



# HEALTH QUARTERLY STATEMENT

As of June 30, 2020  
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 866-789-7747  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 33820 Weyerhaeuser Way S .. Federal Way .. WA .. US .. 98001  
(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 253-517-4300  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.RiverLinkHealth.com

Statutory Statement Contact Thuy Le 253-517-4340  
(Name) (Area Code) (Telephone Number) (Extension)  
thuy.le@qualchoicehealth.com 253-517-4385  
(E-Mail Address) (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 Randall Alvin Crow

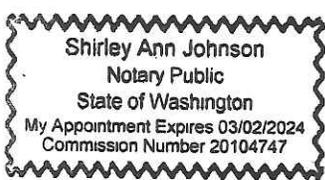
State of..... Washington  
County of..... King

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Mark Fred Bjornson	Charles William Hanson	
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
CEO/President	Treasurer	
(Title)	(Title)	(Title)

Subscribed and sworn to before me  
This 4<sup>th</sup> day of August 2020

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 \_\_\_\_\_





# HEALTH QUARTERLY STATEMENT

As of June 30, 2020  
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 866-789-7747  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 33820 Weyerhaeuser Way S .. Federal Way .. WA .. US .. 98001  
(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 253-517-4300  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.RiverLinkHealth.com

Statutory Statement Contact Thuy Le 253-517-4340  
(Name) (Area Code) (Telephone Number) (Extension)  
thuy.le@qualchoicehealth.com 253-517-4385  
(E-Mail Address) (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 Randall Alvin Crow

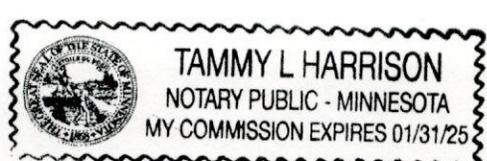
State of... Minnesota  
County of... Hennepin

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)	<u>Charles William Hanson</u> (Signature)	_____ (Signature)
Mark Fred Bjornson	Charles William Hanson	
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
CEO/President	Treasurer	
(Title)	(Title)	(Title)

Subscribed and sworn to before me  
This 29 day of July  
Tammy Harrison

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 \_\_\_\_\_





# HEALTH QUARTERLY STATEMENT

As of June 30, 2020  
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 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	
Main Administrative Office	33820 Weyerhaeuser Way S .. Federal Way .. WA .. US .. 98001 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	866-789-7747 <i>(Area Code) (Telephone Number)</i>
Mail Address	33820 Weyerhaeuser Way S .. Federal Way .. WA .. US .. 98001 <i>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</i>	
Primary Location of Books and Records	33820 Weyerhaeuser Way S .. Federal Way .. WA .. US .. 98001 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	253-517-4300 <i>(Area Code) (Telephone Number)</i>
Internet Web Site Address	www.RiverLinkHealth.com	
Statutory Statement Contact	Thuy Le <i>(Name)</i> thuy.le@qualchoicehealth.com <i>(E-Mail Address)</i>	253-517-4340 <i>(Area Code) (Telephone Number) (Extension)</i> 253-517-4385 <i>(Fax Number)</i>

### 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	Randall Alvin Crow
--------------------	------------------------	----------------------	--------------------

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

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

_____ (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 \_\_\_\_\_ 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 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	3,554,047		3,554,047	3,478,070
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 (\$.....1,306,950), cash equivalents (\$.....0) and short-term investments (\$.....0).....	1,306,950		1,306,950	1,502,771
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).....	4,860,997	0	4,860,997	4,980,841
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	17,718		17,718	17,759
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....			0	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....307,416) and contracts subject to redetermination (\$.....0).....	307,416		307,416	307,416
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.....	166,281		166,281	166,281
18.1 Current federal and foreign income tax recoverable and interest thereon.....	37,060		37,060	37,060
18.2 Net deferred tax asset.....	92		92	92
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.....	1,415		1,415	
24. Health care (\$.....0) and other amounts receivable.....	85,639	85,639	0	
25. Aggregate write-ins for other than invested assets.....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	5,476,618	85,639	5,390,979	5,509,448
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	5,476,618	85,639	5,390,979	5,509,448

### 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.....			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).....	0	0	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).....			.0	5,944
2. Accrued medical incentive pool and bonus amounts.....			.0	
3. Unpaid claims adjustment expenses.....			.0	762
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....	42,253		42,253	42,253
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	
9. General expenses due or accrued.....	5,380		5,380	5,343
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....			.0	
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.....	16,777		16,777	13,642
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).....	64,410	0	64,410	67,944
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	(3,323,431)	(3,208,496)
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	5,326,569	5,441,504
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	5,390,979	5,509,448

