



RiverLink Health

Employer's ID Number..... 46-4380824

Country of Domicile US

Is HMO Federally Qualified? Yes [X] No []

Commenced Business..... January 1, 2015

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

33820 Weyerhaeuser Way S .. Federal Way .. WA .. US .. 98001
(Street and Number) (City or Town, State, Country and Zip Code)

(Area Code) (Telephone Number)

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

33820 Weyerhaeuser Way S .. Federal Way .. WA .. US .. 98001
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(Area Code) (Telephone Number)

www.RiverLinkHealth.com

Thuy Le
(Name)

(Area Code) (Telephone Number) (Extension)

thuy.le@qualchoicehealth.com
(E-Mail Address)

253-517-4385
(Fax Number)

OFFICERS

Title
CEO/President

Title	
Treasurer	

3.

4.

OTHER

DIRECTORS OR TRUSTEES

Jennifer Jean Boeff

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)

3. (Printed Name)

3. (Printed Name)

(Title)

Yes ☒ No ☐

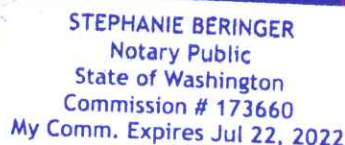
b. If no: 1. State the amendment number

2. Date filed

2. Date filed

2. Date filed

3. Number of pages attached





HEALTH QUARTERLY STATEMENT

As of March 31, 2019
of the Condition and Affairs of the

RiverLink Health

NAIC Group Code.....4807, 4807
(Current Period) (Prior Period)

NAIC Company Code..... 15499

Employer's ID Number..... 46-4380824

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Licensed as Business Type Health Insuring Corporation

Is HMO Federally Qualified? Yes [X] No []

Incorporated/Organized..... December 18, 2013

Commenced Business..... January 1, 2015

Statutory Home Office

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

Main Administrative Office

33820 Weyerhaeuser Way S .. Federal Way .. WA .. US .. 98001
(Street and Number) (City or Town, State, Country and Zip Code)

866-789-7747
(Area Code) (Telephone Number)

Mail Address

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

Primary Location of Books and Records

33820 Weyerhaeuser Way S .. Federal Way .. WA .. US .. 98001
(Street and Number) (City or Town, State, Country and Zip Code)

253-517-4300
(Area Code) (Telephone Number)

Internet Web Site Address

www.RiverLinkHealth.com

Statutory Statement Contact

Thuy Le
(Name)
thuy.le@qualchoicehealth.com
(E-Mail Address)

253-517-4340
(Area Code) (Telephone Number) (Extension)
253-517-4385
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Mark Fred Bjornson	CEO/President	2. Charles William Hanson	Treasurer
3.		4.	

OTHER

DIRECTORS OR TRUSTEES

Mark Fred Bjornson	Charles William Hanson	Gregory Porter Moore	Jennifer Jean Boeff
Randall Alvin Crow			

State of.....Minnesota
County of.....Hennepin

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(Signature)

Mark Fred Bjornson

1. (Printed Name)

CEO/President

(Title)

(Signature)

Charles William Hanson

2. (Printed Name)

Treasurer

(Title)

(Signature)

3. (Printed Name)

(Title)

Subscribed and sworn to before me

This 10th day of May

Tammy L Harrison

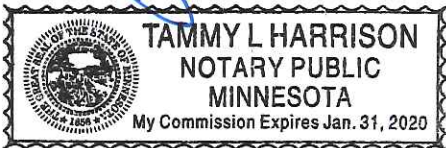
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State of.....
County of.....

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1. (Printed Name)
CEO/President
(Title)

(Signature)
Charles William Hanson
2. (Printed Name)
Treasurer
(Title)

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

Subscribed and sworn to before me
This _____ day of _____

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

ASSETS

	Current Statement Date			4
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Prior Year Net Admitted Assets
1. Bonds.....	3,777,713		3,777,713	3,764,634
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 (\$.....1,567,577), cash equivalents (\$.....0) and short-term investments (\$.....0).....	1,567,577		1,567,577	2,046,729
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).....	5,345,290	0	5,345,290	5,811,363
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	22,717		22,717	17,129
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....			0	171
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 (\$.....285,641) and contracts subject to redetermination (\$.....0).....	285,641		285,641	285,641
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....	153,639		153,639	222,450
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....	184		184	184
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.....	225		225	158,482
24. Health care (\$.....188,565) and other amounts receivable.....	344,233	155,668	188,565	500,601
25. Aggregate write-ins for other than invested assets.....	1,500	1,500	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	6,153,428	157,168	5,996,260	6,996,020
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	6,153,428	157,168	5,996,260	6,996,020

