Term Investments	0	0
14.25 Mortgage Loans on Real Estate	0	0
14.26 All Other	0	0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 0	\$ 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$ 0	\$ 0

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes No
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No
- If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
- 16.3 Total payable for securities lending reported on the liability page: \$ 0
17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes No

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

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

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes No
- 17.4 If yes, give full and complete information relating thereto:

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

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

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

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes No
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes No
- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes No
- 18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

19. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designated 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]

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1. Operating Percentages:		
1.1 A&H loss percent		81.9 %
1.2 A&H cost containment percent		1.0 %
1.3 A&H expense percent excluding cost containment expenses		5.1 %
2.1 Do you act as a custodian for health savings accounts?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.		0
2.3 Do you act as an administrator for health savings accounts?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
2.4 If yes, please provide the amount of funds administered as of the reporting date.		0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile or the reporting entity?.....	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

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

A&H Non-Affiliates

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

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 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		2,159,366					2,159,366	
37. Oklahoma.....OK	N								0
38. Oregon.....OR	N								0
39. Pennsylvania.....PA	N								0
40. Rhode Island.....RI	N								0
41. South Carolina.....SC	N								0
42. South Dakota.....SD	N								0
43. Tennessee.....TN	N								0
44. Texas.....TX	N								0
45. Utah.....UT	N								0
46. Vermont.....VT	N								0
47. Virginia.....VA	N								0
48. Washington.....WA	N								0
49. West Virginia.....WV	N								0
50. Wisconsin.....WI	N								0
51. Wyoming.....WY	N								0
52. American Samoa.....AS	N								0
53. Guam.....GU	N								0
54. Puerto Rico.....PR	N								0
55. U.S. Virgin Islands.....VI	N								0
56. Northern Mariana Islands.....MP	N								0
57. Canada.....CAN	N								0
58. Aggregate Other alien.....OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal.....XXX		0	2,159,366	0	0	0	0	2,159,366	0
60. Reporting entity contributions for Employee Benefit Plans.....XXX								0	
61. Total (Direct Business).....XXX		0	2,159,366	0	0	0	0	2,159,366	0