### 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. Net premium income (including \$.....0 non-health premium income).....	XXX		(3,393)	18,382
3. Change in unearned premium reserves and reserve for rate credits.....	XXX			
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX			
5. Risk revenue.....	XXX			
6. Aggregate write-ins for other health care related revenues.....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0	0
8. Total revenues (Lines 2 to 7).....	XXX	0	(3,393)	18,382
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits.....		33,047	(169,283)	(159,542)
10. Other professional services.....				
11. Outside referrals.....				
12. Emergency room and out-of-area.....				
13. Prescription drugs.....		(1,415)	51,585	11,013
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	31,632	(117,699)	(148,529)
<b>Less:</b>				
17. Net reinsurance recoveries.....				
18. Total hospital and medical (Lines 16 minus 17).....	0	31,632	(117,699)	(148,529)
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....				
21. General administrative expenses.....		187,062	497,403	674,963
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only).....				
23. Total underwriting deductions (Lines 18 through 22).....	0	218,694	379,704	526,435
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	(218,694)	(383,097)	(508,052)
25. Net investment income earned.....		39,305	47,683	95,028
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....		18,261	(4,005)	(4,820)
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	57,566	43,678	90,208
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....			11	11
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	(161,128)	(339,409)	(417,833)
31. Federal and foreign income taxes incurred.....	XXX			(50,380)
32. Net income (loss) (Lines 30 minus 31).....	XXX	(161,128)	(339,409)	(367,453)

### 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)**

<b>CAPITAL AND SURPLUS ACCOUNT</b>	<b>1 Current Year to Date</b>	<b>2 Prior Year To Date</b>	<b>3 Prior Year Ended December 31</b>
33. Capital and surplus prior reporting year.....	5,441,503	5,846,981	5,846,981
34. Net income or (loss) from Line 32.....	(161,128)	(339,409)	(367,453)
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.....			(92)
39. Change in nonadmitted assets.....	46,193	(100,269)	(23,793)
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.....	0	(636)	(14,139)
48. Net change in capital and surplus (Lines 34 to 47).....	(114,935)	(440,313)	(405,478)
49. Capital and surplus end of reporting period (Line 33 plus 48).....	5,326,569	5,406,668	5,441,503

**DETAILS OF WRITE-INS**

4701. PY tax adjustment.....		(636)	(636)
4702. PY tax correction.....			(13,503)
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above).....	0	(636)	(14,139)

## CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CASH FROM OPERATIONS</b>			
1. Premiums collected net of reinsurance.....		(3,722)	(31,096)
2. Net investment income.....	41,335	43,655	89,752
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	41,335	39,932	58,656
5. Benefit and loss related payments.....	(5,617)	417,299	402,332
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	187,787	446,350	640,689
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....		3,587	(9,734)
10. Total (Lines 5 through 9).....	182,170	867,236	1,033,287
11. Net cash from operations (Line 4 minus Line 10).....	(140,835)	(827,304)	(974,631)
<b>CASH FROM INVESTMENTS</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	962,014	598,916	2,146,208
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	962,014	598,916	2,146,208
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	1,021,721	653,656	1,859,816
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).....	1,021,721	653,656	1,859,816
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).....	(59,707)	(54,740)	286,392
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>			
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).....	4,720	37,260	144,282
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	4,720	37,260	144,282
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(195,821)	(844,783)	(543,958)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	1,502,771	2,046,729	2,046,729
19.2 End of period (Line 18 plus Line 19.1).....	1,306,950	1,201,945	1,502,771

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

20.0001 .....			
---------------	--	--	--

### 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							
<b>Total Members at End of:</b>										
1. Prior Year.....	.0									
2. First Quarter.....	.0									
3. Second Quarter.....	.0									
4. Third Quarter.....	.0									
5. Current Year.....	.0									
6. Current Year Member Months.....	.0									
<b>Total Member Ambulatory Encounters for Period:</b>										
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).....	.0									
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written.....	.0									
15. Health Premiums Earned.....	.0									
16. Property/Casualty Premiums Earned.....	.0									
17. Amount Paid for Provision of Health Care Services.....	31,632							31,632		
18. Amount Incurred for Provision of Health Care Services.....	31,632							31,632		

Q07

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

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

### Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
--------------	------------------	-------------------	-------------------	--------------------	--------------------	------------

**NONE**

## 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.....	37,576				37,576	5,944
7. Title XIX - Medicaid.....					0	
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	37,576	0	0	0	37,576	5,944
10. Healthcare receivables (a).....	43,193		85,639		128,832	128,832
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....					0	
13. Totals (Lines 9-10+11+12).....	(5,617)	0	(85,639)	0	(91,256)	(122,888)

609

(a) Excludes \$.00 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	2019
<b>NET INCOME</b>					
(1) RiverLink Health Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ (161,128)	\$ (367,453)
(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	\$ (161,128)	\$ (367,453)
<b>SURPLUS</b>					
(5) RiverLink Health Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$5,326,569	\$5,441,504
(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	\$5,326,569	\$5,441,504

**B. Use of Estimates in the Preparation of the Financial Statement**

No significant changes

**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.

**(1) Basis for Short-Term Investments**

No significant changes

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

---

## NOTES TO FINANCIAL STATEMENTS

---

Bonds are stated at amortized cost using the interest method.

