122

ANNUAL STATEMENT(Amended)

OF THE

COSE Health and Wellness Trust

Of

Cleveland

in the state of

Ohio

to the Insurance Department

of the state of Ohio

For the Year Ended

December 31, 2018

2018

HEALTH

12220182010010100

ANNUAL STATEMENT

For the Year Ended December 31, 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 *(Street and Number) (City or Town, State, Country and Zip Code)*	216-592-2200 *(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 *(Street and Number) (City or Town, State, Country and Zip Code)*	216-592-2200 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.cosemewa.com	
Statutory Statement Contact	Timothy E DiPlacido *(Name)*	216-592-2292 *(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 25 day of September 2019

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

DONNELLA LAUREN PUGH
NOTARY PUBLIC - STATE OF OHIO
RECORDED IN CUYAHOGA COUNTY
MY COMMISSION EXPIRES JANUARY 22, 2023

9/18/2019 9:31:16 AM

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	19,461,194		19,461,194	4,779,852
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	
2.2 Common stocks			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less $.....0 encumbrances)			0	
4.2 Properties held for the production of income (less $.....0 encumbrances)			0	
4.3 Properties held for sale (less $.....0 encumbrances)			0	
5. Cash ($.....3,734,807, Schedule E-Part 1), cash equivalents ($.....18,326,150, Schedule E-Part 2) and short-term investments ($.....149,996, Schedule DA)	22,210,953		22,210,953	9,303,321
6. Contract loans (including $.....0 premium notes)			0	
7. Derivatives (Schedule DB)			0	
8. Other invested assets (Schedule BA)			0	
9. Receivables for securities			0	
10. Securities lending reinvested collateral assets (Schedule DL)			0	
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	41,672,147	0	41,672,147	14,083,173
13. Title plants less $.....0 charged off (for Title insurers only)			0	
14. Investment income due and accrued	91,075		91,075	26,645
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	241,723		241,723	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 ($.....0)			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	155,925		155,925	
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans			0	
18.1 Current federal and foreign income tax recoverable and interest thereon			0	
18.2 Net deferred tax asset			0	
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software			0	
21. Furniture and equipment, including health care delivery assets ($.....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	212,670		212,670	228,880
25. Aggregate write-ins for other-than-invested assets	22,792	22,792	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	42,396,332	22,792	42,373,540	14,597,458
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. TOTAL (Lines 26 and 27)	42,396,332	22,792	42,373,540	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 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaid Business Insurance	13,792	13,792	0	
2502. Prepaid State Certification Fee	1,000	1,000	0	
2503. Prepaid State Domestic Assessment Fee	8,000	8,000	0	
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	22,792	22,792	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)	17,385,450		17,385,450	6,116,369
2.	Accrued medical incentive pool and bonus amounts			0	
3.	Unpaid claims adjustment expenses	690,531		690,531	244,688
4.	Aggregate health policy reserves, including the liability of $.....0 for medical loss ratio rebate per the Public Health Service Act	10,638,607		10,638,607	
5.	Aggregate life policy reserves			0	
6.	Property/casualty unearned premium reserves			0	
7.	Aggregate health claim reserves			0	
8.	Premiums received in advance	1,775,469		1,775,469	587,611
9.	General expenses due or accrued	148,941		148,941	104,410
10.1	Current federal and foreign income tax payable and interest thereon (including $.....0 on realized capital gains (losses))	185,356		185,356	28,170
10.2	Net deferred tax liability			0	
11.	Ceded reinsurance premiums payable			0	
12.	Amounts withheld or retained for the account of others			0	
13.	Remittances and items not allocated			0	
14.	Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)			0	
15.	Amounts due to parent, subsidiaries and affiliates			0	
16.	Derivatives			0	
17.	Payable for securities			0	
18.	Payable for securities lending			0	
19.	Funds held under reinsurance treaties with ($.....0 authorized reinsurers, $.....0 unauthorized reinsurers and $.....0 certified reinsurers)			0	
20.	Reinsurance in unauthorized and certified ($.....0) companies			0	
21.	Net adjustments in assets and liabilities due to foreign exchange rates			0	
22.	Liability for amounts held under uninsured plans			0	
23.	Aggregate write-ins for other liabilities (including $.....0 current)	0	0	0	0
24.	Total liabilities (Lines 1 to 23)	30,824,355	0	30,824,355	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	9,950,000	5,000,000
30.	Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31.	Unassigned funds (surplus)	XXX	XXX	1,599,185	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	11,549,185	7,516,209
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	42,373,540	14,597,458

DETAILS OF WRITE-INS

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

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member months	XXX	360,850	96,143
2.	Net premium income (including $.....0 non-health premium income)	XXX	133,702,677	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
7.	Aggregate write-ins for other non-health revenues	XXX	0	0
8.	Total revenues (Lines 2 to 7)	XXX	133,702,677	34,486,720
Hospital and Medical:				
9.	Hospital/medical benefits		74,905,429	16,936,402
10.	Other professional services		4,979,131	976,368
11.	Outside referrals		316,965	378,888
12.	Emergency room and out-of-area		9,600,815	2,786,295
13.	Prescription drugs		19,012,759	5,260,533
14.	Aggregate write-ins for other hospital and medical	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts			
16.	Subtotal (Lines 9 to 15)	0	108,815,099	26,338,486
Less:				
17.	Net reinsurance recoveries		4,866,977	19,399
18.	Total hospital and medical (Lines 16 minus 17)	0	103,948,122	26,319,087
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including $.....0 cost containment expenses		445,843	244,688
21.	General administrative expenses		19,883,273	5,372,350
22.	Increase in reserves for life and accident and health contracts including $.....0 increase in reserves for life only)		10,638,607	
23.	Total underwriting deductions (Lines 18 through 22)	0	134,915,845	31,936,125
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(1,213,169)	2,550,595
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		511,022	89,546
26.	Net realized capital gains or (losses) less capital gains tax of $.....0			
27.	Net investment gains or (losses) (Lines 25 plus 26)	0	511,022	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
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	(702,147)	2,640,141
31.	Federal and foreign income taxes incurred	XXX	197,968	26,447
32.	Net income (loss) (Lines 30 minus 31)	XXX	(900,114)	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
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.		XXX		
0702.		XXX		
0703.		XXX		
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799.	Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.				
1402.				
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
2901.				
2902.				
2903.				
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period	7,516,209	4,903,315
34. Net income or (loss) from Line 32	(900,114)	2,613,694
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains and (losses) less capital gains tax of $.....0		
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax		
39. Change in nonadmitted assets	(16,910)	(800)
40. Change in unauthorized and certified reinsurance		
41. Change in treasury stock		
42. Change in surplus notes	4,950,000	
43. Cumulative effect of changes in accounting principles		
44. Capital changes:		
44.1 Paid in		
44.2 Transferred from surplus (Stock Dividend)		
44.3 Transferred to surplus		
45. Surplus adjustments:		
45.1 Paid in		
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders		
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	4,032,976	2,612,894
49. Capital and surplus end of reporting period (Line 33 plus 48)	11,549,185	7,516,209

DETAILS OF WRITE-INS

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

CASH FLOW

		1 Current Year	2 Prior Year
	CASH FROM OPERATIONS		
1.	Premiums collected net of reinsurance	134,907,573	34,729,814
2.	Net investment income	425,483	69,866
3.	Miscellaneous income		
4.	Total (Lines 1 through 3)	135,333,056	34,799,680
5.	Benefit and loss related payments	92,818,756	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	19,838,742	5,505,637
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)	40,782	(1,723)
10.	Total (Lines 5 through 9)	112,698,280	26,543,234
11.	Net cash from operations (Line 4 minus Line 10)	22,634,775	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		
	12.7 Miscellaneous proceeds		
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	14,660,233	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)	14,660,233	4,786,817
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14)	(14,660,233)	(4,786,817)
	CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes	4,950,000	
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)	(16,910)	(800)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	4,933,090	(800)
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	12,907,632	3,468,830
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	9,303,321	5,834,491
	19.2 End of year (Line 18 plus Line 19.1)	22,210,953	9,303,321

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

20.0001		

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plans	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	133,702,677	133,702,677								
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of $.....0 medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	133,702,677	133,702,677	0	0	0	0	0	0	0	0
8. Hospital/medical benefits	74,905,429	74,905,429								XXX
9. Other professional services	4,979,131	4,979,131								XXX
10. Outside referrals	316,965	316,965								XXX
11. Emergency room and out-of-area	9,600,815	9,600,815								XXX
12. Prescription drugs	19,012,759	19,012,759								XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0									XXX
15. Subtotal (Lines 8 to 14)	108,815,099	108,815,099	0	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries	4,866,977	4,866,977								XXX
17. Total hospital and medical (Lines 15 minus 16)	103,948,122	103,948,122	0	0	0	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including $.....0 cost containment expenses	445,843	445,843								
20. General administrative expenses	19,883,273	19,883,273								
21. Increase in reserves for accident and health contracts	10,638,607	10,638,607								XXX
22. Increase in reserve for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	134,915,845	134,915,845	0	0	0	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(1,213,169)	(1,213,169)	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS										
0501.	0									XXX
0502.	0									XXX
0503.	0									XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Total (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Total (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.	0									XXX
1302.	0									XXX
1303.	0									XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Total (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	145,312,727		11,610,050	133,702,677
2. Medicare supplement				0
3. Dental only				0
4. Vision only				0
5. Federal employees health benefits plan				0
6. Title XVIII - Medicare				0
7. Title XIX - Medicaid				0
8. Other health				0
9. Health subtotal (Lines 1 through 8)	145,312,727	0	11,610,050	133,702,677
10. Life				0
11. Property/casualty				0
12. Totals (Lines 9 to 11)	145,312,727	0	11,610,050	133,702,677

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	97,546,018	97,546,018								
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	4,866,977	4,866,977								
1.4 Net	92,679,041	92,679,041	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	17,385,450	17,385,450								
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	17,385,450	17,385,450	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	6,116,369	6,116,369								
8.2 Reinsurance assumed	0									
8.3 Reinsurance ceded	0									
8.4 Net	6,116,369	6,116,369	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0									
11. Amounts recoverable from reinsurers December 31, prior year	0									
12. Incurred benefits:										
12.1 Direct	108,815,099	108,815,099	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	4,866,977	4,866,977	0	0	0	0	0	0	0	0
12.4 Net	103,948,122	103,948,122	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Medical and Hospital)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct	0									
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	0	0	0	0	0	0	0	0	0	0
2. Incurred but unreported:										
2.1 Direct	17,385,450	17,385,450								
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	17,385,450	17,385,450	0	0	0	0	0	0	0	0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct	0									
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. Totals:										
4.1 Direct	17,385,450	17,385,450	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	17,385,450	17,385,450	0	0	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	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	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	5,651,780	87,027,261	79,026	17,306,425	5,730,806	6,116,369
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)	5,651,780	87,027,261	79,026	17,306,425	5,730,806	6,116,369
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)	5,651,780	87,027,261	79,026	17,306,425	5,730,806	6,116,369

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior					
2. 2014					
3. 2015	XXX				
4. 2016	XXX	XXX	557	1,263	1,337
5. 2017	XXX	XXX	XXX	20,303	25,881
6. 2018	XXX	XXX	XXX	XXX	87,027

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior					
2. 2014					
3. 2015	XXX				
4. 2016	XXX	XXX	1,363	1,275	1,337
5. 2017	XXX	XXX	XXX	25,767	26,091
6. 2018	XXX	XXX	XXX	XXX	103,948

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2014				0.0	0	0.0			0	0.0
2. 2015				0.0	0	0.0			0	0.0
3. 2016	1,770	1,337		0.0	1,337	75.5			1,337	75.5
4. 2017	34,487	25,881		0.0	25,881	75.0	385	245	26,511	76.9
5. 2018	133,703	87,027		0.0	87,027	65.1	16,921	446	104,394	78.1

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

($000 Omitted)

SECTION A - PAID HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior					
2. 2014					
3. 2015	XXX				
4. 2016	XXX	XXX	557	1,263	1,337
5. 2017	XXX	XXX	XXX	20,303	25,881
6. 2018	XXX	XXX	XXX	XXX	87,027

SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior					
2. 2014					
3. 2015	XXX				
4. 2016	XXX	XXX	1,363	1,275	1,337
5. 2017	XXX	XXX	XXX	25,767	26,091
6. 2018	XXX	XXX	XXX	XXX	103,948

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2014		0		0.0	0	0.0			0	0.0
2. 2015		0		0.0	0	0.0			0	0.0
3. 2016	1,770	1,337		0.0	1,337	75.5			1,337	75.5
4. 2017	34,487	25,881		0.0	25,881	75.0	385	245	26,511	76.9
5. 2018	133,703	87,027		0.0	87,027	65.1	16,921	446	104,394	78.1

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

($000 Omitted)

SECTION A - PAID HEALTH CLAIMS - OTHER

NONE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior					
2. 2014					
3. 2015	XXX				
4. 2016	XXX	XXX			
5. 2017	XXX	XXX	XXX		
6. 2018	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - OTHER

NONE

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior					
2. 2014					
3. 2015	XXX				
4. 2016	XXX	XXX			
5. 2017	XXX	XXX	XXX		
6. 2018	XXX	XXX	XXX	XXX	

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - OTHER

NONE

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2014		0		0	0	0.0			0	0.0
2. 2015		0		0.0	0	0.0			0	0.0
3. 2016		0		0.0	0	0.0			0	0.0
4. 2017		0		0.0	0	0.0			0	0.0
5. 2018		0		0.0	0	0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	0								
2. Additional policy reserves (a)	10,638,607	10,638,607							
3. Reserve for future contingent benefits	0								
4. Reserve for rate credits or experience rating refunds (including $.....0 for investment income)	0								
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	10,638,607	10,638,607	0	0	0	0	0	0	0
7. Reinsurance ceded	0								
8. Totals (net) (Page 3, Line 4)	10,638,607	10,638,607	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims	0								
10. Reserve for future contingent benefits	0								
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0								
14. Totals (net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0

DETAILS OF WRITE-INS

0501.	0								
0502.	0								
0503.	0								
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.	0								
1102.	0								
1103.	0								
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes $.....10,638,607 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent ($.....0 for occupancy of own building)					0
2. Salaries, wages and other benefits					0
3. Commissions (less $.....0 ceded plus $.....0 assumed)					0
4. Legal fees and expenses			32,928		32,928
5. Certifications and accreditation fees			1,000		1,000
6. Auditing, actuarial and other consulting services			184,317		184,317
7. Traveling expenses					0
8. Marketing and advertising					0
9. Postage, express and telephone			169		169
10. Printing and office supplies			2,010		2,010
11. Occupancy, depreciation and amortization					0
12. Equipment					0
13. Cost or depreciation of EDP equipment and software			7,279		7,279
14. Outsourced services including EDP, claims, and other services			19,397,562		19,397,562
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate			76,840		76,840
17. Collection and bank service charges			30,687		30,687
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes				19,481	19,481
23.2 State premium taxes			8,800		8,800
23.3 Regulatory authority licenses and fees			19,149		19,149
23.4 Payroll taxes					0
23.5 Other (excluding federal income and real estate taxes)			122,532		122,532
24. Investment expenses not included elsewhere				14,213	14,213
25. Aggregate write-ins for expenses	0	445,843	0	0	445,843
26. Total expenses incurred (Lines 1 to 25)	0	445,843	19,883,273	33,694	(a) 20,362,810
27. Less expenses unpaid December 31, current year		690,531	148,941		839,472
28. Add expenses unpaid December 31, prior year			104,410		104,410
29. Amounts receivable relating to uninsured plans, prior year					0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	0	(244,688)	19,838,742	33,694	19,627,749