DETAILS OF WRITE-INS

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

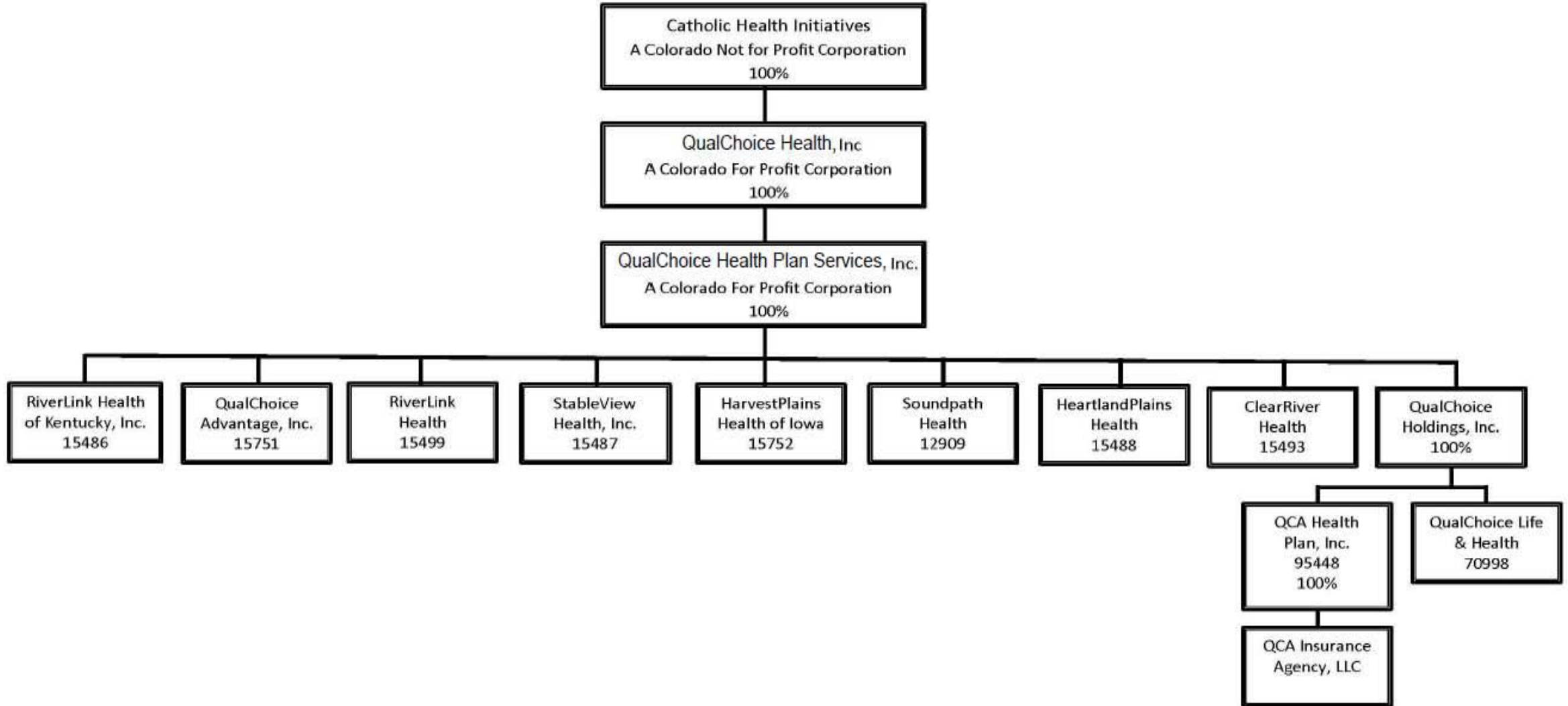
(a) Active Status Count

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	1	R - Registered - Non-domiciled RRGs.....	0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....	0	Q - Qualified - Qualified or accredited reinsurer.....	0
		N - None of the above - Not allowed to write business in the state.....	56

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

PART 1 – ORGANIZATIONAL CHART

Q15



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
			46-1224037..				QualChoice Health Plan Services, Inc.....	CO.....	UDP.....	QualChoice Health, Inc.....	Ownership.....	...100.000	Catholic Health Initiatives.....	....N.....	
4807	Catholic Hlth Initatives Grp....	12909...	42-1720801..				Soundpath Health.....	WA.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives.	....N.....	
4807	Catholic Hlth Initatives Grp....	95448...	71-0794605..				QCA Health Plan, Inc.....	AR.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives.	....N.....	
4807	Catholic Hlth Initatives Grp....	70998...	71-0386640..				QualChoice Life and Health.....	AR.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives.	....N.....	
4807	Catholic Hlth Initatives Grp....	15493...	46-4495960..				ClearRiver Health.....	TN.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives.	....N.....	
4807	Catholic Hlth Initatives Grp....	15488...	46-4368223..				HeartlandPlains Health.....	NE.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives.	....N.....	
4807	Catholic Hlth Initatives Grp....	15499...	46-4380824..				RiverLink Health.....	OH.....	RE.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives.	....N.....	
4807	Catholic Hlth Initatives Grp....	15486...	46-4828332..				RiverLink Health of Kentucky, Inc.....	KY.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives.	....N.....	
4807	Catholic Hlth Initatives Grp....	15487...	46-4373713..				StableView Health Inc.....	KY.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives.	....N.....	
4807	Catholic Hlth Initatives Grp....	15751...	47-3433912..				QualChoice Advantage Inc.....	AR.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives.	....N.....	
4807	Catholic Hlth Initatives Grp....	15752...	47-3451750..				HarvestPlains Health of Iowa.....	IA.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	...100.000	QualChoice Health, Inc /Catholic Health Initiatives.	....N.....	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

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

NO

Explanation:

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

Bar Code:



