

Amended to reflect revenue as health related revenue as these revenues are non-direct written premium revenue adjustments from 2015 and 2016.



ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2019  
OF THE CONDITION AND AFFAIRS OF THE

HealthSpan Integrated Care

(Name)

NAIC Group Code04831, 04831NAIC Company Code95204Employer's ID Number34-0922268

(Current Period)(Prior Period)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOhio

Country of DomicileUnited States

Licensed as business type: Life, Accident & Health [ ]Property/Casualty [ ]Hospital, Medical & Dental Service or Indemnity [ ]

Dental Service Corporation [ ]Vision Service Corporation [ ]Health Maintenance Organization [ X ]

Other [ ]Is HMO, Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized03/29/1962Commenced Business10/27/1976

Statutory Home Office1701 Mercy Health Place, Cincinnati, OH, US 45237

(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office1701 Mercy Health Place

(Street and Number)

Cincinnati, OH, US 45237216-319-1618

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address1701 Mercy Health Place, Cincinnati, OH, US 45237

(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records1701 Mercy Health Place

(Street and Number)

Cincinnati, OH, US 45237216-319-1618

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number) (Extension)

Internet Web Site AddressHealthSpan.org

Statutory Statement ContactDorothy Williamson, 310-561-7932

(Name)(Area Code) (Telephone Number) (Extension)

dorothywilliamson@mercy.com216-623-8793

(E-Mail Address)(Fax Number)

OFFICERS

| Name             | Title           | Name         | Title     |
|------------------|-----------------|--------------|-----------|
| Jeffrey Copeland | President & CEO | Dave Nowiski | Treasurer |
|                  |                 |              |           |

OTHER OFFICERS

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

DIRECTORS OR TRUSTEES

|                  |              |               |  |
|------------------|--------------|---------------|--|
| Jeffrey Copeland | Dave Nowiski | Allan Calonge |  |
|                  |              |               |  |

State of .....Ohio.....  
County of .....  
ss

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.

Jeffrey Copeland  
President & CEO

Dave Nowiski  
Treasurer

Subscribed and sworn to before me this  
day of ,

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

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE HealthSpan Integrated Care

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE HealthSpan Integrated Care

### EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

| Type of Health Care Receivables             | Health Care Receivables Collected During the Year          |                                        | Health Care Receivables Accrued as of December 31 of Current Year |                                         | 5                                                      | 6                                                                         |
|---------------------------------------------|------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------|
|                                             | 1<br>On Amounts Accrued Prior to January 1 of Current Year | 2<br>On Claims Accrued During the Year | 3<br>On Amounts Accrued December 31 of Prior Year                 | 4<br>On Amounts Accrued During the Year | Health Care Receivables in Prior Years (Columns 1 + 3) | Estimated Health Care Receivables Accrued as of December 31 of Prior Year |
| 1. Pharmaceutical rebate receivables .....  |                                                            |                                        |                                                                   |                                         | .0                                                     |                                                                           |
| 2. Claim overpayment receivables .....      |                                                            |                                        |                                                                   |                                         | .0                                                     |                                                                           |
| 3. Loans and advances to providers .....    |                                                            |                                        |                                                                   |                                         | .0                                                     |                                                                           |
| 4. Capitation arrangement receivables ..... |                                                            |                                        |                                                                   |                                         | .0                                                     |                                                                           |
| 5. Risk sharing receivables .....           |                                                            |                                        |                                                                   |                                         | .0                                                     |                                                                           |
| 6. Other health care receivables .....      |                                                            |                                        |                                                                   |                                         | .0                                                     |                                                                           |
| 7. Totals (Lines 1 through 6)               | 0                                                          | 0                                      | 0                                                                 | 0                                       | 0                                                      | 0                                                                         |

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

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

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## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE HealthSpan Integrated Care

## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE HealthSpan Integrated Care

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE HealthSpan Integrated Care

## SCHEDULE S - PART 1 - SECTION 2

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

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE HealthSpan Integrated Care

## SCHEDULE S - PART 2

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

[illegible]

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### Reinsurance Ceded To Unauthorized Companies

| (a) | Issuing or<br>Confirming<br>Bank<br>Reference<br>Number | Letters of<br>Credit<br>Code | American Bankers<br>Association (ABA)<br>Routing Number | Issuing or Confirming Bank Name | Letters of Credit<br>Amount |
|-----|---------------------------------------------------------|------------------------------|---------------------------------------------------------|---------------------------------|-----------------------------|
|     | .....                                                   | .....                        | .....                                                   | .....                           | .....                       |
|     | .....                                                   | .....                        | .....                                                   | .....                           | .....                       |
|     | .....                                                   | .....                        | .....                                                   | .....                           | .....                       |
|     | .....                                                   | .....                        | .....                                                   | .....                           | .....                       |