DETAILS OF WRITE-INS

2501. Claims Adjustment Expense		445,843			445,843
2502.					0
2503.					0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	445,843	0	0	445,843

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

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. government bonds	(a) 148,067	139,333
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a) 122,172	121,302
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 293,419	284,081
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	563,659	544,717
11.	Investment expenses		(g) 14,213
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g) 19,481
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i) 0
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		33,694
17.	Net investment income (Line 10 minus Line 16)		511,022

DETAILS OF WRITE-INS

0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

(a) Includes $.....44,159 accrual of discount less $.....23,050 amortization of premium and less $.....81,280 paid for accrued interest on purchases.
(b) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued dividends on purchases.
(c) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued interest on purchases.
(d) Includes $.....0 for company's occupancy of its own buildings; and excludes $.....0 interest on encumbrances.
(e) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued interest on purchases.
(f) Includes $.....0 accrual of discount less $.....0 amortization of premium.
(g) Includes $.....14,213 investment expenses and $.....19,481 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes $.....0 interest on surplus notes and $.....0 interest on capital notes.
(i) Includes $.....0 depreciation on real estate and $.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

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

NONE

DETAILS OF WRITE-INS

0901.				0		
0902.				0		
0903.				0		
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			0
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income			0
4.3 Properties held for sale			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending reinvested collateral assets (Schedule DL)			0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)			0
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
15.3 Accrued retrospective premiums and contracts subject to redetermination			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			0
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans			0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset			0
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software			0
21. Furniture and equipment, including health care delivery assets			0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivables from parent, subsidiaries and affiliates			0
24. Health care and other amounts receivable			0
25. Aggregate write-ins for other-than-invested assets	22,792	5,882	(16,910)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	22,792	5,882	(16,910)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. TOTALS (Lines 26 and 27)	22,792	5,882	(16,910)

DETAILS OF WRITE-INS

1101.			0
1102.			0
1103.			0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid Business Insurance	13,792	4,082	(9,710)
2502. Prepaid State Certification Fee	1,000	1,000	0
2503. Prepaid State Domestic Assessment Fee	8,000	800	(7,200)
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	22,792	5,882	(16,910)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health maintenance organizations						
2. Provider service organizations	12,746	26,244	30,572	33,901	37,175	360,850
3. Preferred provider organizations						
4. Point of service						
5. Indemnity only						
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	12,746	26,244	30,572	33,901	37,175	360,850

DETAILS OF WRITE-INS

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
A&H Premiums Due and Unpaid						
Murrubber Technologies	21,637					21,637
Alta Mira Corp	19,751					19,751
ABC Drain & Plumbing	13,747					13,747
Old North Church	11,730					11,730
Miami Control Systems	10,171					10,171
0299997. Group subscribers subtotal	77,036	0	0	0	0	77,036
0299998. Premiums due and unpaid not individually listed	164,687					164,687
0299999. Total group	241,723	0	0	0	0	241,723
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	241,723	0	0	0	0	241,723

Ex. 3 - Health Care Receivables
NONE

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

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

Aging Analysis of Unpaid Claims

1 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)						
0599999. Unreported claim and other claim reserves						17,385,450
0799999. Total claims unpaid						17,385,450

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

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

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0				
2. Intermediaries	0	0.0				
3. All other providers	0	0.0				
4. Total capitation payments	0	0.0	0		0	0
Other Payments:						
5. Fee-for-service	200,049	0.2	XXX	XXX	200,049	
6. Contractual fee payments	92,478,992	99.8	XXX	XXX	92,478,992	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	92,679,041	100.0	XXX	XXX	92,679,041	0
13. Total (Line 4 plus Line 12)	92,679,041	100.0	XXX	XXX	92,679,041	0

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC

NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment						0
2. Medical furniture, equipment and fixtures						0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment						0
6. Total	0	0	0	0	0	0

NONE

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

	SSAP #	F/S Page	F/S Line #	2018	2017
NET INCOME					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	$ (900,114)	$ 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	$ (900,114)	$ 2,613,694
SURPLUS					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	$ 11,549,185	$ 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	$ 11,549,185	$ 7,516,209

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

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

(1) Basis for Short-Term Investments
Short-term investments are stated at amortized cost using the interest method.

(2) Basis for Bonds and Amortization Schedule
Bonds not backed by other loans are stated at amortized cost using the interest method.

(3) Basis for Common Stocks
Not Applicable

(4) Basis for Preferred Stocks
Not Applicable

(5) Basis for Mortgage Loans
Not Applicable

(6) Basis for Loan-Backed Securities and Adjustment Methodology
Not Applicable

(7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities
Not Applicable

(8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities
Not Applicable

(9) Accounting Policies for Derivatives
Not Applicable

(10) Anticipated Investment Income Used in Premium Deficiency Calculation
Not Applicable

(11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses for A&H Contracts
Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.

(12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period
Not Applicable

(13) Method Used to Estimate Pharmaceutical Rebate Receivables
Not Applicable

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

Note 2 – Accounting Changes and Correction of Errors

No Significant changes

NOTES TO FINANCIAL STATEMENTS

Note 3 – Business Combinations and Goodwill

Not applicable

Note 4 – Discontinued Operations

Not applicable

Note 5 – Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

Not applicable

B. Debt Restructuring

Not applicable

C. Reverse Mortgages

Not applicable

D. Loan-Backed Securities

Not applicable

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

Not applicable

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not applicable

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing
Repurchase Transactions – Cash Provider – Overview of Secured Borrowing Transactions

Not applicable

H. Repurchase Agreements Transactions Accounted for as a Sale
Repurchase Transaction – Cash Taker – Overview of Sale Transactions

Not applicable

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale
Repurchase Transaction – Cash Provider – Overview of Sale Transactions

Not applicable

J. Real Estate

Not applicable

K. Low-Income Housing Tax Credits (LIHTC)

Not applicable

L. Restricted Assets

Not applicable

M. Working Capital Finance Investments

Not applicable

N. Offsetting and Netting of Assets and Liabilities

Not applicable

O. Structured Notes

Not applicable

P. 5GI Securities

Not applicable

Q. Short Sales

Not applicable

NOTES TO FINANCIAL STATEMENTS

R. Prepayment Penalty and Acceleration Fees

Not applicable

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

Note 7 – Investment Income

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

Note 8 – Derivative Instruments

Not applicable

Note 9 – Income Taxes

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

B. Deferred Tax Liabilities Not Recognized - **NOT APPLICABLE**

C. Current and Deferred Income Taxes

1. Current Income Tax

	1 2018	2 2017	3 (Col 1-2) Change
a. Federal	$ 197,968	$ 26,447	$ 171,520
b. Foreign	$	$	$
c. Subtotal	$ 197,968	$ 26,447	$ 171,520
d. Federal income tax on net capital gains	$	$	$
e. Utilization of capital loss carry-forwards	$	$	$
f. Other	$	$	$
g. Federal and Foreign income taxes incurred	$ 197,968	$ 26,447	$ 171,520

2. Deferred Tax Assets

	1 2018	2 2017	3 (Col 1-2) Change
a. Ordinary:			
1. Discounting of unpaid losses	$	$	$
2. Unearned premium reserve			
3. Policyholder reserves			
4. Investments			
5. Deferred acquisition costs			
6. Policyholder dividends accrual			
7. Fixed assets			
8. Compensation and benefits accrual			
9. Pension accrual			
10. Receivables - nonadmitted			
11. Net operating loss carry-forward			
12. Tax credit carry-forward			
13. Other (items <=5% and >5% of total ordinary tax assets)			
Other (items listed individually >5%of total ordinary tax assets)			
99. Subtotal			
b. Statutory valuation allowance adjustment			
c. Nonadmitted			
d. Admitted ordinary deferred tax assets (2a99-2b-2c)			
e. Capital:			
1. Investments	$	$	$
2. Net capital loss carry-forward			
3. Real estate			
4. Other (items <=5% and >5% of total capital tax assets)			
Other (items listed individually >5% of total capital tax assets)			
99. Subtotal	$	$	$
f. Statutory valuation allowance adjustment			
g. Nonadmitted			
h. Admitted capital deferred tax assets (2e99-2f-2g)			
i. Admitted deferred tax assets (2d+2h)	$	$	$

3. Deferred Tax Liabilities

	1	2	3

NOTES TO FINANCIAL STATEMENTS

	2018	2017	(Col 1-2) Change
a. Ordinary:			
1. Investments	$	$	$
2. Fixed assets			
3. Deferred and uncollected premium			
4. Policyholder reserves			
5. Other (items <=5% and >5% of total ordinary tax liabilities)			
Other (items listed individually >5% of total ordinary tax liabilities)			
99. Subtotal			
b. Capital:			
1. Investments			
2. Real estate			
3. Other (Items <=5% and >5% of total capital tax liabilities)			
Other (items listed individually >5% of total capital tax liabilities)			
99. Subtotal			
c. Deferred tax liabilities (3a99+3b99)	$	$	$
4. Net Deferred Tax Assets (2i – 3c)	$	$	$

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate Among the more significant book to tax adjustments were the following: **NOT APPLICABLE**

E. Operating Loss Carryforwards and Income Taxes Available for Recoupment

1. The amounts, origination dates and expiration dates of operating loss and tax credit carry forwards available for tax purposes:

Description (Operating Loss or Tax Credit Carry Forward)	Amounts	Origination Dates	Expiration Dates
2016 Operating Loss	$91,604	December 31, 2016	December 31, 2021

2. The following is income tax expense for current year and proceeding years that is available for recoupment in the event of future net losses:

Year	Amounts
2017	$26,447
2018	$197,968

3. The Company's aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Service Code is .

F. Consolidated Federal Income Tax Return - **NOT APPLICABLE**

1. The Company's federal income tax return is consolidated with the following entities:

2. The manner in which the Board of Directors sets forth for allocating the consolidated federal income tax:

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

H. Repatriation Transition Tax (RTT) - RTT owed under the TCJA - **NOT APPLICABLE**

I. Alternative Minimum Tax (AMT Credit) - **NOT APPLICABLE**

NOTES TO FINANCIAL STATEMENTS

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

Not applicable

Note 11 – Debt

Not applicable

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

Not applicable

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

On December 19th, 2018, an additional Surplus Note for $4,950,000.00 was issued to the Trust by Medical Mutual of Ohio.

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 Uninsured Portion of Partially Insured Plans

Not applicable

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

Not applicable

Note 20 – Fair Value Measurements

A. Fair Value Measurements

(1) Fair Value Measurements at Reporting Date

The Company restated or reported no assets or liabilities at fair value as of December 31,2018.

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)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
US Government Bonds	$ 3,305,193	$ 3,356,107	$ 3,305,193	$	$	$	$
US Special Revenue Bonds	$ 7,920,711	$ 7,876,500	$	$ 7,920,711	$	$	$
Industrial & Miscellaneous Bonds	$ 8,210,738	$ 8,228,587	$	$ 8,210,738	$	$	$
Short-Term Investment - Industrial Bonds	$ 149,996	$ 149,996	$	$ 149,996	$	$	$

D. Not Practicable to Estimate Fair Value - **NOT APPLICABLE**

E. NAV Practical Expedient Investments - **NOT APPLICABLE**

Note 21 – Other Items

Not applicable

Note 22 – Events Subsequent - NOT APPLICABLE

Subsequent events have been considered through for these statutory financial statements which are to be issued on .

A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)? Yes [ ] No [X]

	2018	2017

NOTES TO FINANCIAL STATEMENTS

B.	ACA fee assessment payable for the upcoming year	$	$
C	ACA fee assessment paid	$	$
D.	Premium written subject to ACA 9010 assessment	$	$
E.	Total adjusted capital before surplus adjustment (Five-Year Historical Line 14)	$	
F.	Total adjusted capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	$	
G.	Authorized control level (Five-Year Historical Line 15)	$	

H. Would reporting the ACA assessment as of December 31, 2018 have triggered an RBC action level (YES/NO)? Yes [ ] No [X]

Note 23 – Reinsurance

A. Ceded Reinsurance Report

Section1 – General Interrogatories

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

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

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? Yes [ ] No [X]
   a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. **$**
   b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? **$**

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? Yes [ ] No [X]
If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. **$**

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? Yes [ ] No [X]
If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? **$**

B. Uncollectible Reinsurance - **NOT APPLICABLE**

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

a. Claims incurred	$
b. Claims adjustment expenses incurred	$
c. Premiums earned	$
d. Other	$
Entity	Amount
	$

C. Commutation of Ceded Reinsurance - **NOT APPLICABLE**

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

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

NOTES TO FINANCIAL STATEMENTS

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

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

a. Certified Reinsurers Downgraded or Status Subject to Revocation

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

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

(2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation

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

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

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

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. Method Used to Estimate Accrued Retrospective Premium Adjustments

Not applicable

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

Not applicable

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

Not applicable

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

Not applicable

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

E. Risk Sharing Provisions of the Affordable Care Act

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

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

a. Permanent ACA Risk Adjustment Program	AMOUNT

NOTES TO FINANCIAL STATEMENTS

Assets		
1.	Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	$
Liabilities		
2.	Risk adjustment user fees payable for ACA Risk Adjustment	$
3.	Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	$
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		
2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	$
Operations (Revenue & Expenses)		
3.	Effect of ACA Risk Corridors on net premium income (paid/received)	$
4.	Effect of ACA Risk Corridors on change in reserves for rate credits	$

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

	Accrued During the Prior Year on Business Written Before Dec. 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec. 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
	1	2	3	4	5	6	7	8		0	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	$	$	$	$	$	$	$	$	A	$	$
2. Premium adjustments (payable) (including high risk pool premium)									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									H		

NOTES TO FINANCIAL STATEMENTS

	Accrued the Prior Business Before the Prior	During Year on Written Dec. 31 of Year	Received or the Current Business Before the Prior	Paid as of Year on Written Dec. 31 of Year	Differences		Adjustments		Ref	Unsettled as of the	Balances 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		0	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
plans											
7. Subtotal ACA Transitional Reinsurance Program	$	$	$	$	$	$	$	$		$	$
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	$	$	$	$	$	$	$	$	I	$	$
2. Reserve for rate credits or policy experience rating refunds									J		
3. Subtotal ACA Risk Corridors Program	$	$	$	$	$	$	$	$		$	$
d. Total for ACA Risk Sharing Provisions	$	$	$	$	$	$	$	$		$	$

Explanations of Adjustments

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

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

	Accrued the Prior Year Written Dec. 31 of the	During on Business Before Prior Year	Received or the Current Business Before the Prior	Paid as of Year on Written Dec. 31 of Year	Differences		Adjustments			Unsettled as of the	Balances 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. 2015						
c. 2016						
d. Total (a+b+c)	$	$	$	$	$	$

NOTES TO FINANCIAL STATEMENTS

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

As of December 31st, 2018, the Trust completed 28 months of operations. The Trust's enrollment continues to experience significant growth along with growth in claims as expected.