DETAILS OF WRITE-INS

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

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	280,156		280,156	1,033,612
2. Accrued medical incentive pool and bonus amounts.....			.0	
3. Unpaid claims adjustment expenses.....	4,816		4,816	23,776
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....	69,627		69,627	69,627
5. Aggregate life policy reserves.....			.0	
6. Property/casualty unearned premium reserve.....			.0	
7. Aggregate health claim reserves.....			.0	
8. Premiums received in advance.....			.0	501
9. General expenses due or accrued.....	4,168		4,168	4,235
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....	3,587		3,587	3,587
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.....	203,020		203,020	13,701
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).....	565,373	.0	565,373	1,149,038
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	.0	.0
26. Common capital stock.....	XXX	XXX		
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	8,650,000	8,650,000
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	.0	.0
31. Unassigned funds (surplus).....	XXX	XXX	(3,219,112)	(2,803,018)
32. Less treasury stock, at cost:				
32.1 .....0.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX		
32.2 .....0.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	5,430,888	5,846,982
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	5,996,260	6,996,020

DETAILS OF WRITE-INS

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

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months.....	XXX.....	.....	2,742	10,798
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	(3,393)	2,152,260	8,857,417
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	.....	.....	(69,627)
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.....	(3,393)	2,152,260	8,787,790
Hospital and Medical:				
9. Hospital/medical benefits.....	.....	(27,662)	1,360,006	6,393,046
10. Other professional services.....	.....	.....	31,990	126,675
11. Outside referrals.....	.....	.....	.....	.....
12. Emergency room and out-of-area.....	.....	.....	19,764	95,780
13. Prescription drugs.....	.....	(3,117)	334,170	638,013
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	(30,779)	1,745,929	7,253,514
Less:				
17. Net reinsurance recoveries.....	.....	.....	.....	.....
18. Total hospital and medical (Lines 16 minus 17).....	0	(30,779)	1,745,929	7,253,514
19. Non-health claims (net).....	.....	.....	.....	.....
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....	.....	.....	29,805	153,505
21. General administrative expenses.....	.....	415,023	109,827	399,379
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only).....	.....	.....	(33,357)	(133,426)
23. Total underwriting deductions (Lines 18 through 22).....	0	384,245	1,852,205	7,672,973
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	(387,637)	300,056	1,114,818
25. Net investment income earned.....	.....	24,063	19,291	90,922
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....	.....	(2,765)	(4,487)	(40,576)
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	21,297	14,805	50,346
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....	.....	11	(1,100)	(6,005)
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.....	(366,329)	313,761	1,159,159
31. Federal and foreign income taxes incurred.....	XXX.....	.....	.....	3,587
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	(366,329)	313,761	1,155,572

DETAILS OF WRITE-INS

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

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	.....5,846,981	.....4,735,712	.....4,735,712
34. Net income or (loss) from Line 32.....	.....(366,329)	.....313,761	.....1,155,572
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.....			.....(184)
39. Change in nonadmitted assets.....	.....(49,129)	.....(3,163)	.....(44,119)
40. Change in unauthorized and certified reinsurance.....			
41. Change in treasury stock.....			
42. Change in surplus notes.....			
43. Cumulative effect of changes in accounting principles.....			
44. Capital changes:			
44.1 Paid in.....			
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....			
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....	.....(636)	.....0	.....0
48. Net change in capital and surplus (Lines 34 to 47).....	.....(416,094)	.....310,597	.....1,111,269
49. Capital and surplus end of reporting period (Line 33 plus 48).....	.....5,430,887	.....5,046,309	.....5,846,981

DETAILS OF WRITE-INS			
4701. PY tax adjustment.....	.....(636)		
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).....	.....(636)	.....0	.....0

CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	(3,722)	2,812,465	9,048,765
2. Net investment income.....	17,331	21,525	100,145
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	13,609	2,833,990	9,148,910
5. Benefit and loss related payments.....	461,271	1,835,377	7,949,051
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	365,532	159,437	1,027,984
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....			(64,154)
10. Total (Lines 5 through 9).....	826,803	1,994,814	8,912,881
11. Net cash from operations (Line 4 minus Line 10).....	(813,194)	839,176	236,029
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	346,568	448,559	3,641,579
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.....			(75)
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	346,568	448,559	3,641,504
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	361,266	474,373	2,736,941
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).....	361,266	474,373	2,736,941
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(14,698)	(25,814)	904,563
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	348,740	18,966	(158,277)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	348,740	18,966	(158,277)
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).....	(479,151)	832,328	982,315
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	2,046,729	1,064,414	1,064,414
19.2 End of period (Line 18 plus Line 19.1).....	1,567,577	1,896,742	2,046,729

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

20.0001			
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at End of:										
1. Prior Year.....	890							890		
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 Period:										
7. Physician.....	0									
8. Non-Physician.....	0									
9. Total.....	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 (a).....	(3,393)							(3,393)		
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	(3,393)							(3,393)		
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	(30,779)							(30,779)		
18. Amount Incurred for Provision of Health Care Services.....	(30,779)							(30,779)		

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.....(3,393).