(3) Basis for Common Stocks

No significant changes

(4) Basis for Preferred Stocks

No significant changes

(5) Basis for Mortgage Loans

No significant changes

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

(7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities

No significant changes

(8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities

No significant changes

(9) Accounting Policies for Derivatives

No significant changes

(10) Anticipated Investment Income Used in Premium Deficiency Calculation

No significant changes

(11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses

No significant changes

(12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period

No significant changes

(13) Method Used to Estimate Pharmaceutical Rebate Receivables

No significant changes

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.

**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**

A. Mortgage Loans, including Mezzanine Real Estate Loans

No significant changes

B. Debt Restructuring

No significant changes

C. Reverse Mortgages

No significant changes

D. Loan-Backed Securities

---

## NOTES TO FINANCIAL STATEMENTS

---

- (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

- (1) Policy for Requiring Collateral or Other Security

No significant changes

- (2) Disclose the Carrying Amount and Classification of Both Assets and Liabilities

No significant changes

- (3) Collateral Received

- a. Aggregate Amount Collateral Received

No significant changes

- b. The Fair Value of that Collateral and of the Portion of that Collateral that it has Sold or Repledged

\$ \_\_\_\_\_

- c. Information about Sources and Uses of Collateral

No significant changes

- (4) Aggregate Value of the Reinvested Collateral

No significant changes

- (5) Collateral Reinvestment

No significant changes

### F. Repurchase Agreements Transactions Accounted for as Secured Borrowing Repurchase Transaction – Cash Taker – Overview of Secured Borrowing Transactions

- (1) Company Policies or Strategies for Repo Programs - None.
- (2) Type of Repo Trades Used - None
- (3) Original (Flow) and Residual Maturity - None
- (4) Fair Value Securities Sold and/or Acquired that Resulted in Default - 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

---

## NOTES TO FINANCIAL STATEMENTS

---

- (4) Fair Value Securities Sold and/or Acquired that Resulted in Default - 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 Provided – Secured Borrowing - None
  - (8) Allocation of Aggregate Collateral Pledged by Remaining Contractual Maturity - None
  - (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) Fair Value Securities Sold and/or Acquired that Resulted in Default - 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) Fair Value Securities Sold and/or Acquired that Resulted in Default - 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
- J. Real Estate
- No significant changes
- K. Low-Income Housing Tax Credits (LIHTC)
- No significant changes
- L. Restricted Assets
- No significant changes
- M. Working Capital Finance Investments
- (1) Aggregate Working Capital Finance Investments (WCFI) Book/Adjusted Carrying Value by NAIC Designation:  
No significant changes
  - (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

---

## NOTES TO FINANCIAL STATEMENTS

---

O. 5GI Securities

No significant changes

P. Short Sales

No significant changes

Q. Prepayment Penalty and Acceleration Fees

No significant changes

**Note 6 – Joint Ventures, Partnerships and Limited Liability Companies**

None

**Note 7 – Investment Income**

No significant changes

**Note 8 – Derivative Instruments**

A. Derivatives Under *SSAP No. 86 – Derivatives*

(1) Market Risk, Credit Risk and Cash Requirements

No significant changes

(2) Objectives for Derivative Use

No significant changes

(3) Accounting Policies for Recognition and Measurement

No significant changes

(4) Identification of Whether Derivative Contracts with Financing Premiums

No significant changes

(5) Net Gain or Loss Recognized

No significant changes

(6) Net Gain or Loss Recognized from Derivatives that no Longer Qualify for Hedge Accounting

No significant changes

(7) Derivatives Accounted for as Cash Flow Hedges

No significant changes

(8) Total Premium Costs for Contracts - None

B. Derivatives under *SSAP No. 108 – Derivatives Hedging Variable Annuity Guarantees*

(1) Discussion of Hedged Item/Hedging Instruments and Hedging Strategy

No significant changes

(2) Recognition of Gains/Losses and Deferred Assets and Liabilities - None

(3) Hedging Strategies Identified as No Longer Highly Effective

No significant changes

(4) Hedging Strategies Terminated

No significant changes

**Note 9 – Income Taxes**

No significant changes

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

---

## NOTES TO FINANCIAL STATEMENTS

---

No significant changes

### Note 11 – Debt

A. Debt Including Capital Notes

No significant changes

B. FHLB (Federal Home Loan Bank) Agreements

(1) Nature of the Agreement - None

(2) FHLB Capital Stock - None

(3) Collateral Pledged to FHLB - None

(4) Borrowing from FHLB

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

(1) Change in Benefit Obligation

No significant changes

(2) Change in Plan Assets

No significant changes

(3) Funded Status

No significant changes

(4) Components of Net Periodic Benefit Cost - None

(5) Amounts in Unassigned Funds (Surplus) Recognized as Components of Net Period Benefit Cost