The Trust's outside Actuary continues to analyze reserves on a monthly basis, and Management continues to exercise a conservative approach to the Trust's reserve balance.

Reserves as of December 31st, 2018 were $110.064 million. As of December 31st, 2018, $92.679 million has been paid for claims and $17.385 million reserved (IBNR) attributable to insured 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 $5.731 million. A reserve for 2017 claims of $79 thousand is included in the $17.385 million reserve. The IBNR level of reserve was calculated and verified by the Trust's outside Actuary.

The calculated loss ratio was 77.7% including CAE. This ratio is higher than the prior year's of 76% due to claims growth as the Trust's claims experience becomes more credible. The ratio is in line with the 82% early pro-forma assumption of the Trust.

Note 26 – Intercompany Pooling Arrangements

Not applicable

Note 27 – Structured Settlements

Not applicable

Note 28 – Health Care Receivables

Not applicable

Note 29 – Participating Policies

Not applicable

Note 30 – Premium Deficiency Reserves

Due to the extraordinary growth of the Trust, Management determined a reserve of $10.638 million was needed.

Note 31 – Anticipated Salvage and Subrogation

Not applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1, 1A and 2. Yes [ ] No [X]

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [ ] No [ ] N/A [X]

1.3 State regulating?

1.4 Is the reporting entity publicly traded or a member of publicly traded group? Yes [ ] No [X]

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. _____

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

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

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

3.4 By what department or departments?

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

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

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

4.11 sales of new business? Yes [ ] No [X]

4.12 renewals? Yes [ ] No [X]

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

4.21 sales of new business? Yes [ ] No [X]

4.22 renewals? Yes [ ] No [X]

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

If the answer is YES, complete and file the merger history data file with the NAIC.

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

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

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

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [X]

7.2 If yes,

7.21 State the percentage of foreign control _____ %

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

1 Nationality	2 Type of Entity

8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [ ] No [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 locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

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

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [X]

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

10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [X]

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

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [ ] No [ ] N/A [X]

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

10.6 If the response to 10.5 is no or n/a, please explain:

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Mike Brown, Vice President, Lewis & Ellis, Inc., 11225 College Boulevard, Suite 320, Overland Park, KS 66210

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [X]

12.11	Name of real estate holding company	
12.12	Number of parcels involved	0
12.13	Total book/adjusted carrying value	$ 0

12.2 If yes, provide explanation

13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]

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

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [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.

14.11 If the response to 14.1 is no, please explain:

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

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

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

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof? Yes [ ] No [X]

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

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

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11	To directors or other officers	$ 0
20.12	To stockholders not officers	$ 0
20.13	Trustees, supreme or grand (Fraternal only)	$ 0

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

20.21	To directors or other officers	$ 0
20.22	To stockholders not officers	0
20.23	Trustees, supreme or grand (Fraternal only)	0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement? Yes [ ] No [X]

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

21.21	Rented from others	$ 0
21.22	Borrowed from others	$ 0
21.23	Leased from others	$ 0
21.24	Other	$ 0

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [ ] No [X]

22.2 If answer is yes:

22.21	Amount paid as losses or risk adjustment	$ 0
22.22	Amount paid as expenses	$ 0
22.23	Other amounts paid	$ 0

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

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 0

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)? Yes [X] No [ ]

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

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the *Risk-Based Capital Instructions*? Yes [ ] No [ ] N/A [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. $ 0

24.06 If answer to 24.04 is no, report amount of collateral for other programs $ 0

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] N/A [X]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] N/A [X]

24.09. Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] N/A [X]

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

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: $ 0

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: $ 0

24.103 Total payable for securities lending reported on the liability page: $ 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.) Yes [ ] No [X]

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

25.21	Subject to repurchase agreements	$ 0
25.22	Subject to reverse repurchase agreements	$ 0
25.23	Subject to dollar repurchase agreements	$ 0
25.24	Subject to reverse dollar repurchase agreements	$ 0
25.25	Placed under option agreements	$ 0
25.26	Letter stock or securities restricted as sale – excluding FHLB Capital Stock	$ 0
25.27	FHLB Capital Stock	$ 0
25.28	On deposit with states	$ 0
25.29	On deposit with other regulatory bodies	$ 0
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	$ 0
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	$ 0
25.32	Other	$ 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		$

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [X]

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

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year: $ 0

28. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [ ] No [X]

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

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

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [X]

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

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

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

1 Name of Firm or Individual	2 Affiliation
PNC Institutional Asset Management	U
Group Services, Inc. (MEWA Administrator)	A

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? Yes [X] No [ ]

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

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

1 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

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

29.2 If yes, complete the following schedule:

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

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

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

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

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	$ 19,611,189	$ 19,586,638	$ (24,551)
30.2	Preferred Stocks	$ 0	$ 0	$ 0
30.3	Totals	$ 19,611,189	$ 19,586,638	$ (24,551)

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

Commerical Software using amounts from the monthly Brokerage Statement.

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

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

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

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

32.2 If no, list exceptions:

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

a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

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 5GI securities? Yes [ ] No [X]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

a. The security was purchased prior to January 1, 2018.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [ ] No [X]

OTHER

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

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

1 Name	2 Amount Paid
	$

36.1 Amount of payments for legal expenses, if any? $ 32,928

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

1 Name	2 Amount Paid
Tucker Ellis LLP	$ 32,928

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? $ 0

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

1 Name	2 Amount Paid
	$

GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [ ]	No [X]
1.2	If yes, indicate premium earned on U.S. business only.	$	0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	$	0
	1.31 Reason for excluding:		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	$	0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	$	0
1.6	Individual policies:		
	Most current three years:		
	1.61 Total premium earned	$	0
	1.62 Total incurred claims	$	0
	1.63 Number of covered lives		0
	All years prior to most current three years:		
	1.64 Total premium earned	$	0
	1.65 Total incurred claims	$	0
	1.66 Number of covered lives		0
1.7	Group policies:		
	Most current three years:		
	1.71 Total premium earned	$	0
	1.72 Total incurred claims	$	0
	1.73 Number of covered lives		0
	All years prior to most current three years:		
	1.74 Total premium earned	$	0
	1.75 Total incurred claims	$	0
	1.76 Number of covered lives		0

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	$ 133,702,677	$ 34,486,720
2.2	Premium Denominator	$ 133,702,677	$ 34,486,720
2.3	Premium Ratio (2.1/2.2)	100.0%	100.0%
2.4	Reserve Numerator	$ 17,385,451	$ 6,117,205
2.5	Reserve Denominator	$ 28,024,057	$ 6,116,369
2.6	Reserve Ratio (2.4/2.5)	62.0%	100.0%

3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?	Yes [ ]	No [X]
3.2	If yes, give particulars:		
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes [X]	No [ ]
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [ ]	No [X]
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [X]	No [ ]
5.2	If no, explain:		
5.3	Maximum retained risk (see instructions)		
	5.31 Comprehensive Medical	$	250,000
	5.32 Medical Only	$	0
	5.33 Medicare Supplement	$	0
	5.34 Dental and Vision	$	0
	5.35 Other Limited Benefit Plan	$	0
	5.36 Other	$	0

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

GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?	Yes [X] No [ ]
7.2	If no, give details	
8.	Provide the following information regarding participating providers:	
8.1	Number of providers at start of reporting year	0
8.2	Number of providers at end of reporting year	0
9.1	Does the reporting entity have business subject to premium rate guarantees?	Yes [ ] No [X]
9.2	If yes, direct premium earned:	
9.21	Business with rate guarantees with rate guarantees between 15-36 months	$ 0
9.22	Business with rate guarantees over 36 months	$ 0
10.1	Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?	Yes [ ] No [X]
10.2	If yes:	
10.21	Maximum amount payable bonuses	0
10.22	Amount actually paid for year bonuses	0
10.23	Maximum amount payable withholds	0
10.24	Amount actually paid for year withholds	0
11.1	Is the reporting entity organized as:	
11.12	A Medical Group/Staff Model,	Yes [ ] No [X]
11.13	An Individual Practice Association (IPA), or,	Yes [ ] No [X]
11.14	A Mixed Model (combination of above)?	Yes [ ] No [X]
11.2	Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?	Yes [X] No [ ]
11.3	If yes, show the name of the state requiring such minimum capital and surplus. Ohio	
11.4	If yes, show the amount required.	$ 5,000,000
11.5	Is this amount included as part of a contingency reserve in stockholder's equity?	Yes [ ] No [X]
11.6	If the amount is calculated, show the calculation	

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

1 Name of Service Area
Ohio

13.1	Do you act as a custodian for health savings accounts?	Yes [ ] No [X]
13.2	If yes, please provide the amount of custodial funds held as of the reporting date.	$ 0
13.3	Do you act as an administrator for health savings accounts?	Yes [ ] No [X]
13.4	If yes, please provide the balance of the funds administered as of the reporting date.	$ 0
14.1	Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?	Yes [ ] No [ ] N/A [X]
14.2	If the answer to 14.1 is yes, please provide the following:	

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

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

15.1	Direct Premium Written	$ 0
15.2	Total Incurred Claims	$ 0
15.3	Number of Covered Lives	0

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

16.	Is the reporting entity licensed or charted, registered, qualified, eligible or writing business in at least two states?	Yes [ ] No [X]
16.1	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 [X]

FIVE-YEAR HISTORICAL DATA

	1 2018	2 2017	3 2016	4 2015	5 2014
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	42,373,540	14,597,458	6,082,094		
2. Total liabilities (Page 3, Line 24)	30,824,355	7,081,248	1,178,779		
3. Statutory minimum capital and surplus requirement	5,000,000	5,000,000	5,000,000		
4. Total capital and surplus (Page 3, Line 33)	11,549,185	7,516,209	4,903,315		
Income Statement Items (Page 4)					
5. Total revenues (Line 8)	133,702,677	34,486,720	1,770,158		
6. Total medical and hospital expenses (Line 18)	103,948,122	26,319,087	1,363,022		
7. Claims adjustment expenses (Line 20)	445,843	244,688			
8. Total administrative expenses (Line 21)	19,883,273	5,372,350	504,632		
9. Net underwriting gain (loss) (Line 24)	(1,213,169)	2,550,595	(97,496)		
10. Net investment gain (loss) (Line 27)	511,022	89,546	5,892		
11. Total other income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	(900,114)	2,613,694	(91,604)		
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	22,634,775	8,256,446	839,572		
Risk-Based Capital Analysis					
14. Total adjusted capital	11,549,185	7,516,209	4,903,315		
15. Authorized control level risk-based capital	4,618,787	1,585,942	419,275		
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	37,175	12,746	1,982		
17. Total member months (Column 6, Line 7)	360,850	96,143	4,863		
Operating Percentage (Page 4) **(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0**					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19).	77.7	76.3	77.0		
20. Cost containment expenses					
21. Other claims adjustment expenses	0.3	0.7			
22. Total underwriting deductions (Line 23)	100.9	92.6	105.5		
23. Total underwriting gain (loss) (Line 24)	(0.9)	7.4	(5.5)		
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	5,730,806	705,271			
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	6,116,369	805,512			
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above					

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

If no, please explain:

* 1 2 2 2 0 1 8 4 3 0 5 9 1 0 0 *

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR (Location)

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
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	37,175		37,175							
6. Current year member months	360,850		360,850							
Total Member Ambulatory Encounters for Year:										
7. Physician	168,584		168,584							
8. Non-physician	122,933		122,933							
9. Totals	291,517	0	291,517	0	0	0	0	0	0	0
10. Hospital patient days incurred	4,320		4,320							
11. Number of inpatient admissions	1,144		1,144							
12. Health premiums written (b)	145,312,727		145,312,727							
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	133,702,677		133,702,677							
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	92,679,041		92,679,041							
18. Amount incurred for provision of health care services	109,315,099		109,315,099							

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

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

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
29076.....	34-0648820....	09/01/2016	Medical Mutual of Ohio.....	OH.....	155,925	.....
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				155,925	0
2199999.	Total - Accident and Health Non-Affiliates.....				155,925	0
2299999.	Total - Accident and Health.....				155,925	0
2399999.	Total U.S.....				155,925	0
9999999.	Total.....				155,925	0

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
29076.....	34-0648820....	.09/01/2016	Medical Mutual of Ohio.....	OH.....	ASL/G.....	CMM.....	2,205,269	.....	.....	.....	.....	.....	.....
29076.....	34-0648820....	.09/01/2016	Medical Mutual of Ohio.....	OH.....	SSL/G.....	CMM.....	9,404,781	.....	.....	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....			.....	.....	.....	11,610,050	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....			.....	.....	.....	11,610,050	0	0	0	0	0	0
1199999.	Total - General Account - Authorized.....			.....	.....	.....	11,610,050	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....			.....	.....	.....	11,610,050	0	0	0	0	0	0
6999999.	Total - U.S.....			.....	.....	.....	11,610,050	0	0	0	0	0	0
9999999.	Total.....			.....	.....	.....	11,610,050	0	0	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

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

		1 2018	2 2017	3 2016	4 2015	5 2014
A.	**OPERATIONS ITEMS**					
1.	Premiums	11,610	2,732	139		
2.	Title XVIII - Medicare					
3.	Title XIX - Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses					
B.	**BALANCE SHEET ITEMS**					
6.	Premiums receivable					
7.	Claims payable					
8.	Reinsurance recoverable on paid losses	156				
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances due					
11.	Unauthorized reinsurance offset					
12.	Offset for reinsurance with certified reinsurers					
C.	**UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
13.	Funds deposited by and withheld from (F)					
14.	Letters of credit (L)					
15.	Trust agreements (T)					
16.	Other (O)					
D.	**REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
17.	Multiple beneficiary trust					
18.	Funds deposited by and withheld from (F)					
19.	Letters of credit (L)					
20.	Trust agreements (T)					
21.	Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	41,672,147		41,672,147
2.	Accident and health premiums due and unpaid (Line 15)	241,723		241,723
3.	Amounts recoverable from reinsurers (Line 16.1)	155,925	(155,925)	0
4.	Net credit for ceded reinsurance	XXX	155,925	155,925
5.	All other admitted assets (balance)	303,745		303,745
6.	Totals assets (Line 28)	42,373,540	0	42,373,540
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	17,385,450		17,385,450
8.	Accrued medical incentive pool and bonus payments (Line 2)			0
9.	Premiums received in advance (Line 8)	1,775,469		1,775,469
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			0
12.	Reinsurance with certified reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount)			0
14.	All other liabilities (balance)	11,663,435		11,663,435
15.	Total liabilities (Line 24)	30,824,355	0	30,824,355
16.	Total capital and surplus (Line 33)	11,549,185	XXX	11,549,185
17.	Total liabilities, capital and surplus (Line 34)	42,373,540	0	42,373,540
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	155,925		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	155,925		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with certified reinsurers	0		
28.	Funds held under reinsurance treaties with certified reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	155,925		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only 2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & 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	145,312,727						145,312,727	
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	145,312,727	0	0	0	0	0	145,312,727	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	XXX	145,312,727	0	0	0	0	0	145,312,727	0

DETAILS OF WRITE-INS

58001.								0	
58002.								0	
58003.								0	
58998. Summary of remaining write-ins for line 58	0	0	0	0	0	0	0	0	0
58999. Total (Lines 58001 through 58003 + 58998)	0	0	0	0	0	0	0	0	0

Explanation of basis of allocation by states, premiums by state, etc.