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

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0599999. Unreported Claims and Other Claim Reserves.....						280,156
0799999. Total Claims Unpaid.....						280,156

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....					0	
2. Medicare Supplement.....					0	
3. Dental only.....					0	
4. Vision only.....					0	
5. Federal Employees Health Benefits Plan.....					0	
6. Title XVIII - Medicare.....	732,652		280,156		1,012,808	1,033,612
7. Title XIX - Medicaid.....					0	
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	732,652	0	280,156	0	1,012,808	1,033,612
10. Healthcare receivables (a).....	271,382		344,233		615,615	605,640
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....					0	
13. Totals (Lines 9-10+11+12).....	461,270	0	(64,077)	0	397,193	427,972

(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

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

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

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

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

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

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

	SSAP #	F/S Page	F/S Line #	Current Year to Date	2018
NET INCOME					
(1) RiverLink Health Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ (366,329)	\$ 1,155,572
(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	\$ (366,329)	\$ 1,155,572
SURPLUS					
(5) RiverLink Health Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 5,430,888	\$ 5,846,982
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 5,430,888	\$ 5,846,982

C. Accounting Policy

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

Recognition of Health Care Costs: The Company arranges for medical care for its members through a combination of capitation agreements and fee-for-service programs with medical services providers. Medical and hospital expenses are recorded in the period the member receives or is entitled to the services. These expenses include payments to primary care physicians, specialists, hospitals, pharmacies and other medical services providers.

(2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method

Bonds are stated at amortized cost using the interest method.

(6) Basis for Loan-Backed Securities and Adjustment Methodology - None.

D. Going Concern

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

NOTES TO FINANCIAL STATEMENTS

Note 2 – Accounting Changes and Corrections of Errors

None.

Note 3 – Business Combinations and Goodwill

None.

Note 4 – Discontinued Operations

The Company ceased writing insurance business as of January 1, 2019.

Note 5 – Investments

D. Loan-Backed Securities

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

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

b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged	\$
---	----

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

- (1) Company Policies or Strategies for Repo Programs - None.
- (2) Type of Repo Trades Used - None.
- (3) Maturity Time Frame - None.
- (4) Counterparty, Jurisdiction and Fair Value (FV) - None.
- (5) Securities "Sold" Under Repo – Secured Borrowing - None.
- (6) Securities Sold Under Repo – Secured Borrowing by NAIC Designation - None.
- (7) Collateral Received – Secured Borrowing - None.
- (8) Cash & Non-Cash Collateral Received – Secured Borrowing by NAIC Designation - None.
- (9) Allocation of Aggregate Collateral by Remaining Contractual Maturity - None.
- (10)Allocation of Aggregate Collateral Reinvested by Remaining Contractual Maturity - None.
- (11)Liability to Return Collateral – Secured Borrowing (Total) - None.

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

- (1) Company Policy or Strategies for Engaging in Repo Programs - None.
- (2) Type of Repo Trades Used - None.
- (3) Original (Flow) and Residual Maturity - None.
- (4) Counterparty, Jurisdiction and Fair Value (FV) - None.
- (5) Fair Value of Securities Acquired Under Repo – Secured Borrowing - None.
- (6) Securities Acquired Under Repo – Secured Borrowing by NAIC Designation - None.
- (7) Collateral Pledged – Secured Borrowing - None.
- (8) Allocation of Aggregate Collateral Pledged by Remaining Contractual Maturity - None.

NOTES TO FINANCIAL STATEMENTS

- (9) Recognized Receivable for Return of Collateral – Secured Borrowing - None.

(10)Recognized Liability to Return Collateral – Secured Borrowing (Total) - None.
- H. Repurchase Agreements Transactions Accounted for as a Sale
Repurchase Transaction – Cash Taker – Overview of Sale Transactions

(1) Company Policy or Strategies for Engaging in Repo Programs - None.

(2) Type of Repo Trades Used - None.

(3) Original (Flow) & Residual Maturity - None.

(4) Counterparty, Jurisdiction and Fair Value (FV) - None.

(5) Securities "Sold" Under Repo – Sale - None.

(6) Securities Sold Under Repo – Sale by NAIC Designation - None.

(7) Proceeds Received – Sale - None.

(8) Cash & Non-Cash Collateral Received – Sale by NAIC Designation - None.

(9) Recognized Forward Resale Commitment - None.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale
Repurchase Transaction – Cash Provider – Overview of Sale Transactions

(1) Company Policy or Strategies for Engaging in Repo Programs - None.

(2) Type of Repo Trades Used - None.

(3) Original (Flow) & Residual Maturity - None.

(4) Counterparty, Jurisdiction and Fair Value (FV) - None.

(5) Securities Acquired Under Repo – Sale - None.

(6) Securities Acquired Under Repo – Sale by NAIC Designation - None.

(7) Proceeds Provided – Sale - None.

(8) Recognized Forward Resale Commitment - None.
- M. Working Capital Finance Investments

(2) Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs - None.

(3) Any Events of Default or Working Capital Finance Investments - None.
- N. Offsetting and Netting of Assets and Liabilities - None.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

None.

