

122

QUARTERLY 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 Period Ended
September 30, 2018

2018



HEALTH QUARTERLY STATEMENT

As of September 30, 2018
of the Condition and Affairs of the

COSE Health and Wellness Trust

NAIC Group Code..... 0, 0 (Current Period) (Prior Period) NAIC Company Code..... 122 Employer's ID Number..... 81-6240902

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

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

Incorporated/Organized..... February 18, 2016 Commenced Business..... August 22, 2016

Statutory Home Office 1240 Huron Road E., Ste. 200 .. Cleveland .. OH .. US .. 44115-1355
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1240 Huron Road E., Ste. 200 .. Cleveland .. OH .. US .. 44115-1355 216-592-2200
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 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)

Primary Location of Books and Records 1240 Huron Road E., Ste. 200 .. Cleveland .. OH .. US .. 44115-1355 216-592-2200
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.cosemewa.com

Statutory Statement Contact Timothy E DiPlacido 216-592-2292
(Name) (Area Code) (Telephone Number) (Extension)
Tdiplacido@gcpartnership.com
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Timothy Maynard Reynolds	Chairman	2. John Luteran	Plan Administrator
3.		4.	

OTHER

DIRECTORS OR TRUSTEES

Timothy Maynard Reynolds Elyse Anne Logan Martha Judith Lanning Robert Richard Nicolay III
James Frederick Harmon

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	John Luteran	_____
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Chairman	Plan Administrator	_____
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 12th day of November, 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 STOIA
NOTARY PUBLIC
STATE OF OHIO
Recorded in
Cuyahoga County
My Comm. Exp. 9/21/19

ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	19,196,949		19,196,949	4,779,852
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 (\$.....968,968), cash equivalents (\$.....14,702,483) and short-term investments (\$.....849,742).....	16,521,192		16,521,192	9,303,321
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).....	35,718,141	0	35,718,141	14,083,173
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	125,899		125,899	26,645
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	218,987		218,987	258,760
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.....	306,987		306,987	
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.....	134,158		134,158	228,880
25. Aggregate write-ins for other than invested assets.....	46,479	46,479	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	36,550,651	46,479	36,504,172	14,597,458
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	36,550,651	46,479	36,504,172	14,597,458

DETAILS OF WRITE-INS

1101. Prepaid Business Insurance.....			0	
1102. Prepaid State Certification Fee.....			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 Business Insurance.....	34,479	34,479	0	
2502. Prepaid State Certification Fee.....			0	
2503. Prepaid State Domestic Assessment Fee.....	12,000	12,000	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).....	46,479	46,479	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).....	19,921,898		19,921,898	6,116,369
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	796,876		796,876	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 reserve.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....	1,175,402		1,175,402	587,611
9. General expenses due or accrued.....	85,561		85,561	104,410
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....	100,671		100,671	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 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.....			0	
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	8,841	0	8,841	0
24. Total liabilities (Lines 1 to 23).....	22,089,249	0	22,089,249	7,081,248
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	9,414,923	2,516,209
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	14,414,923	7,516,209
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	36,504,172	14,597,458

DETAILS OF WRITE-INS

2301. Ohio Trust Tax Payable - State.....	8,841		8,841	
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).....	8,841	0	8,841	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	252,591	61,364	96,143
2. Net premium income (including \$.....0 non-health premium income).....	XXX	94,897,729	21,917,917	34,486,720
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	94,897,729	21,917,917	34,486,720
Hospital and Medical:				
9. Hospital/medical benefits.....		51,511,244	10,292,766	16,936,402
10. Other professional services.....		3,528,388	592,063	976,368
11. Outside referrals.....		253,186	308,205	378,888
12. Emergency room and out-of-area.....		6,524,036	1,983,908	2,786,295
13. Prescription drugs.....		14,096,615	3,700,164	5,260,533
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	75,913,469	16,877,106	26,338,486
Less:				
17. Net reinsurance recoveries.....		2,381,311		19,399
18. Total hospital and medical (Lines 16 minus 17).....	0	73,532,158	16,877,106	26,319,087
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....		552,188	224,940	244,688
21. General administrative expenses.....		14,050,411	3,469,897	5,372,350
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	88,134,757	20,571,943	31,936,125
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	6,762,973	1,345,974	2,550,595
25. Net investment income earned.....		298,970	39,133	89,546
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....				
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	298,970	39,133	89,546
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....				
29. Aggregate write-ins for other income or expenses.....	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	7,061,942	1,385,108	2,640,141
31. Federal and foreign income taxes incurred.....	XXX	122,631		26,447
32. Net income (loss) (Lines 30 minus 31).....	XXX	6,939,311	1,385,108	2,613,694