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG 1

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state 0

R - Registered - Non-domiciled RRGs 0

Q - Qualified - Qualified or accredited reinsurer 0

N - None of the above - Not allowed to write business in the state 56

Sch. T - Pt. 2 - Interstate Compact
NONE

Sch. Y-Pt. 1
NONE

Sch. Y - Pt. 1A
NONE

Sch. Y - Pt. 2
NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	SEE EXPLANATION
2.	Will an actuarial opinion be filed by March 1?	SEE EXPLANATION
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	SEE EXPLANATION
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	SEE EXPLANATION
	APRIL FILING	
5.	Will the Management's Discussion and Analysis be filed by April 1?	NO
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	SEE EXPLANATION
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	SEE EXPLANATION
	AUGUST FILING	
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

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

	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
	APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	SEE EXPLANATION
22.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
23.	Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
24.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
25.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BAR CODE:

1. No employees

2. Due date is 3/31 for OH MEWA's

3. Not required to file NAIC

4. Due date is 3/31 for OH MEWA's

5.

6.

7.

8. Due date is 6/30 for OH MEWA's

9. Due date is 6/30 for OH MEWA's

10.

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

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

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

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

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

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

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

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

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

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

21. Not required to file with NAIC

22.

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

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

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

26.

Overflow Page
NONE

Overflow Page
NONE

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings 1 Amount	Gross Investment Holdings 2 Percentage	Admitted Assets as Reported in the Annual Statement 3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities	3,356,107	8.1	3,356,107		3,356,107	8.1
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies		0.0			0	0.0
1.22 Issued by U.S. government sponsored agencies		0.0			0	0.0
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities)		0.0			0	0.0
1.4 Securities issued by states, territories and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations		0.0			0	0.0
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations		0.0			0	0.0
1.43 Revenue and assessment obligations	7,876,500	18.9	7,876,500		7,876,500	18.9
1.44 Industrial development and similar obligations		0.0			0	0.0
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA		0.0			0	0.0
1.512 Issued or guaranteed by FNMA and FHLMC		0.0			0	0.0
1.513 All other		0.0			0	0.0
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA		0.0			0	0.0
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-based securities issued or guaranteed by agencies shown in Line 1.521		0.0			0	0.0
1.523 All other		0.0			0	0.0
2. Other debt and other fixed income securities (excluding short-term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)	8,228,587	19.7	8,228,587		8,228,587	19.7
2.2 Unaffiliated non-U.S. securities (including Canada)		0.0			0	0.0
2.3 Affiliated securities		0.0			0	0.0
3. Equity interests:						
3.1 Investments in mutual funds		0.0			0	0.0
3.2 Preferred stocks:						
3.21 Affiliated		0.0			0	0.0
3.22 Unaffiliated		0.0			0	0.0
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated		0.0			0	0.0
3.32 Unaffiliated		0.0			0	0.0
3.4 Other equity securities:						
3.41 Affiliated		0.0			0	0.0
3.42 Unaffiliated		0.0			0	0.0
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated		0.0			0	0.0
3.52 Unaffiliated		0.0			0	0.0
4. Mortgage loans:						
4.1 Construction and land development		0.0			0	0.0
4.2 Agricultural		0.0			0	0.0
4.3 Single family residential properties		0.0			0	0.0
4.4 Multifamily residential properties		0.0			0	0.0
4.5 Commercial loans		0.0			0	0.0
4.6 Mezzanine real estate loans		0.0			0	0.0
5. Real estate investments:						
5.1 Property occupied by company		0.0			0	0.0
5.2 Property held for production of income (including $.....0 of property acquired in satisfaction of debt)		0.0			0	0.0
5.3 Property held for sale (including $.....0 property acquired in satisfaction of debt)		0.0			0	0.0
6. Contract loans		0.0			0	0.0
7. Derivatives		0.0			0	0.0
8. Receivables for securities		0.0			0	0.0
9. Securities lending (Line 10, Asset Page reinvested collateral)		0.0		XXX	XXX	XXX
10. Cash, cash equivalents and short-term investments	22,210,953	53.3	22,210,953		22,210,953	53.3
11. Other invested assets		0.0			0	0.0
12. Total invested assets	41,672,147	100.0	41,672,147	0	41,672,147	100.0

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

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

NONE

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

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

NONE

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year		4,779,852
2.	Cost of bonds and stocks acquired, Part 3, Column 7		14,660,233
3.	Accrual of discount		44,159
4.	Unrealized valuation increase (decrease):		
	4.1 Part 1, Column 12		
	4.2 Part 2, Section 1, Column 15		
	4.3 Part 2, Section 2, Column 13		
	4.4 Part 4, Column 11		0
5.	Total gain (loss) on disposals, Part 4, Column 19		
6.	Deduct consideration for bonds and stocks disposed of, Part 4, Column 7		
7.	Deduct amortization of premium		23,050
8.	Total foreign exchange change in book/adjusted carrying value:		
	8.1 Part 1, Column 15		
	8.2 Part 2, Section 1, Column 19		
	8.3 Part 2, Section 2, Column 16		
	8.4 Part 4, Column 15		0
9.	Deduct current year's other-than-temporary impairment recognized:		
	9.1 Part 1, Column 14		
	9.2 Part 2, Section 1, Column 17		
	9.3 Part 2, Section 2, Column 14		
	9.4 Part 4, Column 13		0
10.	Total investment income recognized as a result of prepayment and/or acceleration fees, Note 5R, Line 5R(2)		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)		19,461,194
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		19,461,194

SCHEDULE D - SUMMARY BY COUNTRY

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

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS	1. United States	3,356,107	3,305,193	3,358,613	3,350,000
Governments (Including all obligations	2. Canada				
guaranteed by governments)	3. Other Countries				
	4. Totals	3,356,107	3,305,193	3,358,613	3,350,000
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals				
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals				
U.S. Special Revenue and Special Assessment Obligations and All Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions	7. Totals	7,876,500	7,920,711	7,849,411	8,025,000
Industrial and Miscellaneous,	8. United States	8,228,587	8,210,738	8,239,025	8,300,000
SVO Identified Funds, Bank Loans	9. Canada				
and Hybrid Securities (Unaffiliated)	10. Other Countries				
	11. Totals	8,228,587	8,210,738	8,239,025	8,300,000
Parent, Subsidiaries and Affiliates	12. Totals				
	13. Total Bonds	19,461,194	19,436,641	19,447,050	19,675,000
PREFERRED STOCKS	14. United States				
Industrial and Miscellaneous (Unaffiliated)	15. Canada				
	16. Other Countries				
	17. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	18. Totals				
	19. Total Preferred Stocks	0	0	0	
COMMON STOCKS	20. United States				
Industrial and Miscellaneous (Unaffiliated)	21. Canada				
	22. Other Countries				
	23. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	24. Totals				
	25. Total Common Stocks	0	0	0	
	26. Total Stocks	0	0	0	
	27. Total Bonds and Stocks	19,461,194	19,436,641	19,447,050	

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 11.7	9 Total from Column 7 Prior Year	10 % from Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. **U.S. Governments**												
1.1 NAIC 1	950,023	2,406,084				XXX	3,356,107	17.1	3,682,287	62.0	3,356,107	
1.2 NAIC 2						XXX	0	0.0		0.0		
1.3 NAIC 3						XXX	0	0.0		0.0		
1.4 NAIC 4						XXX	0	0.0		0.0		
1.5 NAIC 5						XXX	0	0.0		0.0		
1.6 NAIC 6						XXX	0	0.0		0.0		
1.7 Totals	950,023	2,406,084	0	0	0	XXX	3,356,107	17.1	3,682,287	62.0	3,356,107	0
2. **All Other Governments**												
2.1 NAIC 1						XXX	0	0.0		0.0		
2.2 NAIC 2						XXX	0	0.0		0.0		
2.3 NAIC 3						XXX	0	0.0		0.0		
2.4 NAIC 4						XXX	0	0.0		0.0		
2.5 NAIC 5						XXX	0	0.0		0.0		
2.6 NAIC 6						XXX	0	0.0		0.0		
2.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. **U.S. States, Territories and Possessions, etc., Guaranteed**												
3.1 NAIC 1						XXX	0	0.0		0.0		
3.2 NAIC 2						XXX	0	0.0		0.0		
3.3 NAIC 3						XXX	0	0.0		0.0		
3.4 NAIC 4						XXX	0	0.0		0.0		
3.5 NAIC 5						XXX	0	0.0		0.0		
3.6 NAIC 6						XXX	0	0.0		0.0		
3.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4. **U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed**												
4.1 NAIC 1						XXX	0	0.0		0.0		
4.2 NAIC 2						XXX	0	0.0		0.0		
4.3 NAIC 3						XXX	0	0.0		0.0		
4.4 NAIC 4						XXX	0	0.0		0.0		
4.5 NAIC 5						XXX	0	0.0		0.0		
4.6 NAIC 6						XXX	0	0.0		0.0		
4.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5. **U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed**												
5.1 NAIC 1	844,542	7,031,958				XXX	7,876,500	40.2		0.0	7,876,500	
5.2 NAIC 2						XXX	0	0.0		0.0		
5.3 NAIC 3						XXX	0	0.0		0.0		
5.4 NAIC 4						XXX	0	0.0		0.0		
5.5 NAIC 5						XXX	0	0.0		0.0		
5.6 NAIC 6						XXX	0	0.0		0.0		
5.7 Totals	844,542	7,031,958	0	0	0	XXX	7,876,500	40.2	0	0.0	7,876,500	0

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

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 11.7	9 Total from Column 7 Prior Year	10 % from Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
6. **Industrial and Miscellaneous (unaffiliated)**												
6.1 NAIC 1	1,547,778	5,996,296				XXX	7,544,073	38.5	2,256,107	38.0	7,544,073	
6.2 NAIC 2	397,206	437,304				XXX	834,510	4.3		0.0	834,510	
6.3 NAIC 3						XXX	0	0.0		0.0		
6.4 NAIC 4						XXX	0	0.0		0.0		
6.5 NAIC 5						XXX	0	0.0		0.0		
6.6 NAIC 6						XXX	0	0.0		0.0		
6.7 Totals	1,944,983	6,433,600	0	0	0	XXX	8,378,583	42.7	2,256,107	38.0	8,378,583	0
7. **Hybrid Securities**												
7.1 NAIC 1						XXX	0	0.0		0.0		
7.2 NAIC 2						XXX	0	0.0		0.0		
7.3 NAIC 3						XXX	0	0.0		0.0		
7.4 NAIC 4						XXX	0	0.0		0.0		
7.5 NAIC 5						XXX	0	0.0		0.0		
7.6 NAIC 6						XXX	0	0.0		0.0		
7.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. **Parent, Subsidiaries and Affiliates**												
8.1 NAIC 1						XXX	0	0.0		0.0		
8.2 NAIC 2						XXX	0	0.0		0.0		
8.3 NAIC 3						XXX	0	0.0		0.0		
8.4 NAIC 4						XXX	0	0.0		0.0		
8.5 NAIC 5						XXX	0	0.0		0.0		
8.6 NAIC 6						XXX	0	0.0		0.0		
8.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
9. **SVO Identified Funds**												
9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		
9.7 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
10. **Bank Loans**												
10.1 NAIC 1						XXX	0	0.0	XXX	XXX		
10.2 NAIC 2						XXX	0	0.0	XXX	XXX		
10.3 NAIC 3						XXX	0	0.0	XXX	XXX		
10.4 NAIC 4						XXX	0	0.0	XXX	XXX		
10.5 NAIC 5						XXX	0	0.0	XXX	XXX		
10.6 NAIC 6						XXX	0	0.0	XXX	XXX		
10.7 Totals	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0

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

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 11.7	9 Total from Column 7 Prior Year	10 % from Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
11. **Total Bonds Current Year**												
11.1 NAIC 1	(d) 3,342,343	15,434,337	0	0	0	0	18,776,680	95.7	XXX	XXX	18,776,680	0
11.2 NAIC 2	(d) 397,206	437,304	0	0	0	0	834,510	4.3	XXX	XXX	834,510	0
11.3 NAIC 3	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.4 NAIC 4	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.5 NAIC 5	(d) 0	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
11.6 NAIC 6	(d) 0	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
11.7 Totals	3,739,548	15,871,641	0	0	0	0	(b) 19,611,189	100.0	XXX	XXX	19,611,189	0
11.8 Line 11.7 as a % of Col. 7	19.1	80.9	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
12. **Total Bonds Prior Year**												
12.1 NAIC 1	1,158,542	4,779,852					XXX	XXX	5,938,394	100.0	5,938,394	
12.2 NAIC 2							XXX	XXX	0	0.0		
12.3 NAIC 3							XXX	XXX	0	0.0		
12.4 NAIC 4							XXX	XXX	0	0.0		
12.5 NAIC 5							XXX	XXX	(c) 0	0.0		
12.6 NAIC 6							XXX	XXX	(c) 0	0.0		
12.7 Totals	1,158,542	4,779,852	0	0	0	0	XXX	XXX	(b) 5,938,394	100.0	5,938,394	0
12.8 Line 12.7 as a % of Col. 9	19.5	80.5	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
13. **Total Publicly Traded Bonds**												
13.1 NAIC 1	3,342,343	15,434,337					18,776,680	95.7	5,938,394	100.0	18,776,680	XXX
13.2 NAIC 2	397,206	437,304					834,510	4.3	0	0.0	834,510	XXX
13.3 NAIC 3							0	0.0	0	0.0	0	XXX
13.4 NAIC 4							0	0.0	0	0.0	0	XXX
13.5 NAIC 5							0	0.0	0	0.0	0	XXX
13.6 NAIC 6							0	0.0	0	0.0	0	XXX
13.7 Totals	3,739,548	15,871,641	0	0	0	0	19,611,189	100.0	5,938,394	100.0	19,611,189	XXX
13.8 Line 13.7 as a % of Col. 7	19.1	80.9	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11	19.1	80.9	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
14. **Total Privately Placed Bonds**												
14.1 NAIC 1							0	0.0	0	0.0	XXX	0
14.2 NAIC 2							0	0.0	0	0.0	XXX	0
14.3 NAIC 3							0	0.0	0	0.0	XXX	0
14.4 NAIC 4							0	0.0	0	0.0	XXX	0
14.5 NAIC 5							0	0.0	0	0.0	XXX	0
14.6 NAIC 6							0	0.0	0	0.0	XXX	0
14.7 Totals	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.8 Line 14.7 as a % of Col. 7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes $.....0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes $.....0 current year of bonds with Z designations, $.....0 prior year of bonds with Z designations and $.....0 prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class are under regulatory review.