Note 7 – Investment Income

No significant changes

Note 8 – Derivative Instruments

H. Total Premium Costs for Contracts - None.

Note 9 – Income Taxes

No significant changes

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

No significant changes

Note 11 – Debt

- B. FHLB (Federal Home Loan Bank) Agreements

(1) Nature of the Agreement - None.

NOTES TO FINANCIAL STATEMENTS

(2) FHLB Capital Stock - None.

(3) Collateral Pledged to FHLB - None.

(4) Borrowing from FHLB - None.

c. FHLB – Prepayment Obligations

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

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

A. Defined Benefit Plan - None.

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

No significant changes

Note 14 – Liabilities, Contingencies and Assessments

No significant changes

Note 15 – Leases

No significant changes

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

None.

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

B. Transfer and Servicing of Financial Assets

(2) Servicing Assets and Servicing Liabilities - None.

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

C. Wash Sales

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

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

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

Not applicable.

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

Not applicable.

Note 20 – Fair Value Measurements

A. Fair Value Measurements

(1) Fair Value Measurements at Reporting Date

The Company reports investments at amortized cost.

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy - None.

(3) Policies when Transfers Between Levels are Recognized

The Company has no transfers between fair-value levels.

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement - None.

NOTES TO FINANCIAL STATEMENTS

(5) Fair Value Disclosures - None.

- B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements - None.
- C. Fair Value Level - None.
- D. Not Practicable to Estimate Fair Value - None.
- E. NAV Practical Expedient Investments - None.

Note 21 – Other Items

None.

Note 22 – Events Subsequent

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: None.
 - (3) Roll forward of prior year ACA Risk Sharing Provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance: None.
 - (4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year - None.
 - (5) ACA Risk Corridors Receivable as of Reporting Date - None.

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

- A. Change in Incurred Losses and Loss Adjustment Expenses

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

	2019	2018
Beginning liability for unpaid losses and loss adjustment expenses	1,057,388	1,534,787
Health Care Receivable	(605,640)	(409,300)
Beginning liability for unpaid losses and loss adjustment expense, net of Health Care Rec.	451,748	1,125,487
Incurred related to:		
Current year	0	7,698,725
Prior Years	751,613	1,042,733
Total paid	751,613	8,741,458
Ending liability for unpaid losses and loss adjustment expenses	284,971	1,057,388
Health Care Receivable	(344,233)	(605,640)
Ending liability for unpaid losses and loss adjustment, net of Health Care Rec.	(59,262)	451,748

Loss and Loss Adjustment Expenses reserves as of December 31, 2018 were \$1,057,388. As of March 31, 2019, \$751,613 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$284,971 as a result of re-estimation of unpaid claims and claim adjustment expenses. This has generated a \$20,804 favorable prior year development from December 31, 2018 to

NOTES TO FINANCIAL STATEMENTS

March 31, 2019. The change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

B. Information about Significant Changes in Methodologies and Assumptions: None.

Note 26 – Intercompany Pooling Arrangements

None.

Note 27 – Structured Settlements

Not Applicable for Health Companies

Note 28 – Health Care Receivables

No significant changes

Note 29 – Participating Policies

Not applicable to the reporting Company.

Note 30 – Premium Deficiency Reserves

No significant changes

Note 31 – Anticipated Salvage and Subrogation

None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [☐] No [☒ X]

1.2

If yes, has the report been filed with the domiciliary state?

Yes [☐] No [☐]

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [☐] No [☒ X]

2.2

If yes, date of change:

3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1 and 1A.

Yes [☒ X] No [☐]

3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [☒ X] No [☐]

3.3

If the response to 3.2 is yes, provide a brief description of those changes.
Effective March 29, 2019 Steven Schramm resigned his postion as President/CFO/Treasurer and William Ze'ev Young resigned his position as Chief Medical Officer.

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?
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

Yes [☐] No [☒ X]

4.2

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

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

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes [☐] No [☒ X] N/A [☐]

6.1

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

12/31/2017

6.2

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

12/31/2017

6.3

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

6.4

By what department or departments?
Ohio Department of Insurance

6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [☒ X] No [☐] N/A [☐]

6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [☒ X] 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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	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?
(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.

Yes [☒ X] No [☐]

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 ☐

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

\$0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes ☐ No ☒

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

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

\$0

13. Amount of real estate and mortgages held in short-term investments:

\$0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes ☐ No ☒

14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes ☐ No ☒

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes ☐ No ☐

If no, attach a description with this statement.

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

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

\$0

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

\$0

16.3 Total payable for securities lending reported on the liability page:

\$0

17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes ☒ No ☐

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

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

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes ☐ No ☒

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

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

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

1 Name of Firm or Individual	2 Affiliation
Catholic Health Initiatives - Treasury department	A
BNY Mellon Asset Management North America	U

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets?