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.....	7,516,209	4,903,315	4,903,315
34. Net income or (loss) from Line 32.....	6,939,311	1,385,108	2,613,694
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.....		(25,364)	
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			
39. Change in nonadmitted assets.....	(40,597)	(12,444)	(800)
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.....			
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).....	6,898,714	1,347,299	2,612,894
49. Capital and surplus end of reporting period (Line 33 plus 48).....	14,414,923	6,250,614	7,516,209

DETAILS OF WRITE-INS

4701.			
4702.			
4703.			
4796. 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.....	95,525,294	22,110,464	34,729,814
2. Net investment income.....	194,551	(786)	69,866
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	95,719,845	22,109,678	34,799,680
5. Benefit and loss related payments.....	59,938,894	11,929,871	21,039,320
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	14,060,420	3,491,226	5,505,637
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	50,130		(1,723)
10. Total (Lines 5 through 9).....	74,049,444	15,421,097	26,543,234
11. Net cash from operations (Line 4 minus Line 10).....	21,670,402	6,688,580	8,256,446
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.....		(2,824)	
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	0	(2,824)	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	14,411,933	4,786,817	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).....	14,411,933	4,786,817	4,786,817
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).....	(14,411,933)	(4,789,641)	(4,786,817)
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.....			
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).....	(40,597)	(12,444)	(800)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(40,597)	(12,444)	(800)
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).....	7,217,871	1,886,495	3,468,830
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	9,303,321	5,834,491	5,834,491
19.2 End of period (Line 18 plus Line 19.1).....	16,521,192	7,720,986	9,303,321

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

2C.0001			
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1		2		3	4	5	6	7	8	9	10
	Total	Individual	Comprehensive (Hospital & Medical)	Group								
Total Members at End of:												
1. Prior Year.....	12,746			12,746								
2. First Quarter.....	26,244			26,244								
3. Second Quarter.....	30,572			30,572								
4. Third Quarter.....	33,901			33,901								
5. Current Year.....	0			0								
6. Current Year Member Months.....	252,591			252,591								
Total Member Ambulatory Encounters for Period:												
7. Physician.....	116,888			116,888								
8. Non-Physician.....	83,049			83,049								
9. Total.....	199,937	0	0	199,937	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred.....	2,886			2,886								
11. Number of Inpatient Admissions.....	786			786								
12. Health Premiums Written (a).....	103,104,350			103,104,350								
13. Life Premiums Direct.....	0			0								
14. Property/Casualty Premiums Written.....	0			0								
15. Health Premiums Earned.....	103,104,350			103,104,350								
16. Property/Casualty Premiums Earned.....	0			0								
17. Amount Paid for Provision of Health Care Services.....	62,107,940			62,107,940								
18. Amount Incurred for Provision of Health Care Services.....	75,913,469			75,913,469								

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

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 Claims and Other Claim Reserves						19,921,898
0799999. Total Claims Unpaid						19,921,898

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Liability End of Current Quarter				6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 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		5 Claims Incurred in Prior Years (Columns 1 + 3)
1. Comprehensive (hospital and medical).....	5,535,749	54,190,880	220,719	19,701,179	5,756,468
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 to 8).....	5,535,749	54,190,880	220,719	19,701,179	5,756,468
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).....	5,535,749	54,190,880	220,719	19,701,179	5,756,468

