

QUARTERLY STATEMENT

OF THE

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MAY 14 2019

OFFICE OF RISK
ASSESSMENT

COSE Health and Wellness Trust

Of

Cleveland

in the state of

Ohio

to the Insurance Department

of the State of Ohio

For the Period Ended

March 31, 2019

2019



HEALTH QUARTERLY STATEMENT

As of March 31, 2019
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)	216-592-2200 (Area Code) (Telephone Number)
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)	216-592-2200 (Area Code) (Telephone Number)
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	216-592-2292 (Area Code) (Telephone Number) (Extension)
Statutory Statement Contact	Timothy E DiPlacido (Name) Tdiplacido@gcpartnership.com (E-Mail Address)	216-592-2292 (Fax Number)

OFFICERS

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

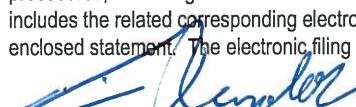
OTHER

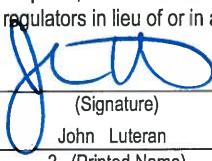
DIRECTORS OR TRUSTEES

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

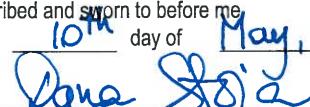
State of..... Ohio
County of.... Cuyahoga

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)
Timothy Maynard Reynolds
1. (Printed Name)
Chairman
(Title)

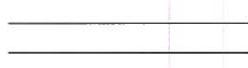

(Signature)
John Luterman
2. (Printed Name)
Plan Administrator
(Title)

(Signature)
3. (Printed Name)
(Title)

Subscribed and sworn to before me
This 10th day of May, 2019


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

Yes [X] No []





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

Statement as of March 31, 2019 of the **COSE Health and Wellness Trust**
ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	19,226,971		19,226,971	19,461,194
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....1,498,438), cash equivalents (\$....31,184,380) and short-term investments (\$....0).....	32,682,818		32,682,818	22,210,953
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	51,909,789	0	51,909,789	41,672,147
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	124,978		124,978	91,075
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	563,051		563,051	241,723
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.....	1,564		1,564	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.....	670,316		670,316	212,670
25. Aggregate write-ins for other than invested assets.....	121,563	121,563	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	53,391,260	121,563	53,269,697	42,373,540
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	53,391,260	121,563	53,269,697	42,373,540

DETAILS OF WRITE-INS

1101. Prepaid Business Insurance.....			0	
1102. Prepaid State Certification Fee.....			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Prepaid Business Insurance.....	117,563	117,563	0	
2502. Prepaid State Certification Fee.....			0	
2503. Prepaid State Domestic Assessment Fee.....	4,000	4,000	0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	121,563	121,563	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).....	26,370,950		26,370,950	20,885,450
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	888,000		888,000	690,531
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....			0	
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserve.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....	2,107,402		2,107,402	1,775,469
9. General expenses due or accrued.....	249,925		249,925	148,941
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....	299,755		299,755	185,356
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....			0	
12. Amounts withheld or retained for the account of others.....			0	
13. Remittances and items not allocated.....			0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			0	
15. Amounts due to parent, subsidiaries and affiliates.....			0	
16. Derivatives.....			0	
17. Payable for securities.....			0	
18. Payable for securities lending.....			0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and certified \$.....0 reinsurers).....			0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
22. Liability for amounts held under uninsured plans.....			0	
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	29,916,030	0	29,916,030	23,685,748
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	9,950,000
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	13,403,667	8,737,792
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	23,353,667	18,687,792
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	53,269,697	42,373,540