Yes ☒ No ☐

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes ☒ No ☐

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
105764	BNY Mellon Asset Management North America		SEC	DS

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes ☒ No ☐

18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

19.

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

a.

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

b.

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

c.

The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes [☐]

No [☒]
20.

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

a.

The security was purchased prior to January 1, 2018.

b.

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

c.

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

d.

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

Has the reporting entity self-designated PLGI securities?

Yes [☐]

No [☒]

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1.	Operating Percentages:		
1.1	A&H loss percent		0.0 %
1.2	A&H cost containment percent		0.0 %
1.3	A&H expense percent excluding cost containment expenses		0.0 %
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	2	3	4	5	6	7	8	9
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
A&H Non-Affiliates								
64890.....	91-6034263.....	01/01/2017	Berkley Life and Health Insurance Company.....	IA.....	CO/I.....	Authorized.....	.....	.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 through 7	Deposit-Type Contracts
1.	Alabama.....AL	...N...							0	
2.	Alaska.....AK	...N...							0	
3.	Arizona.....AZ	...N...							0	
4.	Arkansas.....AR	...N...							0	
5.	California.....CA	...N...							0	
6.	Colorado.....CO	...N...							0	
7.	Connecticut.....CT	...N...							0	
8.	Delaware.....DE	...N...							0	
9.	District of Columbia.....DC	...N...							0	
10.	Florida.....FL	...N...							0	
11.	Georgia.....GA	...N...							0	
12.	Hawaii.....HI	...N...							0	
13.	Idaho.....ID	...N...							0	
14.	Illinois.....IL	...N...							0	
15.	Indiana.....IN	...N...							0	
16.	Iowa.....IA	...N...							0	
17.	Kansas.....KS	...N...							0	
18.	Kentucky.....KY	...N...							0	
19.	Louisiana.....LA	...N...							0	
20.	Maine.....ME	...N...							0	
21.	Maryland.....MD	...N...							0	
22.	Massachusetts.....MA	...N...							0	
23.	Michigan.....MI	...N...							0	
24.	Minnesota.....MN	...N...							0	
25.	Mississippi.....MS	...N...							0	
26.	Missouri.....MO	...N...							0	
27.	Montana.....MT	...N...							0	
28.	Nebraska.....NE	...N...							0	
29.	Nevada.....NV	...N...							0	
30.	New Hampshire.....NH	...N...							0	
31.	New Jersey.....NJ	...N...							0	
32.	New Mexico.....NM	...N...							0	
33.	New York.....NY	...N...							0	
34.	North Carolina.....NC	...N...							0	
35.	North Dakota.....ND	...N...							0	
36.	Ohio.....OH	...L...		(3,393)					(3,393)	
37.	Oklahoma.....OK	...N...							0	
38.	Oregon.....OR	...N...							0	
39.	Pennsylvania.....PA	...N...							0	
40.	Rhode Island.....RI	...N...							0	
41.	South Carolina.....SC	...N...							0	
42.	South Dakota.....SD	...N...							0	
43.	Tennessee.....TN	...N...							0	
44.	Texas.....TX	...N...							0	
45.	Utah.....UT	...N...							0	
46.	Vermont.....VT	...N...							0	
47.	Virginia.....VA	...N...							0	
48.	Washington.....WA	...N...							0	
49.	West Virginia.....WV	...N...							0	
50.	Wisconsin.....WI	...N...							0	
51.	Wyoming.....WY	...N...							0	
52.	American Samoa.....AS	...N...							0	
53.	Guam.....GU	...N...							0	
54.	Puerto Rico.....PR	...N...							0	
55.	U.S. Virgin Islands.....VI	...N...							0	
56.	Northern Mariana Islands.....MP	...N...							0	
57.	Canada.....CAN	...N...							0	
58.	Aggregate Other alien.....OT	...XXX...	0	0	0	0	0	0	0	0
59.	Subtotal.....	...XXX...	0	(3,393)	0	0	0	0	(3,393)	0
60.	Reporting entity contributions for Employee Benefit Plans.....	...XXX...							0	
61.	Total (Direct Business).....	...XXX...	0	(3,393)	0	0	0	0	(3,393)	0