(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

	SSAP #	F/S Page	F/S Line #	Current Year to Date	2017
NET INCOME					
(1) COSE Health and Wellness Trust Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 6,939,311	\$ 2,613,694
(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	\$ 6,939,311	\$ 2,613,694
SURPLUS					
(5) COSE Health and Wellness Trust Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 14,414,923	\$ 7,516,209
(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	\$ 14,414,923	\$ 7,516,209

C. Accounting Policy

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

- (6) Basis for Loan-Backed Securities and Adjustment Methodology
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 Corrections of Errors

No significant changes

Note 3 – Business Combinations and Goodwill

No Applicable

Note 4 – Discontinued Operations

Not Applicable

Note 5 – Investments

Not Applicable

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

Not Applicable

Note 7 – Investment Income

No investment income was classified for exclusion.

Note 8 – Derivative Instruments

Not Applicable

Note 9 – Income Taxes

No significant changes

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

NOTES TO FINANCIAL STATEMENTS

Note 13 – Capital and Surplus, Shareholder's 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

The Trust restated or reported no assets or liabilities at fair value as of September 30th, 2018.

B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements

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	\$19,196,949	\$19,196,949	\$	\$19,196,949	\$	\$	\$

D. Not Practicable to Estimate Fair Value

Not Applicable

Note 21 – Other Items

Not Applicable

Note 22 – Events Subsequent

Subsequent events have been considered through November 9th, 2018 for these statutory financial statements which are to be issued on November 15th, 2018. There were no events occurring subsequent to the end of the quarter that merited recognition or disclosure in these statements.

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 to date:

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	\$

NOTES TO FINANCIAL STATEMENTS

a. Permanent ACA Risk Adjustment Program		AMOUNT
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 to Date on Business Written Before Dec. 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
	1	2	3	4	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)
	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 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		

NOTES TO FINANCIAL STATEMENTS

	Accrued During the Prior Year on Business Written Before Dec. 31 of the Prior Year		Received or Paid as of the Current Year to Date 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)
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 During the Prior Year on Business Written Before Dec. 31 of the Prior Year		Received or Paid as of the Current Year to Date 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. 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. 2018											
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	E	\$	\$
2. Reserve for rate credits or policy experience rating refunds	\$	\$	\$	\$	\$	\$	\$	\$	F	\$	\$
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 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts Received from CMS	4 Asset Balance (Gross of Non-Admissions) (1-2-3)	5 Non-Admitted Amount	5 Net Admitted Asset (4-5)
a. 2014	\$	\$	\$	\$	\$	\$
b. 2017						
c. 2018						
d. Total (a+b+c)	\$	\$	\$	\$	\$	\$

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

On September 30th, 2018, the Trust completed 25 months of operation and is still experiencing significant participation and premium growth. With creditability still a factor, combined with the significant growth, Management exercised a conservative approach to the Trust's reserve balance.

Reserves as of September 30th, 2018 were \$79.648 million. As of September 30th, 2018, \$59.727 million has been paid for claims and \$19.921 million reserved (IBNR) attributed to insured future events of the current year. A reserve of \$6,116 million was established in 2017 for the prior year claims. Claims paid in 2018 associated with this reserve were \$5.765 million, leaving \$360 thousand of the prior year reserve remaining.

NOTES TO FINANCIAL STATEMENTS

The IBNR level of reserve was calculated and verified by the Company's outside Actuary. With the claims experience becoming more creditable, the Loss Ratio trend moved to 80% versus the 76% reserved over the previous 24 months (changed in August). The calculated Loss Ratio was changed to 80% .

Management evaluates the adjustments to reserves monthly along with the Trust's outside Actuary. Management anticipates another possible move to near 82% by year-end. A level close to the early pro-forma assumption of the Trust.

Note 26 – Intercompany Pooling Arrangements

Not Applicable

Note 27 – Structured Settlements

Not Applicable for Health Companies

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 September 30th, 2018.