Overflow Page for Write-Ins

NONE

SCHEDULE A - VERIFICATION

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	4,716,018	4,645,845
2. Cost of bonds and stocks acquired.....	474,373	3,591,258
3. Accrual of discount.....	963	3,327
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	(4,486)	(13,061)
6. Deduct consideration for bonds and stocks disposed of.....	448,562	3,492,479
7. Deduct amortization of premium.....	3,964	18,872
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	4,734,342	4,716,018
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	4,734,342	4,716,018

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	4,304,969	315,435	421,963	(1,950)	4,196,491			4,304,969
2. NAIC 2 (a).....	411,050	158,936	31,084	(1,052)	537,850			411,050
3. NAIC 3 (a).....					0			
4. NAIC 4 (a).....					0			
5. NAIC 5 (a).....					0			
6. NAIC 6 (a).....					0			
7. Total Bonds.....	4,716,019	474,371	453,047	(3,002)	4,734,341	0	0	4,716,019
PREFERRED STOCK								
8. NAIC 1.....					0			
9. NAIC 2.....					0			
10. NAIC 3.....					0			
11. NAIC 4.....					0			
12. NAIC 5.....					0			
13. NAIC 6.....					0			
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	4,716,019	474,371	453,047	(3,002)	4,734,341	0	0	4,716,019

QS102

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

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

SCHEDULE DA - PART 1

Short-Term Investments

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

NONE

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.....0	.....50,151
2. Cost of short-term investments acquired.....		
3. Accrual of discount.....		.....2
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		.....7
6. Deduct consideration received on disposals.....		.....50,001
7. Deduct amortization of premium.....		.....159
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	.....0	.....0
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	.....0	.....0