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SCHEDULE S – PART 6

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

|                                                                                       | 1<br>2019 | 2<br>2018 | 3<br>2017 | 4<br>2016 | 5<br>2015 |
|---------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|
| <b>A. OPERATIONS ITEMS</b>                                                            |           |           |           |           |           |
| 1. Premiums.....                                                                      | 0         | 0         | 0         | 988       | 1,991     |
| 2. Title XVIII-Medicare.....                                                          | 0         | 0         | 0         | 247       | 86        |
| 3. Title XIX-Medicaid.....                                                            | 0         | 0         | 0         | 0         | 0         |
| 4. Commissions and reinsurance expense allowance.....                                 |           | 0         | 0         | 0         | 0         |
| 5. Total hospital and medical expenses.....                                           |           | 0         | 0         | 0         | 0         |
| <b>B. BALANCE SHEET ITEMS</b>                                                         |           |           |           |           |           |
| 6. Premiums receivable .....                                                          |           | 0         | 0         | 0         | 0         |
| 7. Claims payable.....                                                                |           | 0         | 0         | 0         | 0         |
| 8. Reinsurance recoverable on paid losses.....                                        | 0         | 0         | 234       | 3,119     | 4,207     |
| 9. Experience rating refunds due or unpaid.....                                       |           | 0         | 0         | 0         | 0         |
| 10. Commissions and reinsurance expense allowances due.....                           |           | 0         | 0         | 0         | 0         |
| 11. Unauthorized reinsurance offset.....                                              | 0         | 0         | 0         | 0         | 0         |
| 12. Offset for reinsurance with Certified Reinsurers.....                             | 0         | 0         | 0         | 0         | 0         |
| <b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>              |           |           |           |           |           |
| 13. Funds deposited by and withheld from (F).....                                     | 0         | 0         | 0         | 0         | 0         |
| 14. Letters of credit (L).....                                                        | 0         | 0         | 0         | 0         | 0         |
| 15. Trust agreements (T).....                                                         | 0         | 0         | 0         | 0         | 0         |
| 16. Other (O).....                                                                    | 0         | 0         | 0         | 0         | 0         |
| <b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b> |           |           |           |           |           |
| 17. Multiple Beneficiary Trust.....                                                   | 0         | 0         | 0         | 0         | 0         |
| 18. Funds deposited by and withheld from (F) .....                                    | 0         | 0         | 0         | 0         | 0         |
| 19. Letters of credit (L).....                                                        | 0         | 0         | 0         | 0         | 0         |
| 20. Trust agreements (T).....                                                         | 0         | 0         | 0         | 0         | 0         |
| 21. Other (O)                                                                         | 0         | 0         | 0         | 0         | 0         |

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

|                                                                                                                                                       | 1                             | 2                          | 3                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------|------------------------------|
|                                                                                                                                                       | As Reported<br>(net of ceded) | Restatement<br>Adjustments | Restated<br>(gross of ceded) |
| <b>ASSETS (Page 2, Col. 3)</b>                                                                                                                        |                               |                            |                              |
| 1. Cash and invested assets (Line 12) .....                                                                                                           | 19,089,100                    |                            | 19,089,100                   |
| 2. Accident and health premiums due and unpaid (Line 15).....                                                                                         | 0                             |                            | 0                            |
| 3. Amounts recoverable from reinsurers (Line 16.1).....                                                                                               | 0                             |                            | 0                            |
| 4. Net credit for ceded reinsurance.....                                                                                                              | XXX                           | 0                          | 0                            |
| 5. All other admitted assets (Balance).....                                                                                                           | 1,631,265                     |                            | 1,631,265                    |
| 6. Total assets (Line 28)                                                                                                                             | 20,720,365                    | 0                          | 20,720,365                   |
| <b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>                                                                                                      |                               |                            |                              |
| 7. Claims unpaid (Line 1).....                                                                                                                        | 0                             | 0                          | 0                            |
| 8. Accrued medical incentive pool and bonus payments (Line 2).....                                                                                    | 0                             |                            | 0                            |
| 9. Premiums received in advance (Line 8).....                                                                                                         | 0                             |                            | 0                            |
| 10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first<br>inset amount plus second inset amount) ..... | 0                             |                            | 0                            |
| 11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....                                                                           | 0                             |                            | 0                            |
| 12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....                                                                                 | 0                             |                            | 0                            |
| 13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....                                                 | 0                             |                            | 0                            |
| 14. All other liabilities (Balance).....                                                                                                              | 4,670,680                     |                            | 4,670,680                    |
| 15. Total liabilities (Line 24).....                                                                                                                  | 4,670,680                     | 0                          | 4,670,680                    |
| 16. Total capital and surplus (Line 33).....                                                                                                          | 16,049,685                    | XXX                        | 16,049,685                   |
| 17. Total liabilities, capital and surplus (Line 34)                                                                                                  | 20,720,365                    | 0                          | 20,720,365                   |
| <b>NET CREDIT FOR CEDED REINSURANCE</b>                                                                                                               |                               |                            |                              |
| 18. Claims unpaid.....                                                                                                                                | 0                             |                            |                              |
| 19. Accrued medical incentive pool.....                                                                                                               | 0                             |                            |                              |
| 20. Premiums received in advance .....                                                                                                                | 0                             |                            |                              |
| 21. Reinsurance recoverable on paid losses .....                                                                                                      | 0                             |                            |                              |
| 22. Other ceded reinsurance recoverables .....                                                                                                        | 0                             |                            |                              |
| 23. Total ceded reinsurance recoverables .....                                                                                                        | 0                             |                            |                              |
| 24. Premiums receivable .....                                                                                                                         | 0                             |                            |                              |
| 25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....                                                           | 0                             |                            |                              |
| 26. Unauthorized reinsurance .....                                                                                                                    | 0                             |                            |                              |
| 27. Reinsurance with Certified Reinsurers.....                                                                                                        | 0                             |                            |                              |
| 28. Funds held under reinsurance treaties with Certified Reinsurers.....                                                                              | 0                             |                            |                              |
| 29. Other ceded reinsurance payables/offsets .....                                                                                                    | 0                             |                            |                              |
| 30. Total ceded reinsurance payables/offsets .....                                                                                                    | 0                             |                            |                              |
| 31. Total net credit for ceded reinsurance                                                                                                            | 0                             |                            |                              |