No significant changes

(6) Amounts in Unassigned Funds (Surplus) That Have Not Yet Been Recognized as Components of Net Period Benefit Cost

No significant changes

(7) Weighted Average Assumptions Used to Determine Net Periodic Benefit Cost as of Current Period

No significant changes

(8) Accumulated Benefit Obligation for Defined Benefit Pension Plans

No significant changes

(9) For Postretirement Benefits Other Than Pensions, the Assumed Health Care Cost Trend Rate(s)

No significant changes

(10) Estimated Future Payments, Which Reflect Unexpected Future Service

No significant changes

(11) Estimate of Contributions Expected to be Paid to the Plan

No significant changes

(12) Amounts and Types of Securities Included in Plan Assets

---

## NOTES TO FINANCIAL STATEMENTS

---

No significant changes

(13)Alternative Method Used to Amortize Prior Service Amounts or Net Gains and Losses

No significant changes

(14)Substantive Comment Used to Account for Benefit Obligations

No significant changes

(15)Cost of Providing Special or Contractual Termination Benefits Recognized

No significant changes

(16)Reasons for Significant Gains/Losses Related to Changes in Defined Benefit Obligation and any Other Significant Change in the Benefit Obligations Assets Not Otherwise Apparent

No significant changes

(17)Accumulated Postretirement and Pension Benefit Obligation and Fair Value of Plan Assets for Defined Postretirement and Pension Benefit Plans

No significant changes

(18)Full Transition Surplus Impact of SSAP 102

No significant changes

B. Investment Policies and Strategies

No significant changes

C. Fair Value of Plan Assets

No significant changes

D. Basis Used to Determine Expected Long-Term Rate-of-Return

No significant changes

E. Defined Contribution Plans

No significant changes

F. Multiemployer Plans

No significant changes

G. Consolidated/Holding Company Plans

No significant changes

H. Postemployment Benefits and Compensated Absences

No significant changes

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

No significant changes

**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**

---

**NOTES TO FINANCIAL STATEMENTS**

---

**A. Transfers of Receivables Reported as Sales**

No significant changes

**B. Transfer and Servicing of Financial Assets****(1) Description of any Loaned Securities**

No significant changes

**(2) Servicing Assets and Servicing Liabilities - None****(3) When Servicing Assets and Liabilities are Measured at Fair Value**

No significant changes

**(4) Securitizations, Asset-Based Financing Arrangements and Similar Transfers Accounted for as Sales - None****(5) Disclosure Requirements for Transfers of Assets Accounted for as Secured Borrowing**

No significant changes

**(6) Transfer of Receivables with Recourse**

No significant changes

**(7) Securities Underlying Repurchase and Reverse Repurchase Agreements, Dollar Repurchase and Dollar Reverse Repurchase Agreements**

No significant changes

**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****(5) Fair Value Disclosures for Derivative Assets and Liabilities - 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**

## NOTES TO FINANCIAL STATEMENTS

**Note 21 – Other Items**

None

**Note 22 – Events Subsequent**

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

## A. Method Used to Estimate Accrued Retrospective Premium Adjustments

No significant changes

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

No significant changes

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

No significant changes

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

No significant changes

## 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.

	2020	2019
Beginning liability for unpaid losses and loss adjustment expenses	6,706	1,057,388
Health Care Receivable	(128,832)	(605,640)
Beginning liability for unpaid losses and loss adjustment expense, net of Health Care Rec.	(122,126)	451,748
Incurred related to:		
Current year	0	0
Prior Years	38,338	886,981
Total paid	38,338	886,981
Ending liability for unpaid losses and loss adjustment expenses	0	6,706
Health Care Receivable	(85,639)	(128,832)
Ending liability for unpaid losses and loss adjustment, net of Health Care Rec.	(85,639)	(122,126)

---

## NOTES TO FINANCIAL STATEMENTS

---

Reserves as of December 31, 2019 were \$6,706. As of June 30, 2020, \$38,338 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$0 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$31,632 unfavorable prior year development since December 31, 2019 to June 30, 2020. The increase 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

**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? Yes [X] No [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.

- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [ ] No [X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. \_\_\_\_\_

- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]  
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.
- 4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 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? Yes [ ] No [X] N/A [ ]  
If yes, attach an explanation.