Note 31 – Anticipated Salvage and Subrogation

Not Applicable

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 [] No [X]
- 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. _____

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

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

- 6.4 By what department or departments?

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

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

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

- 7.2 If yes, give full information:

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

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

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

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

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

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

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

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

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

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

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

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

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 [X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

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

	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 [X]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []
If no, attach a description with this statement.

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

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

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

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

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
PNC Institutional Asset Management	U
Group Services, Inc. (MEWA Administrator)	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 [X] 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 [X] 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
	PNC Institutional Asset Management		OCC	NO
	Group Services, Inc. (MEWA Administrator)			NO

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

18.2 If no, list exceptions:

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			80.0 %
1.2 A&H cost containment percent			0.0 %
1.3 A&H expense percent excluding cost containment expenses			14.8 %
2.1 Do you act as a custodian for health savings accounts?	Yes []	No [X]	
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.			0
2.3 Do you act as an administrator for health savings accounts?	Yes []	No [X]	
2.4 If yes, please provide the amount of funds administered as of the reporting date.			0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....	Yes []	No []	
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 of the reporting entity?.....	Yes []	No []	

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
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NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							8 Total Columns 2 through 7	9 Deposit-Type Contracts
		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			
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	103,104,350							103,104,350	
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	0
59. Subtotal.....	XXX	103,104,350	0	0	0	0	0	0	103,104,350	0
60. Reporting entity contributions for Employee Benefit Plans.....	XXX								0	
61. Total (Direct Business).....	XXX	103,104,350	0	0	0	0	0	0	103,104,350	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	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above).....		0	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

**Sch. Y - Pt. 1
NONE**

**Sch. Y - Pt. 1A
NONE**

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:



NONE

COSE Health and Wellness Trust
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.....	4,779,852	
2. Cost of bonds and stocks acquired.....	14,411,933	4,786,817
3. Accrual of discount.....	21,691	438
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration for bonds and stocks disposed of.....		
7. Deduct amortization of premium.....	16,527	7,402
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).....	19,196,949	4,779,852
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	19,196,949	4,779,852

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

	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	14,182,531	5,798,944	775,000	7,364	9,737,582	14,182,531	19,213,839	5,938,394
2. NAIC 2 (a)	435,542	396,388		922	197,590	435,542	832,853	
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	14,618,073	6,195,332	775,000	8,286	9,935,172	14,618,073	20,046,691	5,938,394
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds and Preferred Stock	14,618,073	6,195,332	775,000	8,286	9,935,172	14,618,073	20,046,691	5,938,394

(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	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	.....849,742	.....XXX.....	.....848,534	.....7,138	.....1,864

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.....	.....1,158,542	.....
2. Cost of short-term investments acquired.....	.....1,051,868	.....1,164,989
3. Accrual of discount.....	.....1,830	.....(6,447)
4. Unrealized valuation increase (decrease).....	.....	.....
5. Total gain (loss) on disposals.....	.....	.....
6. Deduct consideration received on disposals.....	.....1,350,000	.....
7. Deduct amortization of premium.....	.....12,498	.....
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).....	.....849,742	.....1,158,542
11. Deduct total nonadmitted amounts.....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11).....	.....849,742	.....1,158,542

**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

Cash Equivalents

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	5,897,146	
2. Cost of cash equivalents acquired.....	8,805,337	5,897,146
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....		
7. Deduct amortization of premium.....		
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).....	14,702,483	5,897,146
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	14,702,483	5,897,146