DETAILS OF WRITE-INS

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

COSE Health and Wellness Trust
STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months.....	XXX.....	152,326.....	66,172.....	360,850.....
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	56,814,221.....	27,434,773.....	133,702,677.....
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	.....	.....	.....
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX.....	.....	.....	.....
5. Risk revenue.....	XXX.....	.....	.....	.....
6. Aggregate write-ins for other health care related revenues.....	XXX.....	0.....	0.....	0.....
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0.....	0.....	0.....
8. Total revenues (Lines 2 to 7).....	XXX.....	56,814,221.....	27,434,773.....	133,702,677.....
Hospital and Medical:				
9. Hospital/medical benefits.....	.....	30,951,178.....	13,978,870.....	77,314,736.....
10. Other professional services.....	.....	1,630,509.....	708,077.....	5,139,283.....
11. Outside referrals.....	.....	118,057.....	161,338.....	327,160.....
12. Emergency room and out-of-area.....	.....	4,715,373.....	1,866,194.....	9,909,622.....
13. Prescription drugs.....	.....	8,612,462.....	4,244,634.....	19,624,298.....
14. Aggregate write-ins for other hospital and medical.....	0.....	0.....	0.....	0.....
15. Incentive pool, withhold adjustments and bonus amounts.....	.....	.....	.....	.....
16. Subtotal (Lines 9 to 15).....	0.....	46,027,580.....	20,959,113.....	112,315,099.....
Less:				
17. Net reinsurance recoveries.....	.....	1,914,929.....	219,054.....	4,866,977.....
18. Total hospital and medical (Lines 16 minus 17).....	0.....	44,112,651.....	20,740,059.....	107,448,122.....
19. Non-health claims (net).....	.....	.....	.....	.....
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....	.....	197,469.....	309,611.....	445,843.....
21. General administrative expenses.....	.....	7,900,044.....	3,962,611.....	19,883,273.....
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only).....	.....	.....	.....	.....
23. Total underwriting deductions (Lines 18 through 22).....	0.....	52,210,164.....	25,012,281.....	127,777,238.....
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	4,604,057.....	2,422,491.....	5,925,439.....
25. Net investment income earned.....	.....	264,642.....	77,210.....	511,022.....
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....	.....	59.....	.....	.....
27. Net investment gains or (losses) (Lines 25 plus 26).....	0.....	264,700.....	77,210.....	511,022.....
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....	.....	.....	.....	.....
29. Aggregate write-ins for other income or expenses.....	0.....	0.....	0.....	0.....
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX.....	4,868,758.....	2,499,701.....	6,436,461.....
31. Federal and foreign income taxes incurred.....	XXX.....	104,112.....	26,589.....	197,968.....
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	4,764,646.....	2,473,112.....	6,238,493.....

DETAILS OF WRITE-INS

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

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

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	18,687,792	7,516,209	7,516,209
34. Net income or (loss) from Line 32.....	4,764,646	2,473,112	6,238,493
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			
39. Change in nonadmitted assets.....	(98,771)	(70,372)	(16,910)
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	0
48. Net change in capital and surplus (Lines 34 to 47).....	4,665,875	2,402,740	11,171,583
49. Capital and surplus end of reporting period (Line 33 plus 48).....	23,353,667	9,918,949	18,687,792

DETAILS OF WRITE-INS

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

COSE Health and Wellness Trust

CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	56,824,825	28,287,098	134,907,573
2. Net investment income.....	215,021	38,140	425,483
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	57,039,845	28,325,238	135,333,056
5. Benefit and loss related payments.....	38,930,436	13,046,001	92,818,756
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	7,799,060	3,994,613	19,838,742
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	(10,287)	1,723	40,782
10. Total (Lines 5 through 9).....	46,719,210	17,042,337	112,698,280
11. Net cash from operations (Line 4 minus Line 10).....	10,320,636	11,282,901	22,634,775
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	250,000		
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).....	250,000	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....		2,956,187	14,660,233
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).....	0	2,956,187	14,660,233
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	250,000	(2,956,187)	(14,660,233)
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).....	(98,771)	(70,373)	(16,910)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(98,771)	(70,373)	4,933,090
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	10,471,865	8,256,341	12,907,632
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	22,210,953	9,303,321	9,303,321
19.2 End of period (Line 18 plus Line 19.1).....	32,682,818	17,559,662	22,210,953

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

20.0001
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	2 Individual	3 Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
Total Members at End of:										
1. Prior Year.....	37,175									
2. First Quarter.....	54,740									
3. Second Quarter.....	0									
4. Third Quarter.....	0									
5. Current Year.....	54,740									
6. Current Year Member Months.....	152,326									
Total Member Ambulatory Encounters for Period:										
7. Physician.....										
	89,702									
8. Non-Physician.....										
	49,460									
9. Total.....	139,162									
10. Hospital Patient Days Incurred.....										
	1,878									
11. Number of Inpatient Admissions.....										
	445									
12. Health Premiums Written (a).....										
	61,766,803									
13. Life Premiums Direct.....										
	0									
14. Property/Casualty Premiums Written.....										
	0									
15. Health Premiums Earned.....										
	61,766,803									
16. Property/Casualty Premiums Earned.....										
	0									
17. Amount Paid for Provision of Health Care Services.....										
	38,627,151									
18. Amount Incurred for Provision of Health Care Services.....										
	46,027,580									

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

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

Claims Unpaid (Reported)	Account	Aging Analysis of Unpaid Claims					Total
		1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	
0569999. Unreported Claims and Other Claim Reserves.....	26,370.91
0799999. Total Claims Unpaid.....	26,370.91

UNDERWRITING AND INVESTMENT EXHIBIT

Line of Business	Analysis of Claims Unpaid - Prior Year - Net of Reinsurance					Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	5 Claims Incurred in Prior Years (Columns 1 + 3)	
1. Comprehensive (hospital and medical).....	.....14,914,422	.....23,712,729	.....3,726,748	.....22,644,202	.....18,641,170	.....20,885,450
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).....	.....14,914,422	.....23,712,729	.....3,726,748	.....22,644,202	.....18,641,170	.....20,885,450
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).....	.....14,914,422	.....23,712,729	.....3,726,748	.....22,644,202	.....18,641,170	.....20,885,450

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

NOTES TO FINANCIAL STATEMENTS**Note 1 – Summary of Significant Accounting Policies and Going Concern****A. Accounting Practices**

	SSAP #	F/S Page	F/S Line #	Current Year to Date	2018
NET INCOME					
(1) COSE Health and Wellness Trust Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 4,764,646	\$ 6,238,493
(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	\$ 4,764,646	\$ 6,238,493
SURPLUS					
(5) COSE Health and Wellness Trust Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 23,353,667	\$ 18,687,792
(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	\$ 23,353,667	\$ 18,687,792

C. Accounting Policy

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

(2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method
Bonds not backed by other loans are stated at amortized cost using the interest method.