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 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). 05/21/2019

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

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

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

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

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

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

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

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes  No
- 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	0	\$	0
14.22	0		0
14.23	0		0
14.24	0		0
14.25	0		0
14.26	0		0
14.27	0	\$	0
14.28	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  N/A
- 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 invested 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 invested 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

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
  - b. Issuer or obligor is current on all contracted interest and principal payments.
  - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? Yes [ ] No [X]
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 [X]
21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The security was purchased prior to January 1, 2019.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
  - d. The fund only or predominantly holds bonds in its portfolio.
  - e. The current reporting NAIC designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
  - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [ ] No [X]

## 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 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
------------------------------	----------------	---------------------	------------------------	----------------------------------	-----------------------------------	-----------------------------	------------------------	--	--

**NONE**

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 through 7	9 Deposit-Type Contracts
1. Alabama.....AL	N								0
2. Alaska.....AK	N								0
3. Arizona.....AZ	N								0
4. Arkansas.....AR	N								0
5. California.....CA	N								0
6. Colorado.....CO	N								0
7. Connecticut.....CT	N								0
8. Delaware.....DE	N								0
9. District of Columbia.....DC	N								0
10. Florida.....FL	N								0
11. Georgia.....GA	N								0
12. Hawaii.....HI	N								0
13. Idaho.....ID	N								0
14. Illinois.....IL	N								0
15. Indiana.....IN	N								0
16. Iowa.....IA	N								0
17. Kansas.....KS	N								0
18. Kentucky.....KY	N								0
19. Louisiana.....LA	N								0
20. Maine.....ME	N								0
21. Maryland.....MD	N								0
22. Massachusetts.....MA	N								0
23. Michigan.....MI	N								0
24. Minnesota.....MN	N								0
25. Mississippi.....MS	N								0
26. Missouri.....MO	N								0
27. Montana.....MT	N								0
28. Nebraska.....NE	N								0
29. Nevada.....NV	N								0
30. New Hampshire.....NH	N								0
31. New Jersey.....NJ	N								0
32. New Mexico.....NM	N								0
33. New York.....NY	N								0
34. North Carolina.....NC	N								0
35. North Dakota.....ND	N								0
36. Ohio.....OH	L								0
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	0	0	0	0	0	0	0
60. Reporting entity contributions for Employee Benefit Plans.....	XXX								0
61. Total (Direct Business).....	XXX	0	0	0	0	0	0	0	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