**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 - U.S. Government									
3137EA EN 5	FEDERAL HOME LOAN MTG CORP, 2.75%, 6/19/23		09/25/2018	PNC INVESTMENTS		990,201	1,000,000	5,550	1FE
3135G0 T9 4	FEDERAL NATL MTG ASSN NTS, 2.375% DUE 1/19/23		09/25/2018	PNC INVESTMENTS		1,000,727	1,025,000	7,435	1FE
3135G0 Q8 9	FEDERAL NATL MTG ASSN, 1.375% DUE 10/07/2021		09/20/2018	PNC INVESTMENTS		191,146	200,000	1,253	1FE
3135G0 ZY 2	FEDERAL NATL MTG ASSN, 1.75% DUE 11/26/2019		09/20/2018	PNC INVESTMENTS		346,129	350,000	1,957	1FE
3135G0 TY 8	FEDERAL NATL MTG ASSN, 2.00% DUE 10/05/2022		09/25/2018	PNC INVESTMENT		288,375	300,000	2,850	1FE
05999999	Total - Bonds - U.S. Government					2,816,578	2,875,000	19,044	XXX
Bonds - Industrial and Miscellaneous									
037833 DH 0	APPLE INC UNSC, 1.8% DUE 11/13/2019		09/20/2018	PNC INVESTMENTS		197,946	200,000	1,310	1FE
084664 BQ 3	BERKSHIRE HATHAWAY FIN, 4.25% DUE 01/15/2021		09/20/2018	PNC INVESTMENTS		205,316	200,000	1,629	1FE
17278R AX 0	CISCO SYSTEMS INC, 2.45% DUE 6/15/2020		09/20/2018	PNC INVESTMENTS		297,699	300,000	2,021	1FE
30231G AG 7	EXXON MOBIL CORP, 1.912% CALL, DUE 3/6/2020		09/20/2018	PNC INVESTMENT		197,688	200,000	191	1FE
370334 BV 5	GENERAL MILLS INC, 2.20% DUE 10/21/2019		09/20/2018	PNC INVESTMENTS		198,878	200,000	1,870	2FE
438516 BJ 4	HONEYWELL INTERNATIONAL, 1.4% DUE 10/30/2019		09/20/2018	PNC INVESTMENTS		246,985	250,000	1,400	1FE
478160 BH 6	JOHNSON & JOHNSON UNSC, 3.375% DUE 12/5/2023		07/17/2018	PNC INVESTMENTS		304,050	300,000	1,238	1FE
478160 BT 0	JOHNSON & JOHNSON, 2.05% CALL, DUE 3/1/2023		09/20/2018	PNC INVESTMENTS		263,546	275,000	360	1FE
478160 CD 4	JOHNSON & JOHNSON, 2.25% DUE 3/3/2022		09/20/2018	PNC INVESTMENTS		291,936	300,000	394	1FE
594918 BA 1	MICROSOFT CORP, 2.375% CALL, DUE 02/12/2022		09/20/2018	PNC INVESTMENTS		244,115	250,000	683	1FE
594918 AT 1	MICROSOFT CORP, 2.375% CALL, DUE 5/1/2023		09/20/2018	PNC INVESTMENTS		241,160	250,000	2,359	1FE
843646 AS 9	SOUTHERN POWER CO, 1.95% DUE 12/15/2019		09/20/2018	PNC INVESTMENTS		197,510	200,000	1,073	2FE
931142 DU 4	WAL-MART STORES, 2.35% CALL, DUE 12/15/2022		09/20/2018	PNC INVESTMENTS		241,563	250,000	1,616	1FE
931142 EJ 8	WALMART INC., 3.125% DUE 6/23/2021		09/20/2018	PNC INVESTMENTS		250,393	250,000	1,888	1FE
38999999	Total - Bonds - Industrial and Miscellaneous					3,378,754	3,425,000	18,040	XXX
83999997	Total - Bonds - Part 3					6,195,332	6,300,000	37,085	XXX
83999999	Total - Bonds					6,195,332	6,300,000	37,085	XXX
99999999	Total - Bonds, Preferred and Common Stocks					6,195,332	6,300,000	37,085	XXX
(a) For all common stock bearing NAIC market indicator "U" provide the number of such issues:.....0.									

