



**ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE**

HealthSpan Inc

(Name)

NAIC Group Code 04831 , (Current Period) NAIC Company Code 15284 Employer's ID Number 31-1431434 (Prior Period)

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization []
Other [] Is HMO, Federally Qualified? Yes [] No []

Incorporated/Organized 07/30/2013 Commenced Business 07/30/2013

Statutory Home Office 1701 Mercy Health Place, Cincinnati, OH, US 45237
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office _____ 1701 Mercy Health Place
(Street and Number)
Cincinnati, OH, US 45237 216-319-1618

Mail Address 1701 Mercy Health Place, Cincinnati, OH, US 45237
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records _____ 1701 Mercy Health Place _____
(Street and Number)
Cincinnati, OH, US 45237 _____, _____ 216-319-1618 _____
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

OFFICERS

Name Title Name Title
Jeffery Copeland, President & CEO David Nowiski, Treasurer

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Jeffery Copeland David Nowiski Allan Calonge

State of _____

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.

Jeffery Copeland
President & CEO

David Nowiski
Treasurer

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

Subscribed and sworn to before me this
day of ,

Exhibit 2 - A&H Premiums Due and Unpaid
NONE

Exhibit 3 - Health Care Receivables
NONE

Exhibit 3A - Analysis of HC Receivables
NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE HealthSpan Inc

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)						
0199999 Individually listed claims unpaid.....	0	.0	0	.0	0	0
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered						0
0499999 Subtotals	0	0	0	0	0	0
0599999 Unreported claims and other claim reserves						
0699999 Total amounts withheld						0
0799999 Total claims unpaid						0
0899999 Accrued medical incentive pool and bonus amounts						0

Exhibit 5 - Amounts Due From Parent, Subs
NONE

Exhibit 6 - Amounts Due To Parent, Subs
NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE HealthSpan Inc

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	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		.0	0.0	
2. Intermediaries	0	0.0		.0	0.0	
3. All other providers	0	0.0		.0	0.0	
4. Total capitation payments	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	(216,413)	100.0	XXX	XXX		(216,413)
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	(216,413)	100.0	XXX	XXX	0	(216,413)
13. Total (Line 4 plus Line 12)	(216,413)	100 %	XXX	XXX	0	(216,413)

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE HealthSpan Inc

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						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0

NONE



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE HealthSpan Inc

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpan Inc

2. _____

(LOCATION)

NAIC Group Code	04831	BUSINESS IN THE STATE OF Ohio	DURING THE YEAR 2018								NAIC Company Code	15284	
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9			
	1		2	3	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:													
1. Prior Year		0											
2. First Quarter		0											
3. Second Quarter		0											
4. Third Quarter		0											
5. Current Year		0											
6. Current Year Member Months		0											
Total Member Ambulatory Encounters for Year:													
7. Physician		0											
8. Non-Physician		0											
9. Total		0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0											
11. Number of Inpatient Admissions		0											
12. Health Premiums Written (b)		0											
13. Life Premiums Direct		0											
14. Property/Casualty Premiums Written		0											
15. Health Premiums Earned		0											
16. Property/Casualty Premiums Earned		0											
17. Amount Paid for Provision of Health Care Services		(216,413)	(216,413)										
18. Amount Incurred for Provision of Health Care Services		(260,050)	(260,050)										

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

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE HealthSpan Inc

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpan Inc

2. _____

(LOCATION)

NAIC Group Code	04831	BUSINESS IN THE STATE OF Consolidated	DURING THE YEAR 2018								NAIC Company Code	15284
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9		
	1	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year		0	0	0	0	0	0	0	0	0	0	0
2. First Quarter		0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter		0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter		0	0	0	0	0	0	0	0	0	0	0
5. Current Year		0	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months		0	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:												
7. Physician		0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician		0	0	0	0	0	0	0	0	0	0	0
9. Total		0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions		0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)		0	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		0	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		(216,413)	(216,413)	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services		(260,050)	(260,050)	0	0	0	0	0	0	0	0	0

(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
NONE

Schedule S - Part 2
NONE

Schedule S - Part 3 - Section 2
NONE

Schedule S - Part 4
NONE

Schedule S - Part 5
NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE HealthSpan Inc

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.....	0	0	698	1,662	836
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	0	0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable.....	0	0	0	0	669
8. Reinsurance recoverable on paid losses.....	0	157	2,089	4,506	2,951
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