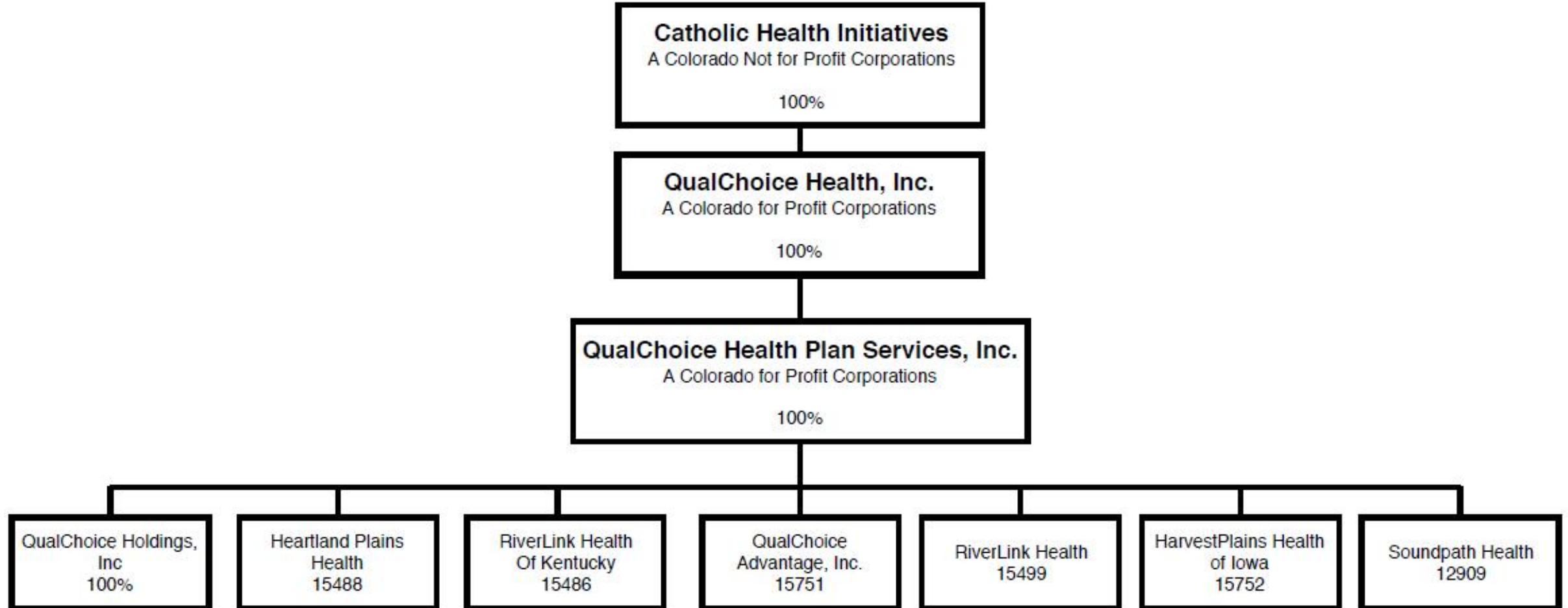
(a) Active Status Count

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

NONE

## SCHEDULE B - VERIFICATION

### Mortgage Loans

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

NONE

## SCHEDULE BA - VERIFICATION

### Other Long-Term Invested Assets

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

NONE

## SCHEDULE D - VERIFICATION

### Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	3,478,070	3,764,633
2. Cost of bonds and stocks acquired.....	1,021,722	1,859,816
3. Accrual of discount.....	1,656	9,889
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	18,261	(4,818)
6. Deduct consideration for bonds and stocks disposed of.....	962,516	2,147,861
7. Deduct amortization of premium.....	3,646	5,242
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.....	500	1,653
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	3,554,047	3,478,070
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	3,554,047	3,478,070

### 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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	3,221,067	509,325	505,463	(62,360)	3,221,067	3,162,569		3,197,154
2. NAIC 2 (a).....	271,072	79,545	19,878	60,738	271,072	391,477		280,916
3. NAIC 3 (a).....						0		
4. NAIC 4 (a).....						0		
5. NAIC 5 (a).....						0		
6. NAIC 6 (a).....						0		
7. Total Bonds.....	3,492,139	588,870	525,341	(1,622)	3,492,139	3,554,046	0	3,478,070
<b>PREFERRED STOCK</b>								
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.....	3,492,139	588,870	525,341	(1,622)	3,492,139	3,554,046	0	3,478,070

QS102

(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.

**Sch. DA - Pt. 1  
NONE**

**Sch. DA - Verification  
NONE**

**Sch. DB - Pt. A - Verification  
NONE**

**Sch. DB - Pt. B - Verification  
NONE**

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

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

**Sch. DB - Verification  
NONE**

## SCHEDULE E - PART 2 - VERIFICATION

### Cash Equivalents

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	34,968
2. Cost of cash equivalents acquired.....		84,859
3. Accrual of discount.....		172
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....		120,000
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	0
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	0	0

**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
<b>Bonds - U.S. Government</b>									
912828 ZD 5	UNITED STATES TREASURY NOTE/BOND		04/03/2020	NATWEST MARKETS SECS		125,786	125,000	.37	1
912828 ZP 8	UNITED STATES TREASURY NOTE/BOND		05/29/2020	NOMURA SECURITIES/FI		34,922	35,000	.2	1
0599999	Total - Bonds - U.S. Government					160,708	160,000	.39	.XXX
<b>Bonds - U.S. Special Revenue and Special Assessment</b>									
3137EA EQ 8	FEDERAL HOME LOAN MORTGAGE CORP		04/17/2020	CITIGROUP GLOBAL MKT		74,813	75,000		1
3137EA ES 4	FEDERAL HOME LOAN MORTGAGE CORP		06/24/2020	TORONTO DOMINION SEC		19,942	20,000		1
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments					94,755	95,000	.0	.XXX
<b>Bonds - Industrial and Miscellaneous</b>									
00206R BN 1	AT&T INC		06/04/2020	MARKETAXESS CORP		10,386	10,000	.5	2FE
05531F BJ 1	TRUIST FINANCIAL CORP		06/09/2020	BARCLAYS CAPITAL FIX		10,386	10,000	.52	1FE
06053F AA 7	BANK OF AMERICA CORP		05/04/2020	DEUTSCHE BANC/ALEX B		16,211	15,000	.174	1FE
12597P AC 2	CNH EQUIPMENT TRUST 2020-A		05/19/2020	BANC/AMERICA SECUR.L		4,999	5,000		1FE
126650 CV 0	CVS HEALTH CORP		06/04/2020	NATL FINANCIAL SERVI		16,136	15,000	.137	2FE
166764 AH 3	CHEVRON CORP		06/04/2020	TORONTO DOMINION SEC		16,109	15,000	.218	1FE
20030N BR 1	COMCAST CORP		06/04/2020	JANE STREET EXECUTIO		15,894	15,000	.111	1FE
24422E VE 6	JOHN DEERE CAPITAL CORP		06/04/2020	CREDIT SUISSE FIRST		10,186	10,000	.30	1FE
256746 AF 5	DOLLAR TREE INC		06/04/2020	BARCLAYS CAPITAL FIX		16,127	15,000	.35	2FE
31620M AK 2	FIDELITY NATIONAL INFORMATION SERVICES I		05/06/2020	MILLENNIUM ADVISORS		15,964	15,000	.34	2FE
34533G AD 1	FORD CREDIT AUTO OWNER TRUST 2020-B		06/16/2020	CITIGROUP GLOBAL MKT		19,997	20,000		1FE
36258V AD 6	GM FINANCIAL CONSUMER AUTOMOBILE RECEIVA		04/16/2020	RBC CAPITAL MARKETS		9,999	10,000		1FE
36259P AD 8	GM FINANCIAL AUTOMOBILE LEASING TRUST 20		06/08/2020	BARCLAYS CAPITAL FIX		9,999	10,000		1FE
38141G WM 2	GOLDMAN SACHS GROUP INC/THE		05/04/2020	GOLDMAN SACHS & CO		25,579	25,000	.206	1FE
38141G WT 7	GOLDMAN SACHS GROUP INC/THE		06/04/2020	BARCLAYS CAPITAL FIX		10,571	10,000	.93	1FE
437076 BG 6	HOME DEPOT INC/THE		05/07/2020	BARCLAYS CAPITAL FIX		15,617	15,000	.175	1FE
58769V AC 4	MERCEDES-BENZ AUTO RECEIVABLES TRUST 202		06/16/2020	JPM SECURITIES-FIXED		9,999	10,000		1FE
58933Y AF 2	MERCK & CO INC		06/04/2020	JANE STREET EXECUTIO		16,033	15,000	.23	1FE
59156R BF 4	METLIFE INC		06/08/2020	BARCLAYS CAPITAL FIX		15,942	15,000	.108	1FE
79466L AE 4	SALESFORCE.COM INC		05/06/2020	US BANKCORP INVESTME		16,002	15,000	.37	1FE
855244 AY 5	STARBUCKS CORP		05/04/2020	BANC/AMERICA SECUR.L		4,997	5,000		2FE
95000U 2B 8	WELLS FARGO & CO		06/04/2020	MARKETAXESS CORP		10,353	10,000	.99	1FE
775109 AW 1	ROGERS COMMUNICATIONS INC	A	06/04/2020	JANE STREET EXECUTIO		15,935	15,000	.104	2FE
89114Q CG 1	TORONTO-DOMINION BANK/THE	A	06/10/2020	TORONTO DOMINION SEC		19,985	20,000		1FE
3899999	Total - Bonds - Industrial and Miscellaneous					333,406	320,000	1,641	.XXX
8399997	Total - Bonds - Part 3					588,869	575,000	1,680	.XXX
8399999	Total - Bonds					588,869	575,000	1,680	.XXX
9999999	Total - Bonds, Preferred and Common Stocks					588,869	XXX	1,680	.XXX