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

D. Going Concern

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

Note 2 – Accounting Changes and Corrections of Errors

No significant changes

Note 3 – Business Combinations and Goodwill

Not Applicable

Note 4 – Discontinued Operations

Not Applicable

Note 5 – Investments

Not Applicable

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

Not Applicable

Note 7 – Investment Income

No investment income was classified for exclusion.

Note 8 – Derivative Instruments

Not Applicable

Note 9 – Income Taxes

No significant changes

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

NOTES TO FINANCIAL STATEMENTS

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

There were no significant changes to the Surplus level.

Note 14 – Liabilities, Contingencies and Assessments

Not Applicable

Note 15 – Leases

Not Applicable

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

Not Applicable

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

Not Applicable

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

Not Applicable

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

Not Applicable

Note 20 – Fair Value Measurements**A. Fair Value Measurements****(1) Fair Value Measurements at Reporting Date**

The Company restated or reported no assets or liabilities at fair value as of March 31, 2019.

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)
Bonds	\$ 19,371,978	\$ 19,226,971	\$ 3,323,397	\$ 16,048,581	\$	\$	\$

D. Not Practicable to Estimate Fair Value

Not Applicable

Note 21 – Other Items

Not Applicable

Note 22 – Events Subsequent

Subsequent events have been considered through May 10th, 2019 for these statutory financial statements which are to be issued on May 15th, 2019. There were no events occurring subsequent to the end of the quarter that merited recognition or disclosure in these statements.

Note 23 – Reinsurance

No significant changes

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination**E. Risk Sharing Provisions of the Affordable Care Act**

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions

Yes [] No [X]

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

NOTES TO FINANCIAL STATEMENTS

		AMOUNT
a. Permanent ACA Risk Adjustment Program		
Assets		
1. Premium adjustments receivable due to ACA Risk Adjustment		\$
Liabilities		
2. Risk adjustment user fees payable for ACA Risk Adjustment		\$
3. Premium adjustments payable due to ACA Risk Adjustment		\$
Operations (Revenue & Expenses)		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment		\$
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)		\$
b. Transitional ACA Reinsurance Program		AMOUNT
Assets		
1. Amounts recoverable for claims paid due to ACA Reinsurance		\$
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)		\$
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance		\$
Liabilities		
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium		\$
5. Ceded reinsurance premiums payable due to ACA Reinsurance		\$
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance		\$
Operations (Revenue & Expenses)		
7. Ceded reinsurance premiums due to ACA Reinsurance		\$
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments		\$
9. ACA Reinsurance contributions – not reported as ceded premium		\$
c. Temporary ACA Risk Corridors Program		AMOUNT
Assets		
1. Accrued retrospective premium due to ACA Risk Corridors		\$
Liabilities		
3. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors		\$
Operations (Revenue & Expenses)		
3. Effect of ACA Risk Corridors on net premium income (paid/received)		\$
4. Effect of ACA Risk Corridors on change in reserves for rate credits		\$

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

	Accrued During the Prior Year on Business Written Before Dec. 31 of the Prior Year		Received or Paid as of the Current Year to Date on Business Written Before Dec. 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
	1	2	3	4	5	6	7	8	0	10	
a.	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable	\$	\$	\$	\$	\$	\$	\$	\$	A	\$	\$
2. Premium adjustments (payable)									B		
3. Subtotal ACA Permanent Risk Adjustment Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
b. Transitional ACA Reinsurance Program									C	\$	\$
1. Amounts recoverable for claims paid	\$	\$	\$	\$	\$	\$	\$	\$			
2. Amounts recoverable for claims unpaid (contra liability)									D		
3. Amounts receivable relating to uninsured plans									E		
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums									F		
5. Ceded reinsurance premiums payable									G		
6. Liability for amounts held under uninsured plans									H		
7. Subtotal ACA Transitional Reinsurance Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
c. Temporary ACA Risk Corridors Program									I	\$	\$
1. Accrued retrospective	\$	\$	\$	\$	\$	\$	\$	\$			