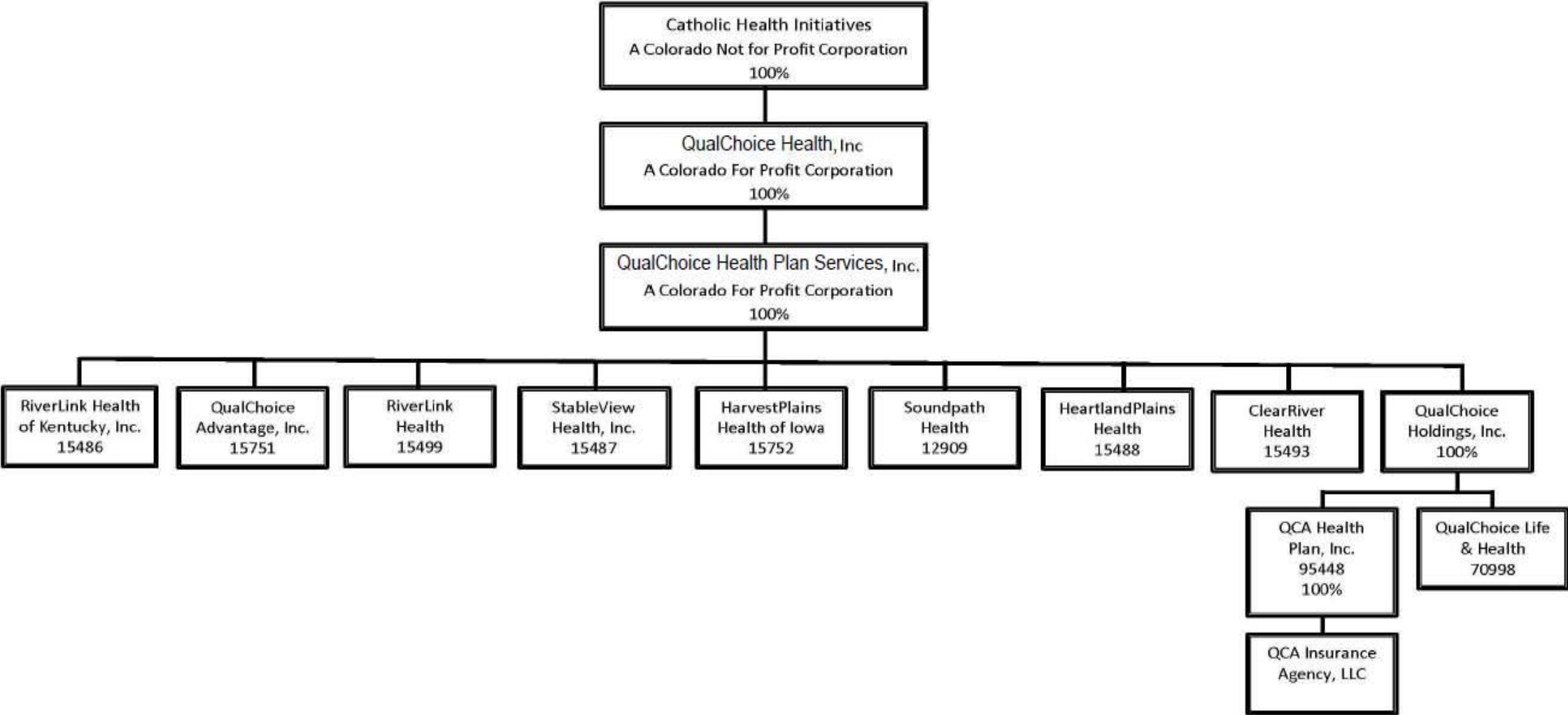
DETAILS OF WRITE-INS									
58001.								0	
58002.								0	
58003.								0	
58998. Summary of remaining write-ins for line 58 from overflow page.....		0	0	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above).....		0	0	0	0	0	0	0	0

(a) Active Status Count

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

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Q15



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

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

NO

Explanation:

1.

Bar Code:



Overflow Page for Write-Ins

NONE

SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	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	2
	Year to Date	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	2
	Year to Date	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	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	3,764,633	4,716,018
2. Cost of bonds and stocks acquired.....	361,266	2,736,940
3. Accrual of discount.....	2,595	5,368
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	(2,765)	(40,502)
6. Deduct consideration for bonds and stocks disposed of.....	347,572	3,642,973
7. Deduct amortization of premium.....	1,452	11,612
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.....	1,007	1,394
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	3,777,712	3,764,633
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	3,777,712	3,764,633

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	3,365,458	386,190	324,856	21,883	3,448,675			3,365,458
2. NAIC 2 (a).....	434,143	24,985	109,475	(20,616)	329,037			434,143
3. NAIC 3 (a).....					0			
4. NAIC 4 (a).....					0			
5. NAIC 5 (a).....					0			
6. NAIC 6 (a).....					0			
7. Total Bonds.....	3,799,601	411,175	434,331	1,267	3,777,712	0	0	3,799,601
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.....	3,799,601	411,175	434,331	1,267	3,777,712	0	0	3,799,601

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

SCHEDULE DA - PART 1

Short-Term Investments					
	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....		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.....	.....1	
2. Cost of short-term investments acquired.....		.....816,647
3. Accrual of discount.....		.....3,719
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		.....(75)
6. Deduct consideration received on disposals.....		.....820,494
7. Deduct amortization of premium.....		.....(204)
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).....	.....1	.....1
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	.....1	.....1

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	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	34,968	
2. Cost of cash equivalents acquired.....	49,908	34,943
3. Accrual of discount.....	124	25
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	85,000	
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).....	0	34,968
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	0	34,968