(c) Includes $.....0 current year of bonds with 5GI designations, $.....0 prior year of bonds with 5* or 5GI designations and $.....0 current year, $.....0 prior year of bonds with 6* designations. "5GI" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

(d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 $.....149,996; NAIC 2 $.....0; NAIC 3 $.....0; NAIC 4 $.....0; NAIC 5 $.....0; NAIC 6 $.....0.

SCHEDULE D - PART 1A - SECTION 2

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

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 11.7	9 Total from Column 7 Prior Year	10 % from Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
1. **U.S. Governments**												
1.1 Issuer Obligations	950,023	2,406,084				XXX	3,356,107	17.1	3,682,287	62.0	3,356,107	
1.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		
1.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		
1.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		
1.5 Totals	950,023	2,406,084	0	0	0	XXX	3,356,107	17.1	3,682,287	62.0	3,356,107	0
2. **All Other Governments**												
2.1 Issuer Obligations						XXX	0	0.0		0.0		
2.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		
2.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		
2.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		
2.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. **U.S. States, Territories and Possessions, Guaranteed**												
3.1 Issuer Obligations						XXX	0	0.0		0.0		
3.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		
3.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		
3.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		
3.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4. **U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed**												
4.1 Issuer Obligations						XXX	0	0.0		0.0		
4.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		
4.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		
4.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		
4.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5. **U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed**												
5.1 Issuer Obligations	844,542	7,031,958				XXX	7,876,500	40.2		0.0	7,876,500	
5.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		
5.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		
5.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		
5.5 Totals	844,542	7,031,958	0	0	0	XXX	7,876,500	40.2	0	0.0	7,876,500	0
6. **Industrial and Miscellaneous (unaffiliated)**												
6.1 Issuer Obligations	1,944,983	6,433,600				XXX	8,378,583	42.7	2,256,107	38.0	8,378,583	
6.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		
6.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		
6.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		
6.5 Totals	1,944,983	6,433,600	0	0	0	XXX	8,378,583	42.7	2,256,107	38.0	8,378,583	0
7. **Hybrid Securities**												
7.1 Issuer Obligations						XXX	0	0.0		0.0		
7.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		
7.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		
7.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		
7.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. **Parent, Subsidiaries and Affiliates**												
8.1 Issuer Obligations						XXX	0	0.0		0.0		
8.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		
8.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		
8.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		
8.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

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

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

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 11.7	9 Total from Column 7 Prior Year	10 % from Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
9. **SVO Identified Funds**												
9.1 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		
9.2 Bond Mutual Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		
9.3 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
10. **Bank Loans**												
10.1 Bank Loans - Issued						XXX	0	0.0	XXX	XXX		
10.2 Bank Loans - Acquired						XXX	0	0.0	XXX	XXX		
10.3 Totals	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11. **Total Bonds Current Year**												
11.1 Issuer Obligations	3,739,548	15,871,641	0	0	0	XXX	19,611,189	100.0	XXX	XXX	19,611,189	0
11.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
11.6 Bank Loans	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.7 Totals	3,739,548	15,871,641	0	0	0	0	19,611,189	100.0	XXX	XXX	19,611,189	0
11.8 Line 11.7 as a % of Col. 7	19.1	80.9	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
12. **Total Bonds Prior Year**												
12.1 Issuer Obligations	1,158,542	4,779,852				XXX	XXX	XXX	5,938,394	100.0	5,938,394	
12.2 Residential Mortgage-Backed Securities						XXX	XXX	XXX	0	0.0		
12.3 Commercial Mortgage-Backed Securities						XXX	XXX	XXX	0	0.0		
12.4 Other Loan-Backed and Structured Securities						XXX	XXX	XXX	0	0.0		
12.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX		XXX	XXX	0	0.0		
12.6 Bank Loans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12.7 Totals	1,158,542	4,779,852	0	0	0	0	XXX	XXX	5,938,394	100.0	5,938,394	0
12.8 Line 12.7 as a % of Col. 9	19.5	80.5	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
13. **Total Publicly Traded Bonds**												
13.1 Issuer Obligations	3,739,548	15,871,641				XXX	19,611,189	100.0	5,938,394	100.0	19,611,189	XXX
13.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	XXX
13.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	XXX
13.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0	0	XXX
13.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0	0	XXX
13.6 Bank Loans						XXX	0	0.0	XXX	XXX	0	XXX
13.7 Totals	3,739,548	15,871,641	0	0	0	0	19,611,189	100.0	5,938,394	100.0	19,611,189	XXX
13.8 Line 13.7 as a % of Col. 7	19.1	80.9	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11	19.1	80.9	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
14. **Total Privately Placed Bonds**												
14.1 Issuer Obligations						XXX	0	0.0	0	0.0	XXX	0
14.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0	XXX	0
14.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0	XXX	0
14.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0	XXX	0
14.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0	XXX	0
14.6 Bank Loans						XXX	0	0.0	XXX	XXX	XXX	0
14.7 Totals	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.8 Line 14.7 as a % of Col. 7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1 Total	2 Bonds	3 Mortgage Loans	4 Other Short-term Investment Assets (a)	5 Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year	1,158,542	1,158,542			
2. Cost of short-term investments acquired	1,051,868	1,051,868			
3. Accrual of discount	2,083	2,083			
4. Unrealized valuation increase (decrease)	0				
5. Total gain (loss) on disposals	0				
6. Deduct consideration received on disposals	2,050,000	2,050,000			
7. Deduct amortization of premium	12,498	12,498			
8. Total foreign exchange change in book/adjusted carrying value	0				
9. Deduct current year's other-than-temporary impairment recognized	0				
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	149,996	149,996	0	0	0
11. Deduct total nonadmitted amounts	0				
12. Statement value at end of current period (Line 10 minus Line 11)	149,996	149,996	0	0	0

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

Sch. DB - Pt. A - Verification
NONE

Sch. DB - Pt. B - Verification
NONE

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

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

Sch. DB - Verification
NONE

SCHEDULE E - PART 2 - VERIFICATION BETWEEN YEARS

Cash Equivalents

	1 Total	2 Bonds	3 Money Market Mutual Funds	4 Other (a)
1. Book/adjusted carrying value, December 31 of prior year	5,897,146		5,897,146	
2. Cost of cash equivalents acquired	12,429,004		12,429,004	
3. Accrual of discount	0			
4. Unrealized valuation increase (decrease)	0			
5. Total gain (loss) on disposals	0			
6. Deduct consideration received on disposals	0			
7. Deduct amortization of premium	0			
8. Total foreign exchange change in book/adjusted carrying value	0			
9. Deduct current year's other-than-temporary impairment recognized	0			
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	18,326,150	0	18,326,150	0
11. Deduct total nonadmitted amounts	0			
12. Statement value at end of current period (Line 10 minus Line 11)	18,326,150	0	18,326,150	0

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

Sch. A - Pt. 1
NONE

Sch. A - Pt. 2
NONE

Sch. A - Pt. 3
NONE

Sch. B - Pt. 1
NONE

Sch. B - Pt. 2
NONE

Sch. B - Pt. 3
NONE

Sch. BA - Pt. 1
NONE

Sch. BA - Pt. 2
NONE

Sch. BA - Pt. 3
NONE

SCHEDULE D - PART 1

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

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	Foreign	Bond CHAR	NAIC Designation and Administrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in B/A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date
U.S. Government - Issuer Obligations																					
912828 W9 7	US TREASURY NOTE 1.25% 3/31/3019				1FE	299,649	99.715	299,145	300,000	299,942		220			1.250	1.324	MS	948	3,750	08/25/2017.	03/31/2019.
912828 XS 4	US TREASURY NOTE 1.25% 5/31/2019				1FE	349,508	99.488	348,208	350,000	349,881		279			1.250	1.331	MN	373	4,375	08/25/2017.	05/31/2019.
912828 X9 6	US TREASURY NOTE 1.375% 5/15/2020				1FE	450,739	98.578	443,601	450,000	450,377		(271)			1.375	1.313	MN	786	6,750	08/25/2017.	05/15/2020.
912828 WL 0	US TREASURY NOTE 1.5% 5/31/2019				1FE	300,833	99.594	298,782	300,000	300,199		(475)			1.500	1.339	MN	383	4,500	08/25/2017.	05/31/2019.
912828 W6 3	US TREASURY NOTE 1.625% 3/15/2020				1FE	452,374	98.883	444,974	450,000	451,804		(254)			1.625	1.289	MS	2,161	7,313	08/25/2017.	03/15/2020.
912828 XR 6	US TREASURY NOTE 1.75% 5/31/2022				1FE	424,785	97.625	414,906	425,000	424,844		43			1.750	1.761	MN	633	7,438	08/25/2017.	05/31/2022.
912828 W5 5	US TREASURY NOTE 1.875% 2/28/2022				1FE	301,864	98.184	294,552	300,000	301,482		(382)			1.875	1.714	FA	1,896	5,625	08/25/2017.	02/28/2022.
912828 W8 9	US TREASURY NOTE 1.875% 3/31/2022				1FE	427,375	98.125	417,031	425,000	426,700		(504)			1.875	1.748	MS	2,014	7,969	08/25/2017.	03/31/2022.
912828 WG 1	US TREASURY NOTE 2.25% 4/30/2021				1FE	204,516	99.531	199,062	200,000	202,901		(1,209)			2.250	1.614	AO	758	4,500	08/25/2017.	04/30/2021.
912828 S7 6	US TREASURY NOTES 1.125% 7/31/2021				1FE	146,971	96.621	144,932	150,000	147,976		751			1.125	1.659	JJ	702	1,688	08/25/2017.	07/31/2021.
0199999. U.S. Government - Issuer Obligations						3,358,613	XXX	3,305,193	3,350,000	3,356,107	0	(1,802)	0	0	XXX	XXX	XXX	10,654	53,906	XXX	XXX
0599999. Total - U.S. Government						3,358,613	XXX	3,305,193	3,350,000	3,356,107	0	(1,802)	0	0	XXX	XXX	XXX	10,654	53,906	XXX	XXX
U.S. Special Revenue & Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their U.S. Political Subdivisions - Issuer Obligations																					
3137EA EN 5	FEDERAL HOME LOAN MTG CORP, 2.75%, 6/19				1FE	990,201	100.584	1,005,840	1,000,000	990,818		617			2.750	3.070	JD	917	14,361	09/25/2018.	06/19/2023.
3133EG RW 7	FEDERAL FARM CREDIT BANK, 1.67%, DUE 8/2			2	1FE	475,370	96.543	482,715	500,000	478,418		3,048			1.670	2.927	FA	2,969	4,175	06/13/2018.	08/23/2022.
3133EH WR 0	FEDERAL FARM CREDIT BANK, 1.90%, DUE 9/1			2	1FE	486,175	98.266	491,330	500,000	488,442		2,267			1.900	2.805	MS	3,167	4,750	06/13/2018.	09/01/2021.
3130AA BG 2	FEDERAL HOME LOAN BANK 1.875% DUE 11/29/				1FE	146,528	98.195	147,293	150,000	147,291		762			1.875	2.522	MN	250	2,813	02/21/2018.	11/29/2021.
3130AC TL 8	FEDERAL HOME LOAN BANK, 1.95%, DUE 11/25				1FE	496,450	98.728	493,640	500,000	497,597		1,147			1.950	2.209	MN	975	9,642	01/23/2018.	11/25/2020.
3130AD DT 6	FEDERAL HOME LOAN BANK, 2.25%, DUE 1/29/			2	1FE	492,825	99.344	496,720	500,000	494,278		1,453			2.250	2.820	JJ	4,750	5,625	06/13/2018.	01/29/2021.
3137EA EM 7	FEDERAL HOME LOAN MTG, 2.5% DUE 4/23/202				1FE	499,190	99.861	499,305	500,000	499,417		227			2.500	2.590	AO	2,361	6,389	06/18/2018.	04/23/2020.
3135G0 T9 4	FEDERAL NATL MTG ASSN NTS, 2.375% DUE 1/				1FE	1,000,727	99.252	1,017,333	1,025,000	1,002,469		1,742			2.375	3.045	JJ	10,955	4,935	09/25/2018.	01/19/2023.
3135G0 Q8 9	FEDERAL NATL MTG ASSN, 1.375% DUE 10/07/				1FE	482,691	96.994	484,970	500,000	486,877		4,187			1.375	2.905	AO	1,604	6,875	09/20/2018.	10/07/2021.
3135G0 Q8 9	FEDERAL NATL MTG ASSN, 1.375% DUE 10/07/				1FE	669,926	96.994	678,958	700,000	674,001		4,076			1.375	2.905	AO	2,246	4,813	09/20/2018.	10/07/2021.
3135G0 ZY 2	FEDERAL NATL MTG ASSN, 1.75% DUE 11/26/2				1FE	346,129	99.195	347,183	350,000	347,029		900			1.750	2.707	MN	595	3,063	09/20/2018.	11/26/2019.
3135G0 ZG 1	FEDERAL NATL MTG ASSN, 1.75% DUE 9/12/20				1FE	495,644	99.389	496,945	500,000	497,513		1,869			1.750	2.472	MS	2,649	4,375	06/18/2018.	09/12/2019.
3135G0 H5 5	FEDERAL NATL MTG ASSN, 1.875% DUE 12/28/				1FE	490,485	98.720	493,600	500,000	492,443		1,958			1.875	2.659	JD	78	9,375	06/18/2018.	12/28/2020.
3135G0 T7 8	FEDERAL NATL MTG ASSN, 2.00% DUE 10/05/2				1FE	777,072	98.110	784,880	800,000	779,907		2,836			2.000	3.030	AO	3,822	12,972	09/25/2018.	10/05/2022.
2599999. U.S. Special Revenue & Assessment Obligations - Issuer Obligations						7,849,411	XXX	7,920,711	8,025,000	7,876,500	0	27,089	0	0	XXX	XXX	XXX	37,338	94,161	XXX	XXX
3199999. Total - U.S. Special Revenue & Special Assessment Obligations						7,849,411	XXX	7,920,711	8,025,000	7,876,500	0	27,089	0	0	XXX	XXX	XXX	37,338	94,161	XXX	XXX
Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations																					
037833 DH 0	APPLE INC UNSC, 1.8% DUE 11/13/2019				1FE	197,946	99.183	198,366	200,000	198,427		481			1.800	2.723	MN	480	1,800	09/20/2018.	11/13/2019.
037833 CK 4	APPLE INC. UNSC., 1.9% Due 2/7/2020				1FE	248,388	99.132	247,830	250,000	248,388					1.900	99.338	FA	1,900	4,750	01/23/2018.	02/07/2020.
00206R BN 1	AT&T 2.625% Due 12/1/2022 Call 9/1/22			2	2FE	237,623	96.065	240,163	250,000	239,021		1,398			2.625	3.843	JD	547	3,281	06/13/2018.	12/01/2022.
02665W CA 7	American Honda Finance 2.6% Due 11/16/20				1FE	243,800	97.297	243,243	250,000	244,516		716			2.600	3.206	MN	813	3,250	06/13/2018.	11/16/2022.
037833 AK 6	Apple Inc. 2.4% Due 05/03/2023				1FE	240,383	96.693	241,733	250,000	241,380		997			2.400	3.258	MN	967	3,000	06/13/2018.	05/03/2023.
06051G FT 1	BANK OF AMERICA CORP,2.625% DUE 10/19/20				1FE	200,310	98.952	197,904	200,000	200,205		(105)			2.625	2.565	AO	1,050	5,250	01/23/2018.	10/19/2020.
084664 BQ 3	BERKSHIRE HATHAWAY FIN, 4.25%, DUE 01/15				1FE	205,316	102.571	205,142	200,000	204,719		(597)			4.250	3.047	JJ	3,919		09/20/2018.	01/15/2021.
084670 BR 8	Berkshire Hathaway Inc., 2.75% Due 3/15/			2	1FE	293,115	98.168	294,504	300,000	293,851		736			2.750	3.275	MS	2,429	4,125	06/13/2018.	03/15/2023.
149123 BV 2	CATERPILLAR INC SR UNSEC 3.9% 5/27/2021				1FE	160,638	101.810	152,715	150,000	156,922		(2,786)			3.900	1.927	MN	553	5,850	08/24/2017.	05/27/2021.
166764 BG 4	CHEVRON CORP CALL 2.1% 5/16/2021			2	1FE	251,305	98.070	245,175	250,000	250,833		(354)			2.100	1.950	MN	656	5,250	08/25/2017.	05/16/2021.