**Sch. D - Pt. 4
NONE**

**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								
PNC Bank..... Cleveland, Ohio.....		.....0.250	.....2,423	.....630	.....3,370,659	.....1,127,666	.....968,968	XXX
0199€99. Total Open Depositories.....	XXX	XXX	.....2,423	.....630	.....3,370,659	.....1,127,666	.....968,968	XXX
0399€99. Total Cash on Deposit.....	XXX	XXX	.....2,423	.....630	.....3,370,659	.....1,127,666	.....968,968	XXX
0599€99. Total Cash.....	XXX	XXX	.....2,423	.....630	.....3,370,659	.....1,127,666	.....968,968	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
Sweep Accounts								
	PNC Bank Money Market.....		05/11/2017.....	.....1.660	.....	.....14,676,492	.....	.....143,459
	PNC Gov. Money Market.....		09/21/2017.....	.....1.970	.....	.....25,991	.....1,352	.....6,689
84999999	Total - Sweep Accounts.....					14,702,483	1,352	150,148
88999999	Total - Cash Equivalents.....					14,702,483	1,352	150,148



MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code.....0

NAIC Company Code.....122

	Individual Coverage		Group Coverage		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Premiums collected.....		XXX		XXX	0
2. Earned premiums.....		XXX		XXX	XXX
3. Claims paid.....		XXX		XXX	0
4. Claims incurred.....	NONE			XXX	XXX
5. Reinsurance coverage and low income cost sharing - claims paid net of reimbursements applied (a).....	XXX		XXX		0
6. Aggregate policy reserves - change.....		XXX		XXX	XXX
7. Expenses paid.....		XXX		XXX	0
8. Expenses incurred.....		XXX		XXX	XXX
9. Underwriting gain or loss.....	0	XXX	0	XXX	XXX
10. Cash flow results.....	XXX	XXX	XXX	XXX	0

(a) Uninsured Receivable/Payable with CMS at End of Quarter \$.....0 due from CMS or \$.....0 due to CMS.

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ASSESSMENT**

June 30th, 2018 Quarterly Filing

Regarding
Claims Triangle and Reconciliation with
Underwriting and Investment Exhibit

for

COSE Health and Wellness Trust



LEWIS & ELLIS

Actuaries and Consultant

Prepared by Michael Brown, FSA, MAAA
Lewis & Ellis, Inc.
11225 College Blvd., Suite 320
Overland Park, KS 66210
913-766-9777
mabrown@lewisellis.com

Underwriting and Investment Exhibit

The Underwriting and Investment was reviewed for reasonableness and consistency with applicable Actuarial Standards of Practice. Columns 1 through 4 were reviewed and reconciled back to the data. That reconciliation is below.

1. Paid Claims (Columns 1 and 2)

The paid claims include medical and pharmacy. Lag claims included amounts paid by the TPA to provider. However, not all claims paid by the Trust align exactly with paid claims in the triangle due to invoice timing . These invoiced amounts were added or removed as noted in the table below. The claims difference is an amount required to tie lag amounts plus invoices to the claims ledger amounts in the U&I Exhibit, this amount typically should be less than 1% of total to be considered reasonable. It currently is 0.0% of the total. The total amounts in the Claim lag illustrated below include the removal of \$507,146 of claims that were reimbursed through stop loss.

Underwriting and Investment Exhibit

Paid Claims	Column 1 - Claims Incurred Prior to January 1 of Current Year	Column 2 - Claims Incurred During the Year	Total
Claim Lag	\$4,569,815	\$31,383,469	\$35,953,284
Plus Invoiced Amounts in 2017 Lags, Paid in 2018	\$795,684	\$0	\$795,684
Less Invoiced Amount in Lags, not paid yet	\$0	(\$2,028,981)	(\$2,028,981)
Total	\$5,365,499	\$29,354,488	\$34,719,987
U&I Exhibit	\$5,367,493	\$29,365,397	\$34,732,890
\$ Difference	-\$1,994	-\$10,909	-\$12,903
% Difference	0.0%	0.0%	0.0%

2. Claim Reserve & Claim Liability (Column 3 and 4)

The total claim reserve shown in column 3 and 4 equals the liabilities on Page 3, Line 1 on the Quarterly Statement. This reserve was determined using a standard actuarial lag method estimation performed by MMO. Further detail can be provided upon request. I consider this reserve adequate and sufficient.