Sch. A Pt. 2
NONE

Sch. A Pt. 3
NONE

Sch. B - Pt. 2
NONE

Sch. B - Pt. 3
NONE

Sch. BA - Pt. 2
NONE

Sch. BA - Pt. 3
NONE

SCHEDULE D - PART 3

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

1	2			3	4	5	6	7	8	9	10
CUSIP Identification	Description			Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation and Administrative Symbol/Market Indicator (a)
Bonds - U.S. Government											
912828 5R 7	UNITED STATES TREASURY NOTE/BOND.....				01/02/2019.....	NOMURA SECURITIES/FI.....		45,195	45,000	62	1.....
912828 5X 4	UNITED STATES TREASURY NOTE/BOND.....				02/12/2019.....	CITIGROUP GLOBAL MKT.....		44,998	45,000	40	1.....
912828 6C 9	UNITED STATES TREASURY NOTE/BOND.....				03/05/2019.....	JPM SECURITIES-FIXED.....		69,932	70,000	92	1.....
0599999	Total - Bonds - U.S. Government.....							160,125	160,000	194	XXX.....
Bonds - U.S. Special Revenue and Special Assessment											
3135G0 U9 2	FEDERAL NATIONAL MORTGAGE ASSOCIATION.....				01/09/2019.....	NOMURA SECURITIES/FI.....		69,950	70,000		1.....
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments.....							69,950	70,000	0	XXX.....
Bonds - Industrial and Miscellaneous											
00206R DN 9	AT&T INC.....				02/07/2019.....	MARKETAXESS CORP.....		9,992	10,000	142	2FE.....
12189L AF 8	BURLINGTON NORTHERN SANTA FE LLC.....				02/07/2019.....	STIFEL NICHOLAUS & C.....		10,139	10,000	140	1FE.....
172967 FT 3	CITIGROUP INC.....				02/07/2019.....	DEUTSCHE BANC/ALEX B.....		10,396	10,000	34	1FE.....
24422E UQ 0	JOHN DEERE CAPITAL CORP.....				01/04/2019.....	MITSUBISHI UFJ SECS.....		9,990	10,000		1FE.....
36256X AD 4	GM FINANCIAL CONSUMER AUTOMOBILE RECEIVA.....				01/08/2019.....	RBC CAPITAL MARKETS.....		14,998	15,000		1FE.....
47789J AD 8	JOHN DEERE OWNER TRUST 2019-A.....				03/05/2019.....	CITIGROUP GLOBAL MKT.....		9,999	10,000		1FE.....
585055 BR 6	MEDTRONIC INC.....				02/07/2019.....	MARKETAXESS CORP.....		10,085	10,000	128	1FE.....
717081 ER 0	PFIZER INC.....				03/04/2019.....	BARCLAYS CAPITAL FIX.....		14,999	15,000		1FE.....
74432Q BT 1	PRUDENTIAL FINANCIAL INC.....				02/26/2019.....	SUMRIDGE PARTNERS LL.....		15,601	15,000	191	1FE.....
907818 EZ 7	UNION PACIFIC CORP.....				02/11/2019.....	CREDIT SUISSE FIRST.....		14,993	15,000		2FE.....
98162X AC 9	WORLD OMNI AUTOMOBILE LEASE SECURITIZATI.....				03/05/2019.....	MITSUBISHI UFJ SECS.....		9,999	10,000		1FE.....
3899999	Total - Bonds - Industrial and Miscellaneous.....							131,191	130,000	635	XXX.....
8399997	Total - Bonds - Part 3.....							361,266	360,000	829	XXX.....
8399999	Total - Bonds.....							361,266	360,000	829	XXX.....
9999999	Total - Bonds, Preferred and Common Stocks.....							361,266	XXX	829	XXX.....

(a)