SCHEDULE D - PART 1

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

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	Foreign	Bond CHAR	NAIC Designation and Administrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date
17275R AX 0	CISCO SYSTEMS INC, 2.45%, DUE 6/15/2020				1FE	297,699	99.469	298,407	300,000	298,054		355			2.450	2.908	JD	327	3,675	09/20/2018.	06/15/2020.
17325F AA 6	CITIBANK NA, 2.0% DUE 03/20/2019 CALL			2	1FE	249,220	99.750	249,375	250,000	249,847		627			2.000	2.275	MS	1,403	5,000	01/24/2018.	03/20/2019.
191216 BG 4	COCA-COLA CO/THE UNSC 2.45% 11/1/2020				1FE	102,161	99.365	99,365	100,000	101,273		(678)			2.450	1.741	MN	408	2,450	09/06/2017.	11/01/2020.
191216 BE 9	COCA-COLA CO/THE UNSC 3.2% 11/1/2023				1FE	248,300	100.311	250,778	250,000	248,320		20			3.200	3.351	MN	1,333		12/03/2018.	11/01/2023.
30231G AG 7	EXXON MOBIL CORP, 1.912% CALL, DUE 3/6/2			2	1FE	197,688	99.101	198,202	200,000	198,109		421			1.912	2.730	MS	1,222		09/20/2018.	03/06/2020.
30231G AR 3	Exxon Mobil Corp., 2.726% Due 3/1/2023,			2	1FE	293,586	98.338	295,014	300,000	294,279		693			2.726	3.218	MS	2,726	4,089	06/13/2018.	03/01/2023.
370334 BV 5	GENERAL MILLS INC, 2.20%, DUE 10/21/2019				2FE	198,878	99.240	198,480	200,000	199,154		276			2.200	2.732	AO	856	2,200	09/20/2018.	10/21/2019.
38141E A6 6	GOLDMAN SACHS GROUP INC SR NTS 6.0% 6/15				1FE	110,374	103.519	103,519	100,000	105,487		(3,673)			6.000	2.150	JD	267	6,000	08/25/2017.	06/15/2020.
438516 BJ 4	HONEYWELL INTERNATIONAL, 1.4%, DUE 10/30				1FE	246,965	98.738	246,845	250,000	247,692		727			1.400	2.525	AO	583	1,750	09/20/2018.	10/30/2019.
478160 BH 6	JOHNSON & JOHNSON UNSC, 3.375%, DUE 12/5				1FE	304,050	101.891	305,673	300,000	303,738		(312)			3.375	3.100	JD	731	5,063	07/17/2018.	12/05/2023.
478160 BT 0	JOHNSON & JOHNSON, 2.05%, CALL, DUE 3/1/			2	1FE	263,546	96.610	265,678	275,000	264,196		650			2.050	3.061	MS	1,879		09/20/2018.	03/01/2023.
478160 CD 4	JOHNSON & JOHNSON, 2.25%, DUE 3/3/2022				1FE	291,936	97.547	292,641	300,000	292,534		598			2.250	3.079	MS	2,213		09/20/2018.	03/03/2022.
46625H RT 9	JP MORGAN CHASE & CO CALL 2.4% 6/7/2021			2	1FE	100,792	97.811	97,811	100,000	100,512		(211)			2.400	2.175	JD	160	2,400	08/25/2017.	06/07/2021.
594918 AC 8	MICROSOFT CORP SR UNSEC 4.2% 6/01/2019				1FE	262,403	100.634	251,585	250,000	252,973		(7,075)			4.200	1.326	JD	875	10,500	08/25/2017.	06/01/2019.
594918 BA 1	MICROSOFT CORP, 2.375%, CALL, DUE 02/12/			2	1FE	244,115	98.788	246,970	250,000	244,561		446			2.375	3.113	FA	2,293		09/20/2018.	02/12/2022.
594918 AT 1	MICROSOFT CORP, 2.375%, CALL, DUE 5/1/20			2	1FE	241,160	97.859	244,648	250,000	241,641		481			2.375	3.207	MN	990	2,969	09/20/2018.	05/01/2023.
61761J B3 2	MORGAN STANLEY UNSC 2.8% 6/16/2020				1FE	76,415	99.350	74,513	75,000	75,749		(501)			2.800	2.101	JD	88	2,100	08/25/2017.	06/16/2020.
58933Y AF 2	Merck & Co Inc., 2.80%, Due 05/18/2023				1FE	293,682	98.654	295,962	300,000	294,330		648			2.800	3.266	MN	1,003	4,200	06/13/2018.	05/18/2023.
666807 BL 5	NORTHROP GRUMMAN CORP, 2.08% DUE 10/15/2				2FE	197,420	98.070	196,140	200,000	198,283		863			2.080	2.573	AO	878	4,183	01/23/2018.	10/15/2020.
68389X BA 2	ORACLE COPR SER NOTE UNSC 2.8% 7/8/2021				1FE	257,468	99.515	248,788	250,000	254,949		(1,897)			2.800	1.990	JJ	3,364	7,000	08/25/2017.	07/08/2021.
843646 AS 9	SOUTHERN POWER CO, 1.95%, DUE 12/15/2019				2FE	197,510	98.491	196,982	200,000	198,052		542			1.950	2.991	JD	173	1,950	09/20/2018.	12/15/2019.
90331H MY 6	US BANK NA CINCINNATI, 1.4% DUE 04/26/20			2	1FE	247,723	99.532	248,830	250,000	249,411		1,688			1.400	2.142	AO	632	3,500	01/24/2018.	04/26/2019.
92826C AG 7	VISA Inc, 2.15%, Due 9/15/2022				1FE	239,758	96.793	241,983	250,000	240,994		1,236			2.150	3.188	MS	1,583	2,688	06/13/2018.	09/15/2022.
931142 DY 6	WAL-MART STORES INC, 1.75% DUE 10/09/201				1FE	198,762	99.298	198,596	200,000	199,433		671			1.750	2.121	AO	797	3,393	01/23/2018.	10/09/2019.
931142 DU 4	WAL-MART STORES, 2.35%, CALL, DUE 12/15/			2	1FE	241,553	97.411	243,528	250,000	242,062		509			2.350	3.211	JD	261	2,938	09/20/2018.	12/15/2022.
931142 EJ 8	WALMART INC., 3.125%, DUE 6/23/2021				1FE	250,393	100.711	251,778	250,000	250,361		(32)			3.125	3.064	JD	174	3,819	09/20/2018.	06/23/2021.
25468P CL 8	WALT DISNEY CO SR UNSEC 3.75% 6/01/2021				1FE	106,649	101.877	101,877	100,000	104,336		(1,737)			3.750	1.905	JD	313	3,750	08/25/2017.	06/01/2021.
3299999. Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations						8,239,025	XXX	8,210,738	8,300,000	8,228,587	0	(4,178)	0	0	XXX	XXX	XXX	40,843	122,172	XXX	XXX
3899999. Total - Industrial & Miscellaneous (Unaffiliated)						8,239,025	XXX	8,210,738	8,300,000	8,228,587	0	(4,178)	0	0	XXX	XXX	XXX	40,843	122,172	XXX	XXX
Totals																					
7799999. Total - Issuer Obligations						19,447,050	XXX	19,436,641	19,675,000	19,461,194	0	21,109	0	0	XXX	XXX	XXX	88,836	270,239	XXX	XXX
8399999. Grand Total - Bonds						19,447,050	XXX	19,436,641	19,675,000	19,461,194	0	21,109	0	0	XXX	XXX	XXX	88,836	270,239	XXX	XXX

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

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

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends
Bonds - U.S. Special Revenue and Special Assessment								
3137EA EN 5	FEDERAL HOME LOAN MTG CORP, 2.75%, 6/19		09/25/2018	PNC INVESTMENTS		990,201	1,000,000	5,550
3133EG RW 7	FEDERAL FARM CREDIT BANK, 1.67%, DUE 8/2		06/13/2018	PNC INVESTMENTS		475,370	500,000	2,575
3133EH WR 0	FEDERAL FARM CREDIT BANK, 1.90%, DUE 9/1		06/13/2018	PNC INVESTMENTS		486,175	500,000	2,718
3130AA BG 2	FEDERAL HOME LOAN BANK 1.875% DUE 11/29/		02/21/2018	PNC INVESTMENTS		146,528	150,000	648
3130AC TL 8	FEDERAL HOME LOAN BANK, 1.95%, DUE 11/25		01/23/2018	PNC INVESTMENTS		496,450	500,000	1,490
3130AD DT 6	FEDERAL HOME LOAN BANK, 2.25%, DUE 1/29/		06/13/2018	PNC INVESTMENTS		492,825	500,000	4,219
3137EA EM 7	FEDERAL HOME LOAN MTG, 2.5% DUE 4/23/202		06/18/2018	PNC INVESTMENTS		499,190	500,000	2,083
3135G0 T9 4	FEDERAL NATL MTG ASSN NTS, 2.375% DUE 1/		09/25/2018	PNC INVESTMENTS		1,000,727	1,025,000	7,435
3135G0 Q8 9	FEDERAL NATL MTG ASSN, 1.375% DUE 10/07/		09/20/2018	PNC INVESTMENTS		1,152,616	1,200,000	4,767
3135G0 ZY 2	FEDERAL NATL MTG ASSN, 1.75% DUE 11/26/2		09/20/2018	PNC INVESTMENTS		346,129	350,000	1,957
3135G0 ZG 1	FEDERAL NATL MTG ASSN, 1.75% DUE 9/12/20		06/18/2018	PNC INVESTMENTS		495,644	500,000	2,358
3135G0 H5 5	FEDERAL NATL MTG ASSN, 1.875% DUE 12/28/		06/18/2018	PNC INVESTMENTS		490,485	500,000	4,453
3135G0 T7 8	FEDERAL NATL MTG ASSN, 2.00% DUE 10/05/2		09/25/2018	PNC INVESTMENT		777,072	800,000	5,989
3199999.	Total - Bonds - U.S. Special Revenue and Special Assessments					7,849,411	8,025,000	46,240
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
037833 CK 4	APPLE INC. UNSC., 1.9% Due 2/7/2020		01/23/2018	PNC Investments		248,388	250,000	2,217
00206R BN 1	AT&T 2.625% Due 12/1/2022 Call 9/1/22		06/13/2018	PNC Investments		237,623	250,000	255
02665W CA 7	American Honda Finance 2.6% Due 11/16/20		06/13/2018	PNC Investments		243,800	250,000	524
037833 AK 6	Apple Inc. 2.4% Due 05/03/2023		06/13/2018	PNC Investments		240,383	250,000	700
06051G FT 1	BANK OF AMERICA CORP,2.625% DUE 10/19/20		01/23/2018	PNC INVESTMENTS		200,310	200,000	1,400
084664 BQ 3	BERKSHIRE HATHAWAY FIN, 4.25%, DUE 01/15		09/20/2018	PNC INVESTMENTS		205,316	200,000	1,629
084670 BR 8	Berkshire Hathaway Inc., 2.75% Due 3/15/		06/13/2018	PNC Investments		293,115	300,000	2,063
17275R AX 0	CISCO SYSTEMS INC, 2.45%, DUE 6/15/2020		09/20/2018	PNC INVESTMENTS		297,699	300,000	2,021
17325F AA 6	CITIBANK NA, 2.0% DUE 03/20/2019 CALL		01/24/2018	PNC INVESTMENT		249,220	250,000	1,750
191216 BE 9	COCA-COLA CO/THE UNSC 3.2% 11/1/2023		12/03/2018	PNC INVESTMENTS		248,300	250,000	778
30231G AG 7	EXXON MOBIL CORP, 1.912% CALL, DUE 3/6/2		09/20/2018	PNC INVESTMENT		197,688	200,000	191
30231G AR 3	Exxon Mobil Corp., 2.726% Due 3/1/2023,		06/13/2018	PNC Investments		293,586	300,000	2,363
370334 BV 5	GENERAL MILLS INC, 2.20%, DUE 10/21/2019		09/20/2018	PNC INVESTMENTS		198,878	200,000	1,870
438516 BJ 4	HONEYWELL INTERNATIONAL, 1.4%, DUE 10/30		09/20/2018	PNC INVESTMENTS		246,965	250,000	1,400
478160 BH 6	JOHNSON & JOHNSON UNSC, 3.375%, DUE 12/5		07/17/2018	PNC INVESTMENTS		304,050	300,000	1,238
478160 BT 0	JOHNSON & JOHNSON, 2.05%, CALL, DUE 3/1/		09/20/2018	PNC INVESTMENTS		263,546	275,000	360
478160 CD 4	JOHNSON & JOHNSON, 2.25%, DUE 3/3/2022		09/20/2018	PNC INVESTMENTS		291,936	300,000	394
594918 BA 1	MICROSOFT CORP, 2.375%, CALL, DUE 02/12/		09/20/2018	PNC INVESTMENTS		244,115	250,000	693
594918 AT 1	MICROSOFT CORP, 2.375%, CALL, DUE 5/1/20		09/20/2018	PNC INVESTMENTS		241,160	250,000	2,359
58933Y AF 2	Merck & Co Inc., 2.80%, Due 05/18/2023		06/13/2018	PNC Investments		293,682	300,000	630
666807 BL 5	NORTHROP GRUMMAN CORP, 2.08% DUE 10/15/2		01/23/2018	PNC INVESTMENTS		197,420	200,000	1,179
843646 AS 9	SOUTHERN POWER CO, 1.95%, DUE 12/15/2019		09/20/2018	PNC INVESTMENTS		197,510	200,000	1,073
90331H MY 6	US BANK NA CINCINNATI, 1.4% DUE 04/26/20		01/24/2018	PNC INVESTMENTS		247,723	250,000	875
92826C AG 7	VISA Inc, 2.15%, Due 9/15/2022		06/13/2018	PNC Investments		239,758	250,000	1,344
931142 DY 6	WAL-MART STORES INC, 1.75% DUE 10/09/201		01/23/2018	PNC INVESTMENT		198,762	200,000	924
931142 DU 4	WAL-MART STORES, 2.35%, CALL, DUE 12/15/		09/20/2018	PNC INVESTMENTS		241,553	250,000	1,616
931142 EJ 8	WALMART INC., 3.125%, DUE 6/23/2021		09/20/2018	PNC INVESTMENTS		250,393	250,000	1,888