Underwriting and Investment Exhibit

Claim Reserve	Column 3 - Claims Unpaid December 31 of Prior Year	Column 4 - Claims Incurred During the Year	Total
Claim Lag Reserve + Invoices	\$834,224	\$15,317,442	\$16,151,666
<i>U&I Exhibit</i>	<i>\$834,224</i>	<i>\$15,317,442</i>	<i>\$16,151,666</i>
\$ Difference	\$0	\$0	\$0
% Difference	0.0%	0.0%	0.0%

Claims Triangles (Lag Triangles) on the following page.

Medical Lag Triangle

Incurring Date	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Total
Sep-16	0	235	0	0	0	0	0	0	0	0	0	0	85,447
Oct-16	1,223	208	261	128	0	0	107	0	0	0	0	0	131,269
Nov-16	7,297	222	105	752	586	0	17,268	0	0	0	43,816	0	400,841
Dec-16	197	173	132	494	70	0	0	335	500	0	0	0	469,577
Jan-17	3,347	5,342	1,383	36,795	370	493	351	569	0	0	0	173	463,748
Feb-17	3,445	1,689	5,629	1,288	1,052	1,542	281	555	530	250	36	0	763,422
Mar-17	25,861	2,899	2,930	3,942	752	928	-145	749	368	959	168	0	974,787
Apr-17	45,742	-3,257	1,936	5,702	502	2,100	631	3,471	243	611	678	96	793,284
May-17	554,455	42,514	99,759	9,677	6,217	-4,588	-3,088	5,180	13,604	1,830	1,817	-57	1,654,736
Jun-17	714,015	130,991	87,230	19,521	27,262	4,806	-942	4,043	1,385	1,201	130	57	1,321,353
Jul-17	336,132	840,554	491,249	45,420	293,008	21,559	42,088	3,254	16,680	11,198	5,128	414	2,106,686
Aug-17		552,828	969,513	302,087	33,861	-1,744	32,023	14,108	18,077	23,929	5,435	7,501	1,957,618
Sep-17			465,858	1,080,409	138,368	379,719	357,730	10,626	21,485	-3,100	-793	11,727	2,462,029
Oct-17				646,707	1,124,920	590,026	248,856	51,272	41,835	11,646	121,467	6,276	2,843,007
Nov-17					633,495	1,234,724	563,090	58,842	258,003	55,111	3,996	10,570	2,817,830
Dec-17						730,428	1,389,248	269,109	197,651	610,757	43,962	7,428	3,248,583
Jan-18							732,083	1,719,591	524,672	189,229	92,465	103,354	3,361,394
Feb-18								995,661	2,077,566	759,898	339,816	145,723	4,318,663
Mar-18									1,498,088	2,683,814	951,249	395,788	5,528,939
Apr-18										1,518,841	3,229,422	614,182	5,362,445
May-18											1,844,230	2,943,424	4,787,654
Jun-18												1,832,661	1,832,661
Total	1,691,714	1,574,398	2,125,985	2,152,922	2,260,465	2,959,993	3,379,582	3,137,365	4,670,684	5,866,174	6,683,020	6,079,317	47,685,973