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 Administrative Symbol
<b>Bonds - U.S. Government</b>																					
912828	4T 4		04/03/2020	HSBC SECURITIES (USA		113,236	110,000	109,987	109,994		1		1		109,995		3,240	3,240	892	06/15/2021	1
912828	5A 4		06/18/2020	JPM SECURITIES-FIXED		18,572	18,000	17,885	17,932		18		18		17,950		622	622	377	09/15/2021	1
912828	5F 3		05/08/2020	JPM SECURITIES-FIXED		18,707	18,000	17,961	17,976		5		5		17,981		726	726	296	10/15/2021	1
912828	5L 0		06/04/2020	JPM SECURITIES-FIXED		36,354	35,000	35,046	35,030		(7)		(7)		35,023		1,330	1,330	561	11/15/2021	1
912828	7F 1		06/09/2020	JPM SECURITIES-FIXED		81,427	80,000	80,356	80,290		(80)		(80)		80,211		1,217	1,217	1,199	07/31/2021	1
912828	Q3 7		04/20/2020	SG AMERICAS SECURITI		25,270	25,000	24,480	24,672		78		78		24,750		520	520	173	03/31/2021	1
912828	Y2 0		06/25/2020	JPM SECURITIES-FIXED		20,520	20,000	19,977	19,988		4		4		19,992		528	528	498	07/15/2021	1
0599999	Total - Bonds - U.S. Government					314,086	306,000	305,692	305,882	0	19	0	19	0	305,902	0	8,183	8,183	3,996	XXX	XXX
<b>Bonds - U.S. Special Revenue and Special Assessment</b>																					
3137EA	EF 2		04/20/2020	FEDERAL HOME LOAN MORTGAGE CORP MATURITY		20,000	20,000	19,870	19,986		14		14		20,000		0	0	138	04/20/2020	1
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments					20,000	20,000	19,870	19,986	0	14	0	14	0	20,000	0	0	0	138	XXX	XXX
<b>Bonds - Industrial and Miscellaneous</b>																					
03066F	AE 1		06/18/2020	AMERICREDIT AUTOMOBILE RECEIVABLES TRUST		2,604	2,604	2,604	2,604				0		2,604		0	0	22	07/18/2022	1FE
06051G	FW 4		05/04/2020	BANK OF AMERICA CORP		15,242	15,000	14,737	14,876		32		32		14,908		334	334	215	04/19/2021	1FE
09659Q	AD 9		06/25/2020	BMW VEHICLE OWNER TRUST 2018-A		2,636	2,636	2,636	2,636				0		2,636		0	0	26	04/25/2022	1FE
12596E	AC 8		06/15/2020	CNH EQUIPMENT TRUST 2018-B		160	160	160	160				0		160		0	0	3	11/15/2023	1FE
12652V	AC 1		06/15/2020	CNH EQUIPMENT TRUST 2018-A		2,407	2,407	2,407	2,407				0		2,407		0	0	30	07/17/2023	1FE
14313F	AD 1		06/15/2020	CARMAX AUTO OWNER TRUST		217	217	217	217				0		217		0	0	3	06/15/2023	1FE
14314A	AC 3		05/06/2020	CARMAX AUTO OWNER TRUST 2018-1		17,021	16,890	16,889	16,890				0		16,890		131	131	165	11/15/2022	1FE
36251P	AA 2		06/01/2020	GS MORTGAGE SECURITIES TRUST 2016-GS3		2,077	2,077	2,077	2,077				0		2,077		0	0	12	10/01/2049	1FM
36256G	AE 9		06/02/2020	GM FINANCIAL AUTOMOBILE LEASING TRUST 20		5,071	5,000	4,999	5,000				0		5,000		72	72	75	07/20/2022	1FE
36256X	AD 4		05/19/2020	GM FINANCIAL CONSUMER AUTOMOBILE RECEIVA		15,349	15,000	14,998	14,999				0		14,999		349	349	192	11/16/2023	1FE
38013F	AD 3		06/02/2020	GM FINANCIAL CONSUMER AUTOMOBILE RECEIVA		15,387	15,000	14,998	14,999				0		14,999		388	388	225	10/16/2023	1FE
38013R	AD 7		05/19/2020	GM FINANCIAL CONSUMER AUTOMOBILE RECEIVA		19,725	19,460	19,457	19,459				0		19,459		265	265	232	12/16/2022	1FE
38141G	VU 5		05/04/2020	GOLDMAN SACHS GROUP INC/THE		20,225	20,000	19,628	19,835		42		42		19,878		348	348	279	04/25/2021	2FE
427866	BA 5		05/27/2020	HERSHEY CO/THE		25,662	25,000	24,983	24,992		2		2		24,994		668	668	418	05/15/2021	1FE
44891K	AD 7		05/06/2020	HYUNDAI AUTO RECEIVABLES TRUST 2018-A		15,122	14,979	14,976	14,978				0		14,978		144	144	164	07/15/2022	1FE