NOTES TO FINANCIAL STATEMENTS

	Accrued the Prior Business Before the Prior Year	During Year on Written Dec. 31 of the Year	Received or the Current on Business Before the Prior	Paid as of Year to Date Written Dec. 31 of Year	Differences		Adjustments		Ref	Unsettled as of the Reporting Date	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				
					1 1 Receivable	2 (Payable)	3 Receivable	4 (Payable)	5 Receivable	6 (Payable)	7 Receivable	8 (Payable)
premium												
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 Prior Year	During on Business Before the Prior Year	Received or the Current Year to Date on Business Written Before Dec. 31 of the Prior Year	Differences		Adjustments		Unsettled		Balances as of the Reporting Date	
				Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)		
				1	2	3	4	5	6	7	8
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. 2019											
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

	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3	4 Asset Balance (Gross of Non-Admissions) (1-2-3)	5 Non-Admitted Amount	5 Net Admitted Asset (4-5)
a. 2014	\$	\$		\$	\$	\$
b. 2018						
c. 2019						
d. Total (a+b+c)	\$	\$		\$	\$	\$

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

As of March 31st, 2019, the Trust completed 31 months of operations. The Trust's enrollment continues to experience significant growth along with growth in claims as expected.

NOTES TO FINANCIAL STATEMENTS

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 March 31st, 2019 were \$64.998 million. As of March 31st, 2019, \$38.627 million has been paid for claims and \$26.371 million reserved (IBNR) attributable to insured events of the current year incurred in future periods. A reserve of \$20.885 million was established in 2018 for the prior year claims. Claims paid in 2019 associated with this reserve were \$18.641 million. The IBNR level of reserve was calculated and verified by the Trust's outside Actuary.

The calculated loss ratio was 77.6%. The ratio is in line with the 82% early pro-froma assumption of the Trust.

Note 26 – Intercompany Pooling Arrangements

Not Applicable

Note 27 – Structured Settlements

Not Applicable for Health Companies

Note 28 – Health Care Receivables

Not Applicable

Note 29 – Participating Policies

Not Applicable

Note 30 – Premium Deficiency Reserves

No reserve was necessary to estblish as of March 31st, 2019.

Note 31 – Anticipated Salvage and Subrogation

Not Applicable

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES****GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change: _____

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

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

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

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. _____

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
If yes, attach an explanation.

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

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

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

6.4 By what department or departments? _____

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

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

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

7.2 If yes, give full information:

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

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

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

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

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

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

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

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

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

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

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

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES****FINANCIAL**

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

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

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ _____ 0

13. Amount of real estate and mortgages held in short-term investments: \$ _____ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

14.21 Bonds
14.22 Preferred Stock
14.23 Common Stock
14.24 Short-Term Investments
14.25 Mortgage Loans on Real Estate
14.26 All Other
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

1	2
Prior Year End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
\$ 0	\$ 0
0	0
0	0
0	0
0	0
0	0
\$ 0	\$ 0
\$ 0	\$ 0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

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

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

16.3 Total payable for securities lending reported on the liability page: \$ _____ 0

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

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

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

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]

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

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

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

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

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes [X] No []

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [X] No []

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

18.2 If no, list exceptions:

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

- 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.
- Issuer or obligor is current on all contracted interest and principal payments.
- 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]

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

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- 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]

COSE Health and Wellness Trust
GENERAL INTERROGATORIES (continued)**PART 2 - HEALTH**

1. Operating Percentages:		
1.1 A&H loss percent	77.6 %	
1.2 A&H cost containment percent	0.0 %	
1.3 A&H expense percent excluding cost containment expenses	14.5 %	
2.1 Do you act as a custodian for health savings accounts?	Yes []	No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	0	
2.3 Do you act as an administrator for health savings accounts?	Yes []	No [X]
2.4 If yes, please provide the amount of funds administered as of the reporting date.	0	
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....	Yes []	No [X]
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?.....	Yes []	No [X]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

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

NONE

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

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only								9 Deposit-Type Contracts
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 through 7		
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.	61,766,803							61,766,803	
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..	61,766,803	0	0	0	0	0	61,766,803	0	
60. Reporting entity contributions for Employee Benefit Plans.....	XXX..								0	
61. Total (Direct Business).....	XXX..	61,766,803	0	0	0	0	0	61,766,803	0	

DETAILS OF WRITE-INS

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

(a) Active Status Count

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 1 R - Registered - Non-domiciled RRGs..... 0

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state 0 Q - Qualified - Qualified or accredited reinsurer..... 0

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

Sch. Y - Pt. 1
NONE

Sch. Y Pt. 1A
NONE

Statement as of March 31, 2019 of the **COSE Health and Wellness Trust**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

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

NO

Explanation:

1.