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE HealthSpan Integrated Care

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

Allocated By States and Territories

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

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....WAIVED.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....WAIVED.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....WAIVED.....

AUGUST FILING

10.

Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

.....WAIVED.....

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

MARCH FILING

11.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....NO.....
12.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
13.

Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....NO.....
14.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
15.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
16.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....NO.....
17.

Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

.....NO.....
18.

Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

.....NO.....
19.

Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?

.....NO.....

APRIL FILING

20.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
21.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
22.

Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

.....NO.....
23.

Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

.....NO.....
24.

Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?

.....NO.....
25.

Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?

.....NO.....

AUGUST FILING

26.

Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

.....NO.....

Explanation:

Bar code:

2.

  
9 5 2 0 4 2 0 1 9 4 4 0 0 0 0 0 0

8.

  
9 5 2 0 4 2 0 1 9 2 2 0 0 0 0 0 0

9.

  
9 5 2 0 4 2 0 1 9 2 2 1 0 0 0 0 0

10.

  
9 5 2 0 4 2 0 1 9 2 2 2 0 0 0 0 0

11.

  
9 5 2 0 4 2 0 1 9 3 6 0 5 9 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

|     |                                                                                                           |
|-----|-----------------------------------------------------------------------------------------------------------|
| 12. | <br>952042019205000000   |
| 13. | <br>952042019420000000   |
| 14. | <br>952042019371000000   |
| 15. | <br>952042019370000000   |
| 16. | <br>952042019365000000   |
| 17. | <br>952042019224000000   |
| 18. | <br>952042019225000000   |
| 19. | <br>952042019226000000 |
| 20. | <br>952042019306000000 |
| 21. | <br>952042019211590000 |
| 22. | <br>952042019216590000 |
| 23. | <br>952042019217000000 |
| 24. | <br>952042019290000000 |
| 25. | <br>952042019300000000 |
| 26. | <br>952042019223000000 |

OVERFLOW PAGE FOR WRITE-INS

M003 Additional Aggregate Lines for Page 03 Line 23.  
\*LIAB - Liabilities

|                                                               | 1<br>Covered | 2<br>Uncovered | 3<br>Total | 4<br>Total |
|---------------------------------------------------------------|--------------|----------------|------------|------------|
| 2304. Medicare Reserves / Payables.....                       | 4,459,419    |                | 4,459,419  | 8,609,517  |
| 2305. Premium Tax and Other Taxes Payable.....                |              |                | 0          | 0          |
| 2306. Affordable Care Act Payable.....                        |              |                | 0          | 0          |
| 2307. ....                                                    |              |                | 0          | 0          |
| 2308. ....                                                    |              |                | 0          | 0          |
| 2397. Summary of remaining write-ins for Line 23 from Page 03 | 4,459,419    | 0              | 4,459,419  | 8,609,517  |

M014 Additional Aggregate Lines for Page 14 Line 25.  
\*EXEXP - Underwriting and Investment Exhibit - Part 3

|                                                               | 1<br>Cost<br>Containment<br>Expenses | 2<br>Other Claim<br>Adjustment<br>Expenses | 3<br>General<br>Administrative<br>Expenses | 4<br>Investment<br>Expenses | 5<br>Total |
|---------------------------------------------------------------|--------------------------------------|--------------------------------------------|--------------------------------------------|-----------------------------|------------|
| 2504. Severance.....                                          |                                      |                                            |                                            |                             | 0          |
| 2505. Miscellaneous.....                                      |                                      |                                            | 101,584                                    |                             | 101,584    |
| 2597. Summary of remaining write-ins for Line 25 from Page 14 | 0                                    | 0                                          | 101,584                                    | 0                           | 101,584    |