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

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

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

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

**Sch. DB - Verification
NONE**

**Sch. E - Pt. 2 Verification
NONE**

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

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

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

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

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

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

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - All Other Government									
298785	HQ 2 EUROPEAN INVESTMENT BANK	D	02/06/2018	BNYM/RBCEFIXED INCO		19,933	20,000		1FE
1099999	Total - Bonds - All Other Government								
						19,933	20,000	0	XXX
Bonds - U.S. Special Revenue and Special Assessment									
3137EA	EL 9 FEDERAL HOME LOAN MORTGAGE CORP		03/05/2018	GOLDMAN SACHS & CO		119,643	120,000	158	1
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments								
						119,643	120,000	158	XXX
Bonds - Industrial and Miscellaneous									
053332	AL 6 AUTOZONE INC		01/25/2018	MILLENNIUM ADVISORS		5,170	5,000	41	2FE
09659Q	AD 9 BMW VEHICLE OWNER TRUST 2018-A		01/17/2018	JPM SECURITIES-FIXED		15,000	15,000		1FE
126650	DC 1 CVS HEALTH CORP		03/06/2018	JPM SECURITIES-FIXED		9,995	10,000		2FE
14314A	AC 3 CARMAX AUTO OWNER TRUST 2018-1		01/17/2018	RBC CAPITAL MARKETS		19,998	20,000		1FE
151020	BC 7 CELGENE CORP		02/08/2018	CITIGROUP GLOBAL MKT		19,991	20,000		2FE
17275R	AP 7 CISCO SYSTEMS INC		02/21/2018	BANC/AMERICA SECUR.L		20,056	20,000	272	1FE
26875P	AL 5 EOG RESOURCES INC		01/08/2018	SOUTHWEST SECURITIES		10,034	10,000	67	2FE
30231G	AV 4 EXXON MOBIL CORP		02/08/2018	WELLS FARGO SECS LLC		14,843	15,000	149	1FE
375558	BB 8 GILEAD SCIENCES INC		01/08/2018	GOLDMAN SACHS & CO		15,114	15,000	137	1FE
47788C	AC 6 JOHN DEERE OWNER TRUST 2018		02/21/2018	RBC CAPITAL MARKETS		14,999	15,000		1FE
494550	BB 1 KINDER MORGAN ENERGY PARTNERS LP		02/21/2018	BANC/AMERICA SECUR.L		21,443	20,000	30	2FE
50077L	AH 9 KRAFT HEINZ FOODS CO		01/04/2018	RBC CAPITAL MARKETS		5,026	5,000	2	2FE
58013M	EX 8 MCDONALD'S CORP		01/18/2018	GOLDMAN SACHS & CO		10,074	10,000	33	2FE
816851	BE 8 SEMPRA ENERGY		01/09/2018	RBC CAPITAL MARKETS		14,980	15,000		2FE
828807	CU 9 SIMON PROPERTY GROUP LP		01/05/2018	UBS SECURITIES LLC		20,087	20,000	178	1FE
887317	AK 1 TIME WARNER INC		02/23/2018	BAIRD ROBERT W & CO		20,981	20,000	389	2FE
90131H	AQ 8 21ST CENTURY FOX AMERICA INC		01/08/2018	MILLENNIUM ADVISORS		5,303	5,000	91	2FE
911312	AM 8 UNITED PARCEL SERVICE INC		02/08/2018	MILLENNIUM ADVISORS		15,269	15,000	35	1FE
92343V	AX 2 VERIZON COMMUNICATIONS INC		02/22/2018	GOLDMAN SACHS & CO		20,964	20,000	371	2FE
136375	CN 0 CANADIAN NATIONAL RAILWAY CO	A	02/01/2018	RBC CAPITAL MARKETS		14,994	15,000		1FE
25243Y	AP 4 DIAGEO CAPITAL PLC	D	02/14/2018	PERSHING & COMPANY		10,510	10,000	42	1FE
45687A	AM 4 INGERSOLL-RAND GLOBAL HOLDING CO LTD	C	02/13/2018	BANC/AMERICA SECUR.L		14,976	15,000		2FE
961214	DU 4 WESTPAC BANKING CORP	D	01/17/2018	MORGAN STANLEY & CO		14,990	15,000		1FE
3899999	Total - Bonds - Industrial and Miscellaneous								
						334,797	330,000	1,837	XXX
8399997	Total - Bonds - Part 3								
						474,373	470,000	1,995	XXX
8399999	Total - Bonds								
						474,373	470,000	1,995	XXX
9999999	Total - Bonds, Preferred and Common Stocks								
						474,373	XXX	1,995	XXX