Bar Code:



Statement as of March 31, 2019 of the **COSE Health and Wellness Trust**
Overflow Page for Write-Ins

NONE

Statement as of March 31, 2019 of the **COSE Health and Wellness Trust**
SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	19,461,194	4,779,852
2. Cost of bonds and stocks acquired.....	.....	14,660,233
3. Accrual of discount.....	22,377	44,159
4. Unrealized valuation increase (decrease).....	.....	.....
5. Total gain (loss) on disposals.....	.59	.....
6. Deduct consideration for bonds and stocks disposed of.....	.250,000	.....
7. Deduct amortization of premium.....	6,659	23,050
8. Total foreign exchange change in book/adjusted carrying value.....	.....	.....
9. Deduct current year's other-than-temporary impairment recognized.....	.....	.....
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees.....	.....	.....
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	19,226,971	19,461,194
12. Deduct total nonadmitted amounts.....	.....	.....
13. Statement value at end of current period (Line 11 minus Line 12).....	19,226,971	19,461,194

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

NAIC Designation		1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS									
1. NAIC 1 (a).....		18,776,680		399,941	14,072	18,390,811			18,776,680
2. NAIC 2 (a).....		834,510			1,650	836,160			834,510
3. NAIC 3 (a).....						0			
4. NAIC 4 (a).....						0			
5. NAIC 5 (a).....						0			
6. NAIC 6 (a).....						0			
7. Total Bonds.....		19,611,189	0	399,941	15,722	19,226,971	0	0	19,611,189
PREFERRED STOCK									
8. NAIC 1.....						0			
9. NAIC 2.....						0			
10. NAIC 3.....						0			
11. NAIC 4.....						0			
12. NAIC 5.....						0			
13. NAIC 6.....						0			
14. Total Preferred Stock.....		0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....		19,611,189	0	399,941	15,722	19,226,971	0	0	19,611,189

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

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....		X.....			

NONE**SCHEDULE DA - VERIFICATION**

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	149,996	1,158,542
2. Cost of short-term investments acquired.....		1,051,868
3. Accrual of discount.....	.4	2,083
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	150,000	2,050,000
7. Deduct amortization of premium.....		12,498
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	.0	149,996
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....		149,996

Sch. DB - Pt. A - Verification
NONE

Sch. DB - Pt. B - Verification
NONE

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

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

Sch. DB - Verification
NONE

SCHEDULE E - PART 2 - VERIFICATION

Cash Equivalents

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	18,326,150	5,897,146
2. Cost of cash equivalents acquired.....	12,858,230	12,429,004
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....		
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/ adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	31,184,380	18,326,150
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	31,184,380	18,326,150

Sch. A Pt. 2
NONE

Sch. A Pt. 3
NONE

Sch. B - Pt. 2
NONE

Sch. B - Pt. 3
NONE

Sch. BA - Pt. 2
NONE

Sch. BA - Pt. 3
NONE

Sch. D - Pt. 3
NONE

SCHEDULE D - PART 4

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

CUSIP Identification	Description	Statement of Financial Condition												Statement of Income		Statement of Retained Earnings		Statement of Cash Flows					
		1	2	3	4	5	6	7	8	9	10	11	Change in Book/Adjusted Carrying Value	12	13	14	15	16	17	18	19	20	21	22
F o r e i n g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in B.A.C.V. (11+12+13)	Boot/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designat and Administrat Symb Marke Indicator					
Bonds - Industrial and Miscellaneous																							
17325F AA 6 CALL	CITIBANK NA, 2.0% DUE 03/20/2019	02/20/2019, Sold.....					250,000	250,000	249,220	249,847	.....	94.....	.....	94.....	.....	249,941	.....	59.....	59.....	2,083	03/20/2019, 1FE.....	XXX
38999999.	Total - Bonds - Industrial and Miscellaneous.						250,000	250,000	249,220	249,847	.....	94.....	.....	94.....	.....	249,941	.....	59.....	59.....	2,083		XXX
83999997.	Total - Bonds - Part 4.....						250,000	250,000	249,220	249,847	.....	94.....	.....	94.....	.....	249,941	.....	59.....	59.....	2,083		XXX
83999999.	Total - Bonds.....						250,000	250,000	249,220	249,847	.....	94.....	.....	94.....	.....	249,941	.....	59.....	59.....	2,083		XXX
99999999.	Total - Bonds, Preferred and Common Stocks.....						250,000	XXX	249,220	249,847	.....	94.....	.....	94.....	.....	249,941	.....	59.....	59.....	2,083		XXX

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

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

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

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

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

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
PNC Bank.....	Cleveland, Ohio.....		.....0.250	.....1,438	.....1,447,626	.....1,358,398	.....1,498,438	XXX
0199999. Total Open Depositories.....		XXX	XXX	.....1,438	.....0	.....1,447,626	.....1,358,398	.....1,498,438
0399999. Total Cash on Deposit.....		XXX	XXX	.....1,438	.....0	.....1,447,626	.....1,358,398	.....1,498,438
0599999. Total Cash.....		XXX	XXX	.....1,438	.....0	.....1,447,626	.....1,358,398	.....1,498,438

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

CUSIP Sweep Accounts	Description	Show Investments Owned End of Current Quarter						Amount Received During Year
		1	2	3	4	5	6	
		Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	
	PNC Bank Money Market.....		05/11/2017.....	2.430				163,754
	PNC Investments Money Market.....		08/21/2017.....	2.330				2,922
8499999. Total - Sweep Accounts.....								5,007
8899999. Total - Cash Equivalents.....								166,676
								166,676