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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)	12,924,260	0	12,924,260
2. Accident and health premiums due and unpaid (Line 15).....	0	0	0
3. Amounts recoverable from reinsurers (Line 16.1).....	0	0	0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	0	0	0
6. Total assets (Line 28)	12,924,260	0	12,924,260
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	0	0	0
8. Accrued medical incentive pool and bonus payments (Line 2).....	0	0	0
9. Premiums received in advance (Line 8).....	0	0	0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0	0	0
14. All other liabilities (Balance).....	0	0	0
15. Total liabilities (Line 24).....	0	0	0
16. Total capital and surplus (Line 33).....	12,924,260	XXX	12,924,260
17. Total liabilities, capital and surplus (Line 34)	12,924,260	0	12,924,260
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0	0	0
19. Accrued medical incentive pool.....	0	0	0
20. Premiums received in advance	0	0	0
21. Reinsurance recoverable on paid losses	0	0	0
22. Other ceded reinsurance recoverables	0	0	0
23. Total ceded reinsurance recoverables	0	0	0
24. Premiums receivable	0	0	0
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0	0	0
26. Unauthorized reinsurance	0	0	0
27. Reinsurance with Certified Reinsurers.....	0	0	0
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0	0	0
29. Other ceded reinsurance payables/offsets	0	0	0
30. Total ceded reinsurance payables/offsets	0	0	0
31. Total net credit for ceded reinsurance	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE HealthSpan Inc

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE HealthSpan Inc

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE HealthSpan Inc

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE HealthSpan Inc

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

	Responses
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2. Will an actuarial opinion be filed by March 1?	.....WAIVED.....
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....

JUNE FILING

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

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?WAIVED.....
---	------------------

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 the 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 with electronically with the NAIC by March 1?	.....NO.....

APRIL FILING

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....NO.....
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's 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 Adjustment to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the 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?NO.....
--	--------------

Explanation:

- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20.

21.

22.

23.

24.

25.

26.

Bar code:

2. 
1 5 2 8 4 2 0 1 8 4 4 0 0 0 0 0 0

8. 
1 5 2 8 4 2 0 1 8 2 2 0 0 0 0 0 0

9. 
1 5 2 8 4 2 0 1 8 2 2 1 0 0 0 0 0

10. 
1 5 2 8 4 2 0 1 8 2 2 2 0 0 0 0 0

11. 
1 5 2 8 4 2 0 1 8 3 6 0 5 9 0 0 0

12. 
1 5 2 8 4 2 0 1 8 2 0 5 0 0 0 0 0

13. 
1 5 2 8 4 2 0 1 8 4 2 0 0 0 0 0 0

14. 
1 5 2 8 4 2 0 1 8 3 7 1 0 0 0 0 0

15. 
1 5 2 8 4 2 0 1 8 3 7 0 0 0 0 0 0

16. 
1 5 2 8 4 2 0 1 8 3 6 5 0 0 0 0 0

17. 
1 5 2 8 4 2 0 1 8 2 2 4 0 0 0 0 0

18. 
1 5 2 8 4 2 0 1 8 2 2 5 0 0 0 0 0

19. 
1 5 2 8 4 2 0 1 8 2 2 6 0 0 0 0 0

20. 
1 5 2 8 4 2 0 1 8 3 0 6 0 0 0 0 0

21. 
1 5 2 8 4 2 0 1 8 2 1 1 5 9 0 0 0 0

22. 
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

23. 
1 5 2 8 4 2 0 1 8 2 1 7 0 0 0 0 0 0

24. 
1 5 2 8 4 2 0 1 8 2 9 0 0 0 0 0 0

25. 
1 5 2 8 4 2 0 1 8 3 0 0 0 0 0 0 0

26. 
1 5 2 8 4 2 0 1 8 2 2 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25.

*ASSETS - Assets

	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 – 2)	4 Net Admitted Assets
2504. ACA Exchange CMS Subsidy.....			0	16,564
2597. Summary of remaining write-ins for Line 25 from Page 2	0	0	0	16,564

M014 Additional Aggregate Lines for Page 14 Line 25.

*EXEXP - Underwriting and Investment Exhibit - Part 3

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Severance.....					0
2505. Miscellaneous.....			47,834		47,834
2597. Summary of remaining write-ins for Line 25 from Page 14	0	0	47,834	0	47,834

ALPHABETICAL INDEX

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