Pharmacy Lag Triangle

Incurred Date	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Total
Sep-16	0	0	0	0	0	0	0	0	0	0	0	0	3,047
Oct-16	45	0	0	0	0	231	0	0	0	0	0	0	49,971
Nov-16	0	0	0	0	0	0	0	0	0	0	0	0	91,501
Dec-16	0	0	0	0	0	0	0	0	0	0	0	0	104,687
Jan-17	0	0	0	314	489	0	0	0	0	0	0	0	119,283
Feb-17	895	8	-1	0	249	0	0	0	0	0	0	0	203,316
Mar-17	0	0	394	94	489	0	0	0	0	0	0	0	319,505
Apr-17	832	0	11	727	14	367	0	0	0	0	0	0	282,826
May-17	300	500	41	7	20	30	0	0	0	0	0	0	278,773
Jun-17	202,917	1,557	849	0	0	35	0	0	18	0	0	0	381,951
Jul-17	119,960	234,903	607	5	-50	378	978	0	115	0	0	0	356,895
Aug-17		114,583	357,957	1,238	516	65	0	291	39	60	0	0	474,748
Sep-17			339,359	132,734	529	632	0	0	421	21	0	0	473,696
Oct-17				315,711	227,172	326	688	319	113	0	0	0	544,330
Nov-17					254,349	318,797	6,207	1,752	338	-442	0	38	581,038
Dec-17						270,638	353,834	5,534	1,889	403	364	50	632,712
Jan-18							216,934	539,411	20,669	3,836	4,736	2,013	787,599
Feb-18								225,866	689,310	6,824	6,425	471	928,895
Mar-18									774,500	420,200	8,340	990	1,204,029
Apr-18										850,647	459,895	9,455	1,319,997
May-18											748,638	659,625	1,408,263
Jun-18												622,474	622,474
Total	324,948	351,550	699,218	450,830	483,779	591,497	578,641	773,172	1,487,412	1,281,548	1,228,398	1,295,116	11,169,538

Combined Lag Triangle

Incurring Date	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Total
Sep-16	0	235	0	0	0	0	0	0	0	0	0	0	88,495
Oct-16	1,268	208	261	128	0	231	107	0	0	0	0	0	181,240
Nov-16	7,297	222	105	752	586	0	17,268	0	0	0	43,816	0	492,342
Dec-16	197	173	132	494	70	0	0	335	500	0	0	0	574,264
Jan-17	3,347	5,342	1,383	37,109	859	493	351	569	0	0	0	173	583,031
Feb-17	4,340	1,696	5,628	1,288	1,302	1,542	281	555	530	250	36	0	966,738
Mar-17	25,861	2,899	3,324	4,035	1,241	928	-145	749	368	959	168	0	1,294,291
Apr-17	46,574	-3,257	1,946	6,429	516	2,466	631	3,471	243	611	678	96	1,076,110
May-17	554,754	43,014	99,801	9,685	6,237	-4,559	-3,088	5,180	13,604	1,830	1,817	-57	1,933,510
Jun-17	916,932	132,548	88,079	19,521	27,262	4,841	-942	4,043	1,403	1,201	130	57	1,703,304
Jul-17	456,093	1,075,457	491,857	45,425	292,958	21,937	43,065	3,254	16,794	11,198	5,128	414	2,463,581
Aug-17		667,411	1,327,470	303,325	34,377	-1,679	32,023	14,399	18,116	23,989	5,435	7,501	2,432,367
Sep-17			805,217	1,213,143	138,897	380,351	357,730	10,626	21,906	-3,079	-793	11,727	2,935,725
Oct-17				962,419	1,352,092	590,353	249,545	51,591	41,948	11,646	121,467	6,276	3,387,337
Nov-17					887,845	1,553,521	569,297	60,594	258,340	54,669	3,996	10,607	3,398,868
Dec-17						1,001,066	1,743,082	274,643	199,540	611,160	44,326	7,478	3,881,296
Jan-18						949,017	2,259,002	545,341	193,065	97,201	105,366	146,193	4,148,993
Feb-18							1,221,527	2,766,876	766,722	346,241	959,589	396,778	5,247,558
Mar-18								2,272,587	3,104,015	2,369,488	3,689,317	623,638	6,732,969
Apr-18											2,592,868	3,603,049	6,682,442
May-18												2,455,135	6,195,917
Jun-18													2,455,135
Total	2,016,662	1,925,948	2,825,203	2,603,752	2,744,243	3,551,490	3,958,223	3,910,538	6,158,096	7,147,722	7,911,418	7,374,433	58,855,511