**MEDICARE PART D COVERAGE SUPPLEMENT**

(Net of Reinsurance)

NAIC Group Code.....0

NAIC Company Code.....122

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums collected.....		XXX.....		XXX.....	0
2. Earned premiums.....		XXX.....		XXX.....	XXX.....
3. Claims paid.....		XXX.....		XXX.....	0
4. Claims incurred.....		XXX.....		XXX.....	XXX.....
5. Reinsurance coverage and low income cost sharing - claims paid net of reimbursements applied (a).....	XXX.....		XXX.....		0
6. Aggregate policy reserves - change.....		XXX.....		XXX.....	XXX.....
7. Expenses paid.....		XXX.....		XXX.....	0
8. Expenses incurred.....		XXX.....		XXX.....	XXX.....
9. Underwriting gain or loss.....	0	XXX.....	0	XXX.....	XXX.....
10. Cash flow results.....		XXX.....	XXX.....	XXX.....	0

NONE

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

March 31, 2019 Annual Filing

Regarding
Claims Triangle and Reconciliation with
Underwriting and Investment Exhibit

for

COSE Health and Wellness Trust



LEWIS & ELLIS

Actuaries and Consultant

Prepared by Michael Brown, FSA, MAAA
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Underwriting and Investment Exhibit

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

1. Paid Claims (Columns 1 and 2)

The paid claims include medical and pharmacy. Lag claims included amounts paid by the TPA to provider. However, not all claims paid by the Trust align exactly with paid claims in the triangle due to invoice timing. These invoiced amounts were added or removed as noted in the table below. The claims difference is an amount required to tie lag amounts plus invoices to the claims ledger amounts in the U&I Exhibit, this amount typically should be less than 1% of total to be considered reasonable. It currently is 0.7% of the total. The total amounts in the Claim lag illustrated below include the removal of claims that were reimbursed through stop loss.

Underwriting and Investment Exhibit

Paid Claims	Column 1 - Claims Incurred Prior to January 1 of Current Year	Column 2 - Claims Incurred During the Year	Total
Claim Lag	\$11,403,017	\$28,059,798	\$39,462,815
Plus Invoiced Amounts in 2017 Lags, Paid in 2018	\$3,622,177	\$0	\$3,622,177
Less Invoiced Amount in Lags, not paid yet	\$0	(\$4,170,950)	(\$4,170,950)
Total	\$15,025,194	\$23,888,848	\$38,914,042
U&I Exhibit	\$14,914,421.63	\$23,712,729	\$38,627,151
\$ Difference	\$110,772	\$176,119	\$286,891
% Difference	0.7%	0.7%	0.7%

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

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

Underwriting and Investment Exhibit

Claim Reserve	Column 3 - Claims Unpaid December 31 of Prior Year	Column 4 - Claims Incurred During the Year	Total
Claim Lag Reserve + Invoices	\$3,726,748	\$22,644,202	\$26,370,950
<i>U&I Exhibit</i>	<i>\$3,726,748</i>	<i>\$22,644,202</i>	<i>\$26,370,950</i>
\$ Difference	\$0	\$0	\$0
% Difference	0.0%	0.0%	0.0%

Claims Triangles (Lag Triangles) on the following page.

Medical Lag Triangle (Includes \$157,270 ACO payments)

