



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2020
OF THE CONDITION AND AFFAIRS OF THE

Solstice Healthplans of Ohio, Inc.

NAIC Group Code	04866	NAIC Company Code	16878	Employer's ID Number	30-1190514
	(Current Period)		(Prior Period)		
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		Ohio
Country of Domicile	United States				
Licensed as business type:	Life, Accident & Health []	Property/Casualty []	Hospital, Medical & Dental Service or Indemnity []		
	Dental Service Corporation []	Vision Service Corporation []	Health Maintenance Organization []		
	Other [X]		Is HMO Federally Qualified? Yes [] No []		
Incorporated/Organized	04/02/2019	Commenced Business	09/30/2020		
Statutory Home Office	4449 Easton Way, Suite 200		Columbus, OH, US 43219		
	(Street and Number)		(City or Town, State, Country and Zip Code)		
Main Administrative Office	7901 SW 6th Ct, Suite 400	Plantation, FL, US 33324	954-370-1700		
	(Street and Number)	(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)		
Mail Address	PO BOX 19199	Plantation, FL, US 33319			
	(Street and Number or P.O. Box)	(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	7901 SW 6th Ct, Suite 400	Plantation, FL, US 33324	954-370-1700		
	(Street and Number)	(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)		
Internet Web Site Address	WWW.SOLSTICEBENEFITS.COM				
Statutory Statement Contact	Nachman Weiszner		954-370-1700		
	(Name)		(Area Code) (Telephone Number) (Extension)		
	nweiszner@solsticebenefits.com	954-370-1701			
	(E-Mail Address)	(FAX Number)			

OFFICERS

Name	Title	Name	Title
LEONARD A WEISS #	President & CEO	CARLOS FERRERA #	Secretary & COO
NACHMAN WEISZNER #	Treasurer & CFO		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

LEONARD A WEISS #	CARLOS FERRERA #	NACHMAN WEISZNER #
-------------------	------------------	--------------------

State ofFlorida.....

County ofBroward.....

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.

LEONARD A WEISS
President & CEO

CARLOS FERRERA
Secretary & COO

NACHMAN WEISZNER
Treasurer & CFO

a. Is this an original filing? Yes [X] No []

b. If no:

1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

Subscribed and sworn to before me this _____ day of _____,

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Solstice Healthplans of Ohio, Inc.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	77,543		77,543	0
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$197,026), cash equivalents (\$0) and short-term investments (\$0)	197,026		197,026	0
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives	0		0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	274,569	0	274,569	0
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued			0	0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection			0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	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	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$) and other amounts receivable			0	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 to 25)	274,569	0	274,569	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	274,569	0	274,569	0
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 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 \$ reinsurance ceded).....			0	0
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses			0	0
4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued			0	0
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))			0	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates			0	0
16. Derivatives.....			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	0	0	0	0
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	1	0
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	274,999	0
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(431)	0
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	274,569	0
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	274,569	0
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 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		.0	.0
2. Net premium income (including \$ non-health premium income).....	XXX		.0	.0
3. Change in unearned premium reserves and reserve for rate credits	XXX		.0	.0
4. Fee-for-service (net of \$ medical expenses)	XXX		.0	.0
5. Risk revenue	XXX		.0	.0
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	.0	.0
Hospital and Medical:				
9. Hospital/medical benefits .....			.0	.0
10. Other professional services .....			.0	.0
11. Outside referrals .....			.0	.0
12. Emergency room and out-of-area .....			.0	.0
13. Prescription drugs .....			.0	.0
14. Aggregate write-ins for other hospital and medical.....	.0	.0	.0	.0
15. Incentive pool, withhold adjustments and bonus amounts.....			.0	.0
16. Subtotal (Lines 9 to 15) .....	.0	.0	.0	.0
Less:				
17. Net reinsurance recoveries .....			.0	.0
18. Total hospital and medical (Lines 16 minus 17) .....	.0	.0	.0	.0
19. Non-health claims (net).....			.0	.0
20. Claims adjustment expenses, including \$ cost containment expenses.....			.0	.0
21. General administrative expenses.....		.300	.0	.0
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			.0	.0
23. Total underwriting deductions (Lines 18 through 22) .....	.0	.300	.0	.0
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(300)	.0	.0
25. Net investment income earned .....		.6	.0	.0
26. Net realized capital gains (losses) less capital gains tax of \$.....		(137)	.0	.0
27. Net investment gains (losses) (Lines 25 plus 26) .....	.0	(131)	.0	.0
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$ )] .....			.0	.0
29. Aggregate write-ins for other income or expenses .....	.0	.0	.0	.0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(431)	.0	.0
31. Federal and foreign income taxes incurred	XXX		.0	.0
32. Net income (loss) (Lines 30 minus 31)	XXX	(431)	.0	.0
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 through 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 through 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 through 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 through 2903 plus 2998) (Line 29 above) .....	.0	.0	.0	.0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	0	0	0
34. Net income or (loss) from Line 32	(431)	0	0
35. Change in valuation basis of aggregate policy and claim reserves		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		0	0
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax		0	0
39. Change in nonadmitted assets		0	0
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles		0	0
44. Capital Changes:			
44.1 Paid in	1	0	0
44.2 Transferred from surplus (Stock Dividend)		0	0
44.3 Transferred to surplus		0	0
45. Surplus adjustments:			
45.1 Paid in	274,999	0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		0	0
46. Dividends to stockholders		0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	274,569	0	0
49. Capital and surplus end of reporting period (Line 33 plus 48)	274,569	0	0
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	0	0	0
2. Net investment income	372	0	0
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	372	0	0
5. Benefit and loss related payments	0	0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	300	0	0
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	0	0	0
10. Total (Lines 5 through 9)	300	0	0
11. Net cash from operations (Line 4 minus Line 10)	72	0	0
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	78,468	0	0
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	78,468	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds	156,515	0	0
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	156,515	0	0
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(78,046)	0	0
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	275,000	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied).....	0	0	0
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	275,000	0	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	197,026	0	0
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	0	0	0
19.2 End of period (Line 18 plus Line 19.1)	197,026	0	0

Prem., Enrollment

NONE

Claims Unpaid

NONE

Underwriting and Investment Exhibit

NONE

STATEMENT AS OF SEPTEMBER 30, 2020 OF SOLSTICE HEALTHPLANS OF OHIO, INC.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Reconciliation of the Company's net income and capital & surplus between NAIC SAP and the State of Ohio.

State of Ohio Department of Insurance (“OHDOI”) granted Solstice Healthplans of Ohio, Inc. (“Company”) a Specialty Health Care license effective September 30, 2020. The Company’s plans have not yet been approved by OHDOI.

The Company prepares its financial statements in conformity with accounting practices prescribed or permitted by the OHDOI. Prescribed statutory accounting practices include a variety of publications of the National Association of Insurance Commissioners (“NAIC”), as well as state laws, regulations and general administrative rules. Permitted statutory accounting practices encompass all accounting practices not so prescribed.

The State of Ohio requires its domestic Specialty Health Care companies to prepare financial statements in conformity with the NAIC Accounting Practices and Procedures Manual (“APPM”), which includes all Statements of Statutory Accounting Principles (“SSAPs”), subject to any deviations prescribed or permitted by the OHDOI.

Reconciliation of the Company's net income and capital & surplus between NAIC SAP and the state of Ohio is shown below.