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends
3899999.	Total - Bonds - Industrial and Miscellaneous					6,810,822	6,925,000	35,040
8399997.	Total - Bonds - Part 3					14,660,233	14,950,000	81,280
8399999.	Total - Bonds					14,660,233	14,950,000	81,280
9999999.	Total - Bonds, Preferred and Common Stocks					14,660,233	XXX	81,280

Sch. D - Pt. 4
NONE

Sch. D - Pt. 5
NONE

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

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

SCHEDULE DA - PART 1

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

1	Codes		4	5	6	7	Change in Book/Adjusted Carrying Value				12	13	Interest						20
	2	3					8	9	10	11			14	15	16	17	18	19	
Description	Code	Foreign	Date Acquired	Name of Vendor	Maturity Date	Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Par Value	Actual Cost	Amount Due and Accrued December 31 of Current Year on Bond Not in Default	Nonadmitted Due and Accrued	Rate of	Effective Rate of	When Paid	Amount Received During Year	Paid for Accrued Interest
Bonds - Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations																			
JOHN DEERE CAPITAL CORP, 1.95%, 01/08/20		..	01/25/2018.	PNC INVESTMENTS	01/08/2019.	149,996		194			150,000	149,802	1,406		1.95	2.09	JJ	1,463	171
3299999. Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations						149,996	0	194	0	0	150,000	149,802	1,406	0	XXX	XXX	XXX	1,463	171
3899999. Total - Industrial & Miscellaneous (Unaffiliated)						149,996	0	194	0	0	150,000	149,802	1,406	0	XXX	XXX	XXX	1,463	171
Total Bonds																			
7799999. Subtotals - Issuer Obligations						149,996	0	194	0	0	150,000	149,802	1,406	0	XXX	XXX	XXX	1,463	171
8399999. Subtotals - Bonds						149,996	0	194	0	0	150,000	149,802	1,406	0	XXX	XXX	XXX	1,463	171
9199999. Total - Short-Term Investments						149,996	0	194	0	0	XXX	149,802	1,406	0	XXX	XXX	XXX	1,463	171

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

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

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

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

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

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

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

SCHEDULE E - PART 1 - CASH

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7 *
Open Depositories						
PNC Bank..... Cleveland, Ohio.....	.....	.....0.25	8,340	.....	3,734,807	XXX
0199999. Total - Open Depositories.....	XXX	XXX	8,340	0	3,734,807	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	8,340	0	3,734,807	XXX
0599999. Total Cash.....	XXX	XXX	8,340	0	3,734,807	XXX

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January.....	1,808,825	4. April.....	3,839,106	7. July.....	3,370,659	10. October.....	599,756
2. February.....	2,286,574	5. May.....	3,227,674	8. August.....	1,127,666	11. November.....	1,212,867
3. March.....	2,938,003	6. June.....	3,339,538	9. September.....	968,968	12. December.....	3,734,807

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

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
Sweep Accounts								
	PNC Bank Money Market		05/11/2017	2.160		17,711,898	233,865	233,865
	PNC Investments Money Market		08/21/2017	2.100		614,252	8,841	8,139
8499999. Total - Sweep Accounts						18,326,150	242,706	242,004
8899999. Total - Cash Equivalents						18,326,150	242,706	242,004

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

States, Etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits for the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusting Carrying Value	4 Fair Value	5 Book/Adjusting Carrying Value	6 Fair Value
1. Alabama AL						
2. Alaska AK						
3. Arizona AZ						
4. Arkansas AR						
5. California CA						
6. Colorado CO						
7. Connecticut CT						
8. Delaware DE						
9. District of Columbia DC						
10. Florida FL						
11. Georgia GA						
12. Hawaii HI						
13. Idaho ID						
14. Illinois IL						
15. Indiana IN						
16. Iowa IA						
17. Kansas KS						
18. Kentucky KY						
19. Louisiana LA						
20. Maine ME						
21. Maryland MD						
22. Massachusetts MA						
23. Michigan MI						
24. Minnesota MN						
25. Mississippi MS						
26. Missouri MO						
27. Montana MT						
28. Nebraska NE						
29. Nevada NV						
30. New Hampshire NH						
31. New Jersey NJ						
32. New Mexico NM						
33. New York NY		**NONE**				
34. North Carolina NC						
35. North Dakota ND						
36. Ohio OH						
37. Oklahoma OK						
38. Oregon OR						
39. Pennsylvania PA						
40. Rhode Island RI						
41. South Carolina SC						
42. South Dakota SD						
43. Tennessee TN						
44. Texas TX						
45. Utah UT						
46. Vermont VT						
47. Virginia VA						
48. Washington WA						
49. West Virginia WV						
50. Wisconsin WI						
51. Wyoming WY						
52. American Samoa AS						
53. Guam GU						
54. Puerto Rico PR						
55. US Virgin Islands VI						
56. Northern Mariana Islands MP						
57. Canada CAN						
58. Aggregate Alien and Other OT	XXX	XXX	0	0	0	0
59. Total	XXX	XXX	0	0	0	0

DETAILS OF WRITE-INS

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

A&H Policy Experience Ex.
NONE

A&H Policy Experience Ex.
NONE

Supplement for the year 2018 of the **COSE Health and Wellness Trust**

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2 + 3) / 1	5 Number of Policies or Certificates as of December 31	6 Number of Covered Lives as of December 31	7 Member Months
B. GROUP BUSINESS							
Comprehensive Medical:							
1. Single Employer:							
1.1 Small employer	133,702,677	103,948,122		77.7	19,467	37,175	360,850
1.2 Other employer				0.0			
1.3 Single employer subtotal	133,702,677	103,948,122	0	77.7	19,467	37,175	360,850
2. Multiple Employer Associations and Trusts				0.0			
3. Other Associations and Discretionary Trusts				0.0			
4. Other Comprehensive Major Medical				0.0			
5. Comprehensive/Major Medical Subtotal	133,702,677	103,948,122	0	77.7	19,467	37,175	360,850
Other Medical (Non-Comprehensive):							
6. Specified/Named Disease				0.0			
7. Limited Benefit				0.0			
8. Student				0.0			
9. Accident Only or AD&D				0.0			
10. Disability Income - Short-Term				0.0			
11. Disability Income - Long-Term				0.0			
12. Long-Term Care				0.0			
13. Medicare Supplement (Medigap)				0.0			
14. Federal Employees Health Benefits Plans				0.0			
15. Tricare				0.0			
16. Dental				0.0			
17. Medicare				0.0			
18. Medicare Part D - Stand-Alone				0.0			
19. Other Group Care				0.0			
20. Grand Total Group Business	133,702,677	103,948,122	0	77.7	19,467	37,175	360,850
C. OTHER BUSINESS							
1. Credit (Individual and Group)				0.0			
2. Stop Loss/Excess Loss				0.0			
3. Administrative Services Only	XXX	XXX	XXX	0.0			
4. Administrative Services Contracts	XXX	XXX	XXX	0.0			
5. Grand Total Other Business	0	0	0	0.0	0	0	0
D. TOTAL BUSINESS							
1. Total Non-U.S. Policy Forms				0.0			
2. Grand Total Individual, Group and Other Business	133,702,677	103,948,122	0	77.7	19,467	37,175	360,850

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

PART 1 - INDIVIDUAL POLICIES

SUMMARY

NONE

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2 + 3) / 1
1. U.S. forms direct business				0.0
2. Other forms direct business				0.0
3. Total direct business	0	0	0	0.0
4. Reinsurance assumed				0.0
5. Less reinsurance ceded				0.0
6. Total	0	0	0	0.0

PART 2 - GROUP POLICIES

SUMMARY

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2 + 3) / 1
1. U.S. forms direct business	145,312,727	108,815,099		74.9
2. Other forms direct business				0.0
3. Total direct business	145,312,727	108,815,099	0	74.9
4. Reinsurance assumed				0.0
5. Less reinsurance ceded	11,610,050	4,866,977		41.9
6. Total	133,702,677	103,948,122	0	77.7

PART 3 - CREDIT POLICIES (Individual and Group)

SUMMARY

NONE

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2 + 3) / 1
1. U.S. forms direct business				0.0
2. Other forms direct business				0.0
3. Total direct business	0	0	0	0.0
4. Reinsurance assumed				0.0
5. Less reinsurance ceded				0.0
6. Total	0	0	0	0.0

PART 4 - ALL INDIVIDUAL, GROUP AND CREDIT POLICIES

SUMMARY

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2 + 3) / 1
1. U.S. forms direct business	145,312,727	108,815,099	0	74.9
2. Other forms direct business	0	0	0	0.0
3. Total direct business	145,312,727	108,815,099	0	74.9
4. Reinsurance assumed	0	0	0	0.0
5. Less reinsurance ceded	11,610,050	4,866,977	0	41.9
6. Total	133,702,677	103,948,122	0	77.7

Supplement for the year 2018 of the **COSE Health and Wellness Trust**

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

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

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

NAIC Group Code.....0 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2018 NAIC Company Code.....122

	Business Subject to MLR													
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Pt D Stand-Alone Subject to ACA	Subtotal (Cols 1 thru 12)	Uninsured Plans	Total (Cols 13 + 14)
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	0	145,312,727	0	0	0	0	0	0	0	0	0	0	145,312,727	XXX	145,312,727
1.2 Federal high risk pools													0	XXX	0
1.3 State high risk pools													0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1+1.2+1.3)	0	145,312,727	0	0	0	0	0	0	0	0	0	0	145,312,727	XXX	145,312,727
1.5 Federal taxes and federal assessments													0		0
1.6 State insurance, premium and other taxes (Similar local taxes of $.....0)													0		0
1.6a Community benefit expenditures (informational only)													0		0
1.7 Regulatory authority licenses and fees													0		0
1.8 Adjusted premiums earned (Lines 1.4-1.5-1.6-1.7)	0	145,312,727	0	0	0	0	0	0	0	0	0	0	145,312,727	XXX	145,312,727
1.9 Net assumed less ceded reinsurance premiums earned	0	(11,610,050)	0	0	0	0	0	0	0	0	0	0	(11,610,050)	XXX	(11,610,050)
1.10 Other adjustments due to MLR calculations - premiums	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.11 Risk revenue													0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (lines 1.8+1.9+1.10+1.11)	0	133,702,677	0	0	0	0	0	0	0	0	0	0	133,702,677	XXX	133,702,677
2. Claims:															
2.1 Incurred claims excluding prescription drugs		89,802,340											89,802,340	XXX	89,802,340
2.2 Prescription drugs		19,012,759											19,012,759	XXX	19,012,759
2.3 Pharmaceutical rebates													0	XXX	0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)													0	XXX	0
3. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4. Deductible fraud and abuse detection/recovery expenses (for MLR use only)	0	0	0	0	0	0	0	0	0				0		0
5. 5.0 Total incurred claims (Lines 2.1+2.2-2.3+3) (From Part 2, Line 2.15)	0	108,815,099	0	0	0	0	0	0	0	0	0	0	108,815,099	XXX	108,815,099
5.1 Net assumed less ceded reinsurance claims incurred	0	(4,866,977)	0	0	0	0	0	0	0	0	0	0	(4,866,977)	XXX	(4,866,977)
5.2 Other adjustments due to MLR calculations - claims													0	XXX	0
5.3 Rebates paid										XXX	XXX		0	XXX	0
5.4 Estimated rebates unpaid prior year										XXX	XXX		0	XXX	0
5.5 Estimated rebates unpaid current year										XXX	XXX		0	XXX	0
5.6 Fee for service and co-pay revenue													0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0+5.1+5.2+5.3-5.4+5.5-5.6)	0	103,948,122	0	0	0	0	0	0	0	0	0	0	103,948,122	XXX	103,948,122
6. Improving health care quality expenses incurred:															
6.1 Improve health outcomes	0	0	0	0	0	0	0	0	0				0		0
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0				0		0
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0				0		0
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0				0		0
6.5 Health information technology expenses related to health improvement	0	0	0	0	0	0	0	0	0				0		0
6.6 Total of defined expenses incurred for improving health care quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Preliminary medical loss ratio: MLR (Lines 4+5.0+6.6-Footnote 2.0) / Line 1.8	0.000	0.749	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX
8. Claims adjustment expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6													0		0
8.2 All other claims adjustment expenses		445,843											445,843		445,843
8.3 Total claims adjustment expenses (Lines 8.1+8.2)	0	445,843	0	0	0	0	0	0	0	0	0	0	445,843	0	445,843
9. Claims adjustment expense ratio (Line 8.3 / Line 1.8)	0.000	0.003	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	XXX

Supplement for the year 2018 of the **COSE Health and Wellness Trust**

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

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

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

NAIC Group Code.....0 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2018 NAIC Company Code.....122

	Business Subject to MLR														
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9	10	11	12	13	14	15
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Pt D Stand-Alone Subject to ACA	Subtotal (Cols 1 thru 12)	Uninsured Plans	Total (Cols 13 + 14)
10. General and administrative (G&A) expenses:															
10.1 Direct sales salaries and benefits													0		0
10.2 Agents and brokers fees and commissions													0		0
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)													0		0
10.4 Other general and administrative expenses		20,343,329											20,343,329		20,343,329
10.4a Community benefits expenditures (informational only)													0		0
10.5 Total general and administrative (Lines 10.1+10.2+10.3+10.4)	0	20,343,329	0	0	0	0	0	0	0	0	0	0	20,343,329	0	20,343,329
11. Underwriting gain/(loss) (Lines 1.12-5.7-6.6-8.3-10.5)	0	8,965,383	0	0	0	0	0	0	0	0	0	0	8,965,383	XXX	8,965,383
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11+12+13-14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,965,383	XXX	8,965,383
16. ICD-10 Implementation Expenses (information only, already included in general expenses and Line 10.4)													0		0
16a. ICD-10 Implementation Expenses (information only; already included in Line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies		19,467											19,467		19,467
2. Number of covered lives		37,175											37,175		37,175
3. Number of groups	XXX	4,580		XXX									4,580		4,580
4. Member months		360,850											360,850		360,850

Is run off business reported in Columns 1 through 9 or 12?.....Yes[ ].....No[ ] If yes, show the amount of premiums and claims included. Premiums $.....0 Claims $.....0

216.1.1

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES

	Current Year		Prior Year	
	Comprehensive Health Coverage			
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transactional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustment receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received				
6.2 Rate credits or policy experience refunds paid				

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Supplement for the year 2018 of the **COSE Health and Wellness Trust**

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

NAIC Group Code.....0 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2018 NAIC Company Code.....122