QE05

### 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 Administrative Symbol
47788C AC 6	JOHN DEERE OWNER TRUST 2018.....		06/15/2020	PAYDOWN.....		2,624	2,624	2,624	2,624				0		2,624			0	29	04/18/2022	1FE.....
882508 AZ 7	TEXAS INSTRUMENTS INC.....		04/10/2020	CALL 100.....		20,000	20,000	19,978	19,997		3		3		20,000			0	155	05/01/2020	1FE.....
95000G AW 4	WELLS FARGO COMMERCIAL MORTGAGE TRUST 20		06/01/2020	PAYDOWN.....		610	610	610	610				0		610			0	3	08/01/2049	1FM.....
89114Q BZ 0	TORONTO-DOMINION BANK/THE	A	06/10/2020	BMOCM/BONDS.....		20,576	20,000	19,991	19,996		1		1		19,997		579	579	327	06/11/2021	1FE.....
3899999.	Total - Bonds - Industrial and Miscellaneous.....					202,715	199,664	198,969	199,356	0	80	0	80	0	199,437	0	3,278	3,278	2,575	XXX	XXX
8399997.	Total - Bonds - Part 4.....					536,801	525,664	524,531	525,224	0	113	0	113	0	525,339	0	11,461	11,461	6,709	XXX	XXX
8399999.	Total - Bonds.....					536,801	525,664	524,531	525,224	0	113	0	113	0	525,339	0	11,461	11,461	6,709	XXX	XXX
9999999.	Total - Bonds, Preferred and Common Stocks.....					536,801	XXX	524,531	525,224	0	113	0	113	0	525,339	0	11,461	11,461	6,709	XXX	XXX

QE05.1

**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. DB - Pt. E**  
**NONE**

**Sch. DL - Pt. 1**  
**NONE**

**Sch. DL - Pt. 2**  
**NONE**

## SCHEDULE E - PART 1 - CASH

### Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount or interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
<b>Open Depositories</b>								
Bank of New York Mellon, Investment -- Pittsburgh, PA					455,075	509,308	441,003	XXX
PNC Bank -- Kalamazoo, MI					933,075	898,492	865,947	XXX
0199999. Total Open Depositories	XXX	XXX	0	0	1,388,150	1,407,800	1,306,950	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	1,388,150	1,407,800	1,306,950	XXX
0599999. Total Cash	XXX	XXX	0	0	1,388,150	1,407,800	1,306,950	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