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

QE04

SCHEDULE D - PART 4

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

1	2		3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
											11	12	13	14	15							
CUSIP Identification	Description		F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than- Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation and Admini- strative Symbol/ Market Indicator (a)
Bonds - U.S. Government																						
912828	X2	1		01/02/2019.	DEUTSCHE BANC/ALEX B.....		44,408	45,000	45,040	45,018				0		45,018		(610)	(610)	148	04/15/2020.	1.....
0599999. Total - Bonds - U.S. Government.....							44,408	45,000	45,040	45,018	0	0	0	0	0	45,018	0	(610)	(610)	148	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment																						
3135G0	T2	9		01/09/2019.	DEUTSCHE BANC/ALEX B.....		88,861	90,000	89,189	89,575		10		10		89,585		(724)	(724)	499	02/28/2020.	1.....
3199999. Total - Bonds - U.S. Special Revenue and Special Assessments.							88,861	90,000	89,189	89,575	0	10	0	10	0	89,585	0	(724)	(724)	499	XXX	XXX
Bonds - Industrial and Miscellaneous																						
02007Y	AC	8		03/06/2019.	BANC/AMERICA SECUR.L.....		19,862	20,000	19,998	19,999				0		19,999		(138)	(138)	92	03/15/2022.	1FE.....
035242	AJ	5		01/22/2019.	NON-BROKER TRADE, BO.....		7,933	8,000	8,064	8,042		(2)		(2)		8,040		(107)	(107)	112	02/01/2021.	2FE.....
12189T	BC	7		02/07/2019.	MILLENNIUM ADVISORS.....		10,110	10,000	10,797	10,217		(32)		(32)		10,184		(75)	(75)	170	10/01/2019.	1FE.....
166764	BP	4		02/07/2019.	MILLENNIUM ADVISORS.....		19,856	20,000	19,971	19,988		1		1		19,989		(134)	(134)	175	03/03/2020.	1FE.....
172967	LF	6		02/07/2019.	MILLENNIUM ADVISORS.....		14,930	15,000	14,994	14,998				0		14,998		(68)	(68)	215	01/10/2020.	2FE.....
26875P	AD	3		02/07/2019.	MILLENNIUM ADVISORS.....		5,039	5,000	5,476	5,075		(20)		(20)		5,055		(16)	(16)	55	06/01/2019.	1FE.....
36251P	AA	2		03/01/2019.	PAYDOWN.....		1,317	1,317	1,317	1,317				0		1,317		0	0	3	10/01/2049.	1FM.....
46645U	AQ	0		03/01/2019.	PAYDOWN.....		994	994	994	994				0		994		0	0	3	12/01/2049.	1FM.....
494550	BB	1		02/20/2019.	WELLS FARGO SECS LLC.....		20,701	20,000	21,443	20,829		(103)		(103)		20,726		(25)	(25)	712	02/15/2020.	2FE.....
585055	BG	0		02/07/2019.	WELLS FARGO SECS LLC.....		14,944	15,000	15,297	15,126		(12)		(12)		15,114		(170)	(170)	152	03/15/2020.	1FE.....
74432Q	CB	9		02/26/2019.	TORONTO DOMINION SEC.....		14,969	15,000	15,128	15,033		(8)		(8)		15,025		(56)	(56)	189	08/15/2019.	1FE.....
887317	AK	1		03/27/2019.	CALL 103.97617.....		20,795	20,000	20,981	20,721		(73)		(73)		20,648		(648)	(648)	1,265	03/29/2021.	2FE.....
90131H	AQ	8		01/25/2019.	CITIGROUP GLOBAL MKT.....		15,413	15,000	15,600	15,451		(15)		(15)		15,436		(24)	(24)	306	02/15/2021.	2FE.....
911312	AM	8		03/08/2019.	GOLDMAN SACHS & CO.....		15,152	15,000	15,269	15,189		(18)		(18)		15,172		(20)	(20)	309	01/15/2021.	1FE.....
92343V	CN	2		03/29/2019.	CALL 101.061.....		20,212	20,000	19,908	19,919		7		7		19,926		74	74	459	11/01/2021.	2FE.....
95000G	AW	4		03/01/2019.	PAYDOWN.....		501	501	501	500				0		501		0	0	1	08/01/2049.	1FM.....
98161F	AD	7		02/15/2019.	PAYDOWN.....		1,903	1,903	1,903	1,903				0		1,903		0	0	3	08/15/2019.	1FE.....
82481L	AB	5	D	01/17/2019.	GOLDMAN SACHS & CO.....		9,675	10,000	9,651	9,694		6		6		9,700		(26)	(26)	79	09/23/2021.	2FE.....
3899999. Total - Bonds - Industrial and Miscellaneous.....							214,306	212,715	217,292	214,995	0	(269)	0	(269)	0	214,727	0	(1,433)	(1,433)	4,300	XXX	XXX
8399997. Total - Bonds - Part 4.....							347,575	347,715	351,521	349,588	0	(259)	0	(259)	0	349,330	0	(2,767)	(2,767)	4,947	XXX	XXX
8399999. Total - Bonds.....							347,575	347,715	351,521	349,588	0	(259)	0	(259)	0	349,330	0	(2,767)	(2,767)	4,947	XXX	XXX
9999999. Total - Bonds, Preferred and Common Stocks.....							347,575	XXX	351,521	349,588	0	(259)	0	(259)	0	349,330	0	(2,767)	(2,767)	4,947	XXX	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	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories								
Bank of New York Mellon, Investment -- Pittsburgh, PA .....	.....	.....	.....	.....	.....59,036	.....105,881	.....85,862	XXX
PNC Bank -- Kalamazoo, MI.....	.....	.....	.....	.....	.....1,547,236	.....1,258,489	.....1,481,715	XXX
0199999. Total Open Depositories.....	XXX	XXX	.....0	.....0	.....1,606,272	.....1,364,370	.....1,567,577	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	.....0	.....0	.....1,606,272	.....1,364,370	.....1,567,577	XXX
0599999. Total Cash.....	XXX	XXX	.....0	.....0	.....1,606,272	.....1,364,370	.....1,567,577	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year

NONE