	Business Subject to MLR								9	10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health premiums earned:													
1.1 Direct premiums written		145,312,727											145,312,727
1.2 Unearned premium prior year													0
1.3 Unearned premium current year													0
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits													0
1.6 Reserve for rate credits current year													0
1.7 Reserve for rate credits prior year													0
1.8 Change in reserve for rate credits (Lines 1.6 -1.7)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.9 Premium balances written off													0
1.10 Group conversion charges													0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	0	145,312,727	0	0	0	0	0	0	0	0	0	0	145,312,727
1.12 Assumed premiums earned from non-affiliates													0
1.13 Net assumed less ceded premiums earned from affiliates													0
1.14 Ceded premiums earned to non-affiliates		11,610,050											11,610,050
1.15 Other adjustments due to MLR calculation - premiums													0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	0	133,702,677	0	0	0	0	0	0	0	0	0	0	133,702,677
2. Direct claims incurred:													
2.1 Paid claims during the year		97,546,018											97,546,018
2.2 Direct claim liability current year		17,385,450											17,385,450
2.3 Direct claim liability prior year		6,116,369											6,116,369
2.4 Direct claim reserves current year													0
2.5 Direct claim reserves prior year													0
2.6 Direct contract reserves current year													0
2.7 Direct contract reserves prior year													0
2.8 Paid rate credits													0
2.9 Reserve for rate credits current year													0
2.10 Reserve for rate credits prior year													0
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11a Paid medical incentive pools and bonuses current year													0
2.11b Accrued medical incentive pools and bonuses current year													0
2.11c Accrued medical incentive pools and bonuses prior year													0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12a Healthcare receivables current year													0
2.12b Healthcare receivables prior year													0
2.13 Group conversion charge													0
2.14 Multi-option coverage blended rate adjustment													0
2.15 Total incurred claims (Lines 2.1+2.2-2.3+2.4-2.5+2.6-2.7+2.8+2.9-2.10+2.11-2.12+2.13+2.14)	0	108,815,099	0	0	0	0	0	0	0	0	0	0	108,815,099
2.16 Assumed incurred claims from non-affiliates													0
2.17 Net assumed less ceded incurred claims from affiliates													0
2.18 Ceded incurred claims to non-affiliates		4,866,977											4,866,977
2.19 Other adjustments due to MLR calculation - claims													0
2.20 Net incurred claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	0	103,948,122	0	0	0	0	0	0	0	0	0	0	103,948,122
3. Fraud and abuse recoveries that reduced PAID claims in Line 2.1 above (informational only)													0

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

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

NAIC Group Code.....0 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2018 NAIC Company Code.....122

All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
	1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1. Individual comprehensive coverage expenses:										
1.1 Salaries (including $.....0 for affiliated services)						0				0
1.2 Outsourced services						0				0
1.3 EDP equipment and software (including $.....0 for affiliated services)						0				0
1.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)						0				0
1.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX	0				0
1.6 Other expenses (including $.....0 for affiliated services)						0				0
1.7 Subtotal before reimbursements and taxes (Lines 1.1 to 1.6)	0	0	0	0	0	0	0	0	0	0
1.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
1.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
1.10 Total (Lines 1.7 to 1.9)	0	0	0	0	0	0	0	0	0	0
1.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)						0				0
2. Small group comprehensive coverage expenses:										
2.1 Salaries (including $.....0 for affiliated services)						0				0
2.2 Outsourced services						0			19,397,562	19,397,562
2.3 EDP equipment and software (including $.....0 for affiliated services)						0			7,279	7,279
2.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)						0				0
2.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX	0			1,000	1,000
2.6 Other expenses (including $.....0 for affiliated services)						0			918,339	918,339
2.7 Subtotal before reimbursements and taxes (Lines 2.1 to 2.6)	0	0	0	0	0	0	0	0	20,324,180	20,324,180
2.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
2.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,149	19,149
2.10 Total (Lines 2.7 to 2.9)	0	0	0	0	0	0	0	0	20,343,329	20,343,329
2.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)						0				0
3. Large group comprehensive coverage expenses:										
3.1 Salaries (including $.....0 for affiliated services)						0				0
3.2 Outsourced services						0				0
3.3 EDP equipment and software (including $.....0 for affiliated services)						0				0
3.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)						0				0
3.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX	0				0
3.6 Other expenses (including $.....0 for affiliated services)						0				0
3.7 Subtotal before reimbursements and taxes (Lines 3.1 to 3.6)	0	0	0	0	0	0	0	0	0	0
3.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
3.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
3.10 Total (Lines 3.7 to 3.9)	0	0	0	0	0	0	0	0	0	0
3.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)						0				0

Supplement for the year 2018 of the **COSE Health and Wellness Trust**

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

NAIC Group Code.....0 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2018 NAIC Company Code.....122

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

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

NAIC Group Code.....0 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2018 NAIC Company Code.....122

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

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SUPPLEMENTAL HEALTH CARE EXHIBIT'S EXPENSE ALLOCATION REPORT

(To Be Filed by April 1)

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

Description of allocation methodology:

NONE

Detailed Description of Quality Improvement Expenses:

Expense Type from Part 3	New	Detailed Description of Expense

NONE

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For the year ended December 31, 2018

(To be filed by April 1)

Of COSE Health and Wellness Trust

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

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

The Investment Risks Interrogatories are to be filed by April 1. They are also to be included with the Audited Statutory Financial Statements.

Answer the following interrogatories by reporting the applicable U.S. dollar amounts and percentages of the reporting entity's total admitted assets held in that category of investments.

1. Reporting entity's total admitted assets as reported on Page 2 of this annual statement. $.....42,373,540

2. Ten largest exposures to a single issuer/borrower/investment.

	1 Issuer	2 Description of Exposure	3 Amount	4 Percentage of Total Admitted Assets
2.01	Federal Natl. Mtg. Assn 1.375%	Bonds	$.....1,160,878	.....2.7 %
2.02	Federal Natl. Mtg. Assn 2.375%	Bonds	$.....1,002,469	.....2.4 %
2.03	Federal Home Loan Mtg. Corp 2.75%	Bonds	$.....990,818	.....2.3 %
2.04	Johnson & Johnson	Bonds	$.....860,468	.....2.0 %
2.05	Federal Natl. Mtg. Assn 1.75%	Bonds	$.....844,542	.....2.0 %
2.06	Federal Natl. Mtg. Assn 2.00%	Bonds	$.....779,907	.....1.8 %
2.07	Microsoft Corp	Bonds	$.....739,175	.....1.7 %
2.08	Wal-Mart Stores	Bonds	$.....691,855	.....1.6 %
2.09	Federal Home Loan Mtg. 2.5%	Bonds	$.....499,417	.....1.2 %
2.10	Berkshire Hathaway Financial	Bonds	$.....498,570	.....1.2 %

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

	Bonds	1	2
3.01	NAIC 1	$.....18,776,680	.....44.3 %
3.02	NAIC 2	$.....834,510	.....2.0 %
3.03	NAIC 3	$.....	.....0.0 %
3.04	NAIC 4	$.....	.....0.0 %
3.05	NAIC 5	$.....	.....0.0 %
3.06	NAIC 6	$.....	.....0.0 %
	Preferred Stocks	**3**	**4**
3.07	P/RP-1	$.....	.....0.0 %
3.08	P/RP-2	$.....	.....0.0 %
3.09	P/RP-3	$.....	.....0.0 %
3.10	P/RP-4	$.....	.....0.0 %
3.11	P/RP-5	$.....	.....0.0 %
3.12	P/RP-6	$.....	.....0.0 %

4. Assets held in foreign investments:

4.01 Are assets held in foreign investments less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [X]

If response to 4.01 above is yes, responses are not required for interrogatories 5-10.

4.02	Total admitted assets held in foreign investments	$.....	.....0.0 %
4.03	Foreign-currency-denominated investments	$.....	.....0.0 %
4.04	Insurance liabilities denominated in that same foreign currency	$.....	.....0.0 %

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

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

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

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

		1	2
7.	Aggregate unhedged foreign currency exposure	$.....	.....0.0 %

8. Aggregate unhedged foreign currency exposure categorized by NAIC sovereign designation:

		1	2
8.01	Countries designated NAIC 1	$	0.0 %
8.02	Countries designated NAIC 2	$	0.0 %
8.03	Countries designated NAIC 3 or below	$	0.0 %

9. Largest unhedged foreign currency exposures by country, categorized by the country's NAIC sovereign designation:

		1	2
	Countries designated NAIC 1:		
9.01	Country 1:	$	0.0 %
9.02	Country 2:	$	0.0 %
	Countries designated NAIC 2:		
9.03	Country 1:	$	0.0 %
9.04	Country 2:	$	0.0 %
	Countries designated NAIC 3 or below:		
9.05	Country 1:	$	0.0 %
9.06	Country 2:	$	0.0 %

10. Ten largest non-sovereign (i.e. non-governmental) foreign issues:

	1 Issuer	2 NAIC Designation	3	4
10.01			$	0.0 %
10.02			$	0.0 %
10.03			$	0.0 %
10.04			$	0.0 %
10.05			$	0.0 %
10.06			$	0.0 %
10.07			$	0.0 %
10.08			$	0.0 %
10.09			$	0.0 %
10.10			$	0.0 %

11. Amounts and percentages of the reporting entity's total admitted assets held in Canadian investments and unhedged Canadian currency exposure:

11.01 Are assets held in Canadian investments less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [X]

If response to 11.01 is yes, detail is not required for the remainder of Interrogatory 11.

11.02	Total admitted assets held in Canadian Investments	$	0.0 %
11.03	Canadian currency-denominated investments	$	0.0 %
11.04	Canadian-denominated insurance liabilities	$	0.0 %
11.05	Unhedged Canadian currency exposure	$	0.0 %

12. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments with contractual sales restrictions.

12.01 Are assets held in investments with contractual sales restrictions less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [X]

If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.

	1	2	3
12.02	Aggregate statement value of investments with contractual sales restrictions	$	0.0 %
	Largest three investments with contractual sales restrictions:		
12.03		$	0.0 %
12.04		$	0.0 %
12.05		$	0.0 %

13. Amounts and percentages of admitted assets held in the ten largest equity interests:

13.01 Are assets held in equity interest less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [X]

If response to 13.01 above is yes, responses are not required for the remainder of Interrogatory 13.

	1 Name of Issuer	2	3
13.02		$	0.0 %
13.03		$	0.0 %
13.04		$	0.0 %
13.05		$	0.0 %
13.06		$	0.0 %
13.07		$	0.0 %
13.08		$	0.0 %
13.09		$	0.0 %
13.10		$	0.0 %
13.11		$	0.0 %

14. Amounts and percentages of the reporting entity's total admitted assets held in nonaffiliated, privately placed equities:

14.01 Are assets held in nonaffiliated, privately placed equities less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [X]

If response to 14.01 above is yes, responses are not required for the remainder of Interrogatory 14.

	1	2	3
14.02	Aggregate statement value of investments held in nonaffiliated, privately placed equities	$	0.0 %
	Largest three investments held in nonaffiliated, privately placed equities:		
14.03		$	0.0 %
14.04		$	0.0 %
14.05		$	0.0 %

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

15.01 Are assets held in general partnership interests less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [X]

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

	1	2	3
15.02	Aggregate statement value of investments held in general partnership interests	$	0.0 %
	Largest three investments in general partnership interests:		
15.03		$	0.0 %
15.04		$	0.0 %
15.05		$	0.0 %

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

16.01 Are mortgage loans reported in Schedule B less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [X]

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

	1 Type (Residential, Commercial, Agricultural)	2	3
16.02		$	0.0 %
16.03		$	0.0 %
16.04		$	0.0 %
16.05		$	0.0 %
16.06		$	0.0 %
16.07		$	0.0 %
16.08		$	0.0 %
16.09		$	0.0 %
16.10		$	0.0 %
16.11		$	0.0 %

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

		Loans	
16.12	Construction loans	$	0.0 %
16.13	Mortgage loans over 90 days past due	$	0.0 %
16.14	Mortgage loans in the process of foreclosure	$	0.0 %
16.15	Mortgage loans foreclosed	$	0.0 %
16.16	Restructured mortgage loans	$	0.0 %

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

Loan-to-Value	Residential		Commercial		Agricultural	
	1	2	3	4	5	6
17.01 above 95%	$	0.0 %	$	0.0 %	$	0.0 %
17.02 91% to 95%	$	0.0 %	$	0.0 %	$	0.0 %
17.03 81% to 90%	$	0.0 %	$	0.0 %	$	0.0 %
17.04 71% to 80%	$	0.0 %	$	0.0 %	$	0.0 %
17.05 below 70%	$	0.0 %	$	0.0 %	$	0.0 %

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

18.01 Are assets held in real estate reported less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [X]

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

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

	Description	2	3
18.02		$	0.0 %
18.03		$	0.0 %
18.04		$	0.0 %
18.05		$	0.0 %
18.06		$	0.0 %

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

19.01 Are assets held in investments held in mezzanine real estate loans less than 2.5% of the reporting entity's admitted assets? Yes [ ] No [X]

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

	1	2	3
19.02	Aggregate statement value of investments held in mezzanine real estate loans	$	0.0 %
	Largest three investments held in mezzanine real estate loans:		
19.03		$	0.0 %
19.04		$	0.0 %
19.05		$	0.0 %

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

		At Year-End		At End of Each Quarter		
				1st Qtr	2nd Qtr	3rd Qtr
		1	2	3	4	5
20.01	Securities lending agreements (do not include assets held as collateral for such transactions)	$	0.0 %	$	$	$
20.02	Repurchase agreements	$	0.0 %	$	$	$
20.03	Reverse repurchase agreements	$	0.0 %	$	$	$
20.04	Dollar repurchase agreements	$	0.0 %	$	$	$
20.05	Dollar reverse repurchase agreements	$	0.0 %	$	$	$

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

	Owned		Written	
	1	2	3	4
21.01 Hedging	$	0.0 %	$	0.0 %
21.02 Income generation	$	0.0 %	$	0.0 %
21.03 Other	$	0.0 %	$	0.0 %

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

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

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

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

Supplement for the year 2018 of the **COSE Health and Wellness Trust**

12220182909900

LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2018

(To Be Filed by April 1)

OF.....COSE Health and Wellness Trust

DIRECT BUSINESS IN THE STATE OF.....Grand Total

NAIC COMPANY CODE.....122

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses				
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0

NONE

DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE

Do not include any amount more than once in Lines 6 through 9

6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0

MODEL ACT BASE (Line 5 minus Line 10)

11. Current Year	0	0	0	0

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Overflow Page for Write-Ins

NONE

Overflow Page for Write-Ins

NONE

Long-Term Care Experience Reporting Form 1
NONE

Long-Term Care Experience Reporting Form 2 - Individual
NONE

Long-Term Care Experience Reporting Form 2 - Group
NONE

Long-Term Care Experience Reporting Form 2 - Summary
NONE

Long-Term Care Experience Reporting Form 3 - Individual
NONE

Long-Term Care Experience Reporting Form 3 - Group
NONE

Long-Term Care Experience Reporting Form 3 - Summary
NONE

Long-Term Care Experience Reporting Form 4
NONE

* 1 2 2 2 0 1 8 3 0 5 5 9 0 0 0 *

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

REPORTING YEAR 2018

NAIC Group Code: 0 (To Be Filed By April 1) NAIC Company Code: 122

NONE

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

MANAGEMENT'S DISCUSSION AND ANALYSIS

NOTE: The barcode is NOT required for the electronic filing submission or PDFs included in the filing. All of the information on this page will be completely replaced when you insert a PDF (right click, copy file, select the PDF and select Open). Barcodes are only required on hardcopy filings submitted to certain states.