QE04

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

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - U.S. Government																					
912828 2K 5	UNITED STATES TREASURY NOTE/BOND		02/23/2018	JPM SECURITIES-FIXED		108,815	110,000	110,021	110,017		(2)		(2)		110,016		(1,200)	(1,200)	.846	07/31/2019	1
912828 R8 5	UNITED STATES TREASURY NOTE/BOND		02/15/2018	VARIOUS		63,969	65,000	65,404	65,201		(16)		(16)		65,184		(1,215)	(1,215)	.94	06/15/2019	1
0599999	Total - Bonds - U.S. Government					172,784	175,000	175,425	175,218	0	(18)	0	(18)	0	175,200	0	(2,415)	(2,415)	.940	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment																					
3137EA CA 5	FEDERAL HOME LOAN MORTGAGE CORP		03/05/2018	GOLDMAN SACHS & CO		116,934	115,000	125,201	118,651		(519)		(519)		118,132		(1,198)	(1,198)	1,905	03/27/2019	1
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments					116,934	115,000	125,201	118,651	0	(519)	0	(519)	0	118,132	0	(1,198)	(1,198)	1,905	XXX	XXX
Bonds - Industrial and Miscellaneous																					
002824 BC 3	ABBOTT LABORATORIES		03/22/2018	CALL 100		6,000	6,000	5,994	5,996				0		5,997		3	3	.47	11/22/2019	2FE
05582Q AD 9	BMW VEHICLE OWNER TRUST 2016-A		01/11/2018	BANC/AMERICA SECUR.L		19,840	20,000	20,000	20,000				0		20,000		(160)	(160)	.14	11/25/2020	1FE
30231G AP 7	EXXON MOBIL CORP		02/08/2018	PERSHING & COMPANY		14,939	15,000	15,190	15,080		(8)		(8)		15,072		(132)	(132)	.115	03/01/2019	1FE
31620M AN 6	FIDELITY NATIONAL INFORMATION SERVICES I		03/15/2018	NATL FINANCIAL SERVI		15,011	15,000	15,250	15,119		(32)		(32)		15,087		(76)	(76)	.183	10/15/2018	2FE
36251P AA 2	GS MORTGAGE SECURITIES TRUST 2016-GS3		03/01/2018	PAYDOWN		1,085	1,085	1,085	1,085				0		1,085				.3	10/01/2049	1FM
46645U AQ 0	JP MORGAN CHASE COMMERCIAL MORTGAGE SECU		03/01/2018	PAYDOWN		956	956	956	956				0		956				.3	12/01/2049	1FM
47788N AC 2	JOHN DEERE OWNER TRUST 2016-B		02/22/2018	BANC/AMERICA SECUR.L		14,895	15,000	14,999	15,000				0		15,000		(105)	(105)	.35	06/15/2020	1FE
58155Q AF 0	MCKESSON CORP		03/15/2018	MATURITY		10,000	10,000	10,017	10,002		(2)		(2)		10,000				.70	03/15/2018	2FE
58769B AD 6	MERCEDES-BENZ AUTO RECEIVABLES TRUST 201		03/15/2018	PAYDOWN		627	627	627	627				0		627				.2	02/16/2021	1FE
65478Q AE 8	NISSAN AUTO LEASE TRUST 2016-A		03/09/2018	PERSHING & COMPANY		24,910	25,000	24,995	24,998				0		24,998		(88)	(88)	.101	10/15/2021	1FE
828807 CQ 8	SIMON PROPERTY GROUP LP		01/05/2018	GOLDMAN SACHS & CO		20,025	20,000	20,367	20,127		(3)		(3)		20,124		(98)	(98)	.193	02/01/2019	1FE
89237W AD 9	TOYOTA AUTO RECEIVABLES 2016-C		01/11/2018	JP MORGAN CHASE BANK		19,852	20,000	19,999	20,000				0		20,000		(148)	(148)	.20	08/17/2020	1FE
911312 AK 2	UNITED PARCEL SERVICE INC		02/08/2018	MILLENNIUM ADVISORS		10,312	10,000	10,771	10,419		(38)		(38)		10,380		(69)	(69)	.186	04/01/2019	1FE
95000G AW 4	WELLS FARGO COMMERCIAL MORTGAGE TRUST 20		03/01/2018	PAYDOWN		389	389	389	389				0		389				.1	08/01/2049	1FM
3899999	Total - Bonds - Industrial and Miscellaneous					158,841	159,057	160,639	159,798	0	(83)	0	(83)	0	159,715	0	(873)	(873)	.973	XXX	XXX
8399997	Total - Bonds - Part 4					448,559	449,057	461,265	453,667	0	(620)	0	(620)	0	453,047	0	(4,486)	(4,486)	3,818	XXX	XXX
8399999	Total - Bonds					448,559	449,057	461,265	453,667	0	(620)	0	(620)	0	453,047	0	(4,486)	(4,486)	3,818	XXX	XXX
9999999	Total - Bonds, Preferred and Common Stocks					448,559	XXX	461,265	453,667	0	(620)	0	(620)	0	453,047	0	(4,486)	(4,486)	3,818	XXX	XXX

QE05

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

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

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

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

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

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

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

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
Bank of New York Mellon, Investment – Pittsburgh, PA					9,542	19,670	74,238	XXX
PNC Bank – Kalamazoo, MI					1,242,973	1,211,859	1,822,504	XXX
0199999. Total Open Depositories	XXX	XXX	0	0	1,252,515	1,231,529	1,896,742	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	1,252,515	1,231,529	1,896,742	XXX
0599999. Total Cash	XXX	XXX	0	0	1,252,515	1,231,529	1,896,742	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	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
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NONE

QE13