Incurred Date	Medical Lag Triangle (Includes \$157,270 ACO payments)												Total						
	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	
Sep-16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	85,497	
Oct-16	128	0	0	107	0	0	0	0	0	45	0	0	0	0	0	0	0	131,487	
Nov-16	752	586	0	17,268	0	0	0	43,816	0	0	0	0	0	0	0	0	0	401,049	
Dec-16	494	70	0	0	335	500	0	0	0	0	0	0	6	0	0	0	0	469,782	
Jan-17	36,795	370	493	351	569	0	0	173	0	397	293	0	129	0	0	0	0	465,149	
Feb-17	1,288	1,052	1,542	281	555	530	250	36	0	2,404	0	0	106	260	0	-55	0	766,744	
Mar-17	3,942	752	928	-145	749	368	959	168	0	3,657	0	502	502	21	0	0	0	994,563	
Apr-17	5,702	500	2,100	631	3,471	243	611	678	96	0	-39	-89	0	406	-55	0	-15	794,808	
May-17	9,698	6,215	4,588	-3,088	5,180	13,604	1,830	1,817	-57	1,417	0	-6	2,667	0	0	63	9,736	-1,148	
Jun-17	19,946	27,260	4,806	-942	4,043	1,385	1,201	130	57	83	161	0	0	-58	257	15	0	0	1,323,225
Jul-17	45,420	293,006	21,559	42,088	3,254	16,680	11,198	5,128	414	4,644	1,017	286	12	393	0	303	0	0	2,115,657
Aug-17	304,614	33,861	-1,746	31,992	14,113	18,142	23,929	5,435	7,501	3,969	629	18,713	-7,935	2,997	23,460	847	2,102	16	2,004,979
Sep-17	1,080,409	141,371	360,839	357,731	10,629	21,485	-3,526	4,120	11,727	-258	115,506	2,139	1,134	1,795	0	-5	-65	0	2,570,888
Oct-17	646,707	1,124,920	593,139	66,158	51,272	41,826	11,646	121,467	6,276	5,430	519	2,177	23,356	179	-3,488	44	4	0	2,691,632
Nov-17	633,495	1,237,195	56,1596	58,842	257,994	55,111	3,435	10,570	1,398	82,501	-87,233	5,862	180	34,802	996	3,172	-808	2,859,106	
Dec-17	729,593	1,389,728	242,463	193,816	395,540	45,622	7,428	-769	3,103	7,241	483	20,082	765	851	0	0	0	3,036,947	
Jan-18	732,083	1,722,062	524,682	189,229	92,856	103,349	56,590	6,475	33,973	34,225	3,376	13,328	4,884	19,572	3,900	3,540,586			
Feb-18	995,661	2,077,834	762,914	340,310	145,725	161,273	65,600	81,123	18,775	3,985	34,244	5,895	2,218	2,581	4,698,139				
Mar-18		1,498,088	4,077,834	951,875	395,788	73,059	60,077	42,382	101,644	14,232	-795	24,435	6,170	11,047	5,885,828				
Apr-18	1,518,841	3,234,941	614,197	118,465	138,504	31,720	75,135	17,538	19,735	4,028	4,151	5,775,839							
May-18	1,830,958	2,891,390	704,278	258,444	111,539	57,601	36,718	99,204	10,789	9,066	9,244	6,019,231							
Jun-18		1,825,189	2,881,157	1107,114	302,318	343,123	10,910	71,773	31,652	216,175	17,024	6,806,436							
Jul-18			1,872,098	3,506,268	1,400,713	323,915	124,154	71,134	81,717	36,875	41,651	7,458,524							
Aug-18				2,246,790	3,814,346	2,036,134	419,316	310,973	57,014	149,488	31,638	9,065,659							
Sep-18				1,765,836	3,663,470	1,420,431	344,404	132,358	64,359	44,609	7,435,467								
Oct-18				2,642,180	4,529,419	1,286,282	328,868	328,092	152,543	9,245,184									
Nov-18					2,451,197	4,307,626	1,412,961	328,222		101,729									
Dec-18						2,612,403	5,212,880	941,029	217,352										
Jan-19							2,262,964	5,077,627	2,953,022	10,293,633									
Feb-19							2,356,684	6,020,761	8,377,445										
Mar-19								2,981,457	2,981,457										
Total	2,155,494	2,265,457	2,945,859	3,195,840	3,113,198	4,667,175	5,658,556	6,682,492	6,019,823	5,886,534	7,595,469	7,527,973	9,322,684	9,057,511	9,205,312	9,567,015	12,604,437	127,530,005	

Pharmacy Lag Triangle														Total				
Inured Date	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Sep-16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Oct-16	0	0	231	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Nov-16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	91,501	
Dec-16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	104,687	
Jan-17	314	489	0	0	0	0	0	0	0	0	0	0	0	0	0	0	119,283	
Feb-17	0	249	0	0	0	0	0	0	0	0	0	0	0	0	0	0	203,316	
Mar-17	94	489	0	0	0	0	0	0	0	0	0	0	0	0	0	0	319,520	
Apr-17	727	14	367	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
May-17	7	20	30	0	0	0	0	0	0	0	0	0	0	0	0	0	278,773	
Jun-17	0	0	35	0	0	18	0	0	0	0	0	0	0	0	0	0	381,951	
Jul-17	5	-50	378	978	0	115	0	0	0	0	0	0	0	0	0	0	356,920	
Aug-17	1,238	516	65	0	291	39	60	0	0	-293	70	0	113	0	0	0	0	
Sep-17	132,734	529	632	0	0	421	21	0	0	0	2	0	588	0	0	0	0	
Oct-17	315,711	227,172	326	688	319	113	0	0	0	0	86	0	296	0	0	0	0	
Nov-17	254,349	318,797	6,207	1,752	338	-442	0	38	0	308	0	0	0	0	0	0	0	
Dec-17	270,638	353,834	5,534	1,889	403	364	50	118	-2	112	1,425	0	0	0	0	0	634,354	
Jan-18	216,934	539,411	20,669	3,836	4,736	2,013	15,078	4,268	2,307	1,144	1,709	994	29	0	0	0	813,133	
Feb-18	225,866	689,310	6,824	6,425	471	6,042	818	638	7,185	1,429	307	261	-98	0	0	0	945,478	
Mar-18	774,500	420,200	8,340	990	375	374	2,593	5,189	31	0	545	0	0	0	0	0	1,213,137	
Apr-18	850,647	459,895	9,455	489	4961	143	298	0	0	0	300	0	0	0	0	0	1,326,188	
May-18	748,638	659,625	3,734	-1,021	181	1,504	3,325	4	3	-187	9	1,415,845						
Jun-18	632,474	771,416	12,865	319	492	4,238	257	19	352	148	1,412,579							
Jul-18	631,983	948,156	9,217	1,327	3,570	-130	649	618	54	1,615,443								
Aug-18	1,280,714	444,406	1,306	1,306	6,055	866	5,490	19	749	1,755,606								
Sep-18	1,228,364	573,553	1,228,364	1,148,771	774,113	4,662	1,295	1,353	689	1,113	255	1,806,421						
Oct-18	1,063,838	862,673	862,673	1,063,838	862,673	8,362	584	377	3,985	1,932,422								
Nov-18	980,422	1,302,232	1,302,232	980,422	1,302,232	-5,171	5,088	572,316	1,469,679	99,032	2,282,541							
Dec-18																		
Jan-19																		
Feb-19																		
Mar-19																		
Total	450,830	483,779	591,497	578,641	773,172	1,487,412	1,281,548	1,228,398	1,295,116	1,448,941	2,251,598	1,688,282	1,759,497	1,851,409	1,891,518	2,010,893	3,834,079	29,765,357

Combined Lag Triangle														Total				
Incurred Date	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Sep-16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	88,544
Oct-16	128	0	281	107	0	0	0	0	45	0	0	0	0	0	0	0	0	181,458
Nov-16	752	586	0	17,268	0	0	0	43,816	0	0	0	0	0	0	0	0	0	492,550
Dec-16	494	70	0	0	335	500	0	0	0	0	0	0	0	0	0	0	0	574,469
Jan-17	37,109	859	493	351	569	0	0	0	173	0	397	293	0	129	0	0	0	584,332
Feb-17	1,288	1,302	1,542	281	555	530	250	36	0	0	2,404	0	0	106	260	0	-65	970,060
Mar-17	4,035	1,241	928	-145	749	368	959	168	0	3,657	0	502	502	21	0	15	0	14,267
Apr-17	6,429	514	2,496	631	3,471	243	611	678	96	0	-39	507	406	-55	0	-15	0	1,078,140
May-17	9,705	6,235	-4,559	-3,088	5,180	13,604	1,830	1,817	-57	1,417	0	-6	2,667	0	0	63	9,736	-1,148
Jun-17	19,546	27,260	4,841	-942	4,043	1,403	1,201	130	57	83	161	0	0	-58	257	15	0	1,705,175
Jul-17	45,425	292,956	21,937	43,065	3,254	16,794	11,198	5,128	414	4,644	1,017	286	12	393	0	328	0	2,472,587
Aug-17	305,852	34,377	-1,682	31,992	14,404	18,181	23,989	5,435	7,501	3,676	699	18,713	-7,823	2,997	23,460	847	2,102	16
Sep-17	1,213,143	141,900	361,471	357,731	10,629	21,906	-3,505	4,120	11,727	-258	115,508	2,139	1,722	1,795	0	-5	-65	313
Oct-17	982,419	1,352,092	593,465	66,846	51,591	41,939	11,646	121,467	6,276	5,430	604	2,177	23,652	179	-3,488	44	4	0
Nov-17	887,845	1,555,992	567,803	60,594	54,669	34,335	56,057	1,398	82,809	-87,233	5,862	180	34,802	996	3,172	-808	3,440,453	
Dec-17	1,000,230	1,743,562	247,997	195,705	396,943	45,986	7,478	-652	3,101	7,353	1,908	20,082	765	851	0	0	3,671,311	
Jan-18	949,017	2,261,473	545,351	193,065	97,592	105,361	71,668	10,743	36,281	35,370	5,086	14,322	4,912	19,572	3,904	4,553,718		
Feb-18	1,221,527	2,767,144	769,738	346,735	146,196	167,315	66,418	81,762	25,960	5,414	34,522	6,156	2,120	2,551	5,643,617			
Mar-18	2,272,587	3,108,024	960,215	396,778	73,435	60,451	44,976	106,833	14,263	-795	24,979	6,170	11,047	7,078,965				
Apr-18																4,151	7,103,027	
May-18																	7,435,045	
Jun-18																	8,219,015	
Jul-18																	9,073,967	
Aug-18																	10,821,305	
Sep-18																	12,434,640	
Oct-18																	12,720,931	
Nov-18																	15,904,227	
Dec-18																	15,729,363	
Jan-19																		
Feb-19																		
Mar-19																		
Total	2,606,324	2,747,236	3,537,356	3,774,481	3,886,371	6,154,587	6,940,105	7,910,890	7,314,939	7,335,476	9,847,068	9,216,255	11,082,181	10,917,114	11,057,720	11,458,533	11,565,365	16,438,916