	SSAP #	F/S Page	F/S Line #	2020	2019
Summary of Significant Accounting Policies and Going Concern					
A. Accounting Practices					
NET INCOME					
(1)				(431)	-
				_____	_____
(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)				(431)	-
				_____	_____
SURPLUS					
(5)				274,569	-
				_____	_____
(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)				274,569	-
				_____	_____

B. Basis of Presentation

The preparation of financial statements is in conformity with the NAIC Annual Statement Instructions and accounting practices prescribed or permitted by the OHDOI, which requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

C. Accounting Policy

Losses and Loss Adjustment Expenses

The Company records liabilities for unpaid claims, and related loss adjustment expenses (“LAE”) based upon management’s best estimate of aggregate case-basis estimates for losses reported and estimates of incurred but not reported (IBNR) losses related to direct business. Reserves for unreported losses are established using various statistical and actuarial techniques reflecting historical patterns of paid and

reported claims adjusted for current trends. The Company has obtained assistance from its actuarial consultant in estimating its reserves and LAE at the end of each calendar year. These reserves are presented on an undiscounted basis.

Because the ultimate settlement of claims is subject to future events, no single loss or LAE reserve can be considered accurate with certainty. The Company's analysis of the reasonableness of loss or LAE reserve estimates includes an analysis of the amount of variability in the estimate. The Company develops its estimate considering a range of reserve estimates. The high and low ends of the range do not correspond to an absolute best and worst case scenarios of ultimate settlements because such estimates may be the result of unlikely assumptions. Management's best estimate therefore does not include the set of all possible outcomes but only those outcomes that are considered reasonable.

Management believes the liabilities for losses and LAE are adequate to cover the ultimate liability. However, due to the underlying risks and high degree of uncertainty associated with the determination of the liability for claims, such estimates may be more or less than the amounts ultimately paid when the claims are settled.

Use of Estimates

The preparation of the statutory financial statements requires management to make estimates and assumptions that affect the reported financial statement balances as well as the disclosure of contingent assets and liabilities. Accordingly, actual results reported in the accompanying statutory financial statements could differ materially from those estimates.

As further discussed in the accompanying notes to the statutory financial statements, significant estimates and assumptions affect various provisions including claims. The liabilities for losses and LAE, though supported by actuarial analysis and other data, are ultimately based on management's reasoned expectations of future events.

The estimates are continually reviewed and adjusted as necessary as experience develops or new information becomes known; such adjustments are included in current operations.

Cash and Cash Equivalents

The Company considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents. The Company considers all highly liquid debt instruments with a maturity of one year or less but greater than three months to be short term investments.

Bonds

The Company can invest in bonds that are designated highest-quality and high-quality (NAIC designations 1 and 2, respectively) and as such are reported at amortized cost in accordance with SSAP 26R. Premiums and discounts are amortized over the life of the related securities as an adjustment to yield using the scientific (constant yield) interest method.

Premiums, Commissions Received and Policy Acquisition Costs

Premiums and commissions are recognized in the period during which coverage is provided to the covered individuals. Payments received from customers in advance of the related period of coverage are reflected on the accompanying balance sheet as unearned premiums. The Company evaluates the collectability of all receivables for possible impairment. When the Company determines it is probable a receivable balance will not be collected, the customer's policy is terminated, and the receivable balance is written off.

In connection with the Company's acquisition of new customers and the continued servicing of existing customers, the Company pays brokers' and consultant's commissions based on a percentage of revenue collected. These commissions are recognized as expenses in the period in which the related premium revenue is recognized.

Income Taxes

The Company files a consolidated federal income tax return and Ohio state income tax return. The difference between the statutory rate and the Company's effective rate is due to state income taxes.

The Company is subject to state taxes and includes this under Insurance taxes, licenses, and fees per SSAP 101.

Deferred income tax assets and liabilities reflect the differences between the statutory and income tax reporting bases of admitted and non-admitted assets and liabilities are based on enacted tax rates and laws. The deferred income tax provision or benefit generally reflects the net change in deferred income tax assets and liabilities during the year. Changes in deferred tax assets and deferred tax liabilities are recognized as a separate component of gains and losses in surplus, except to the extent allocated to changes in unrealized gains and losses.

Non-admitted Assets

Assets included in the statutory balance sheet are at admitted asset value. Non-admitted assets are principally deferred assets, agents' balances over 90-days past due, computer software, other equipment, intangibles and investments in excess of 10% of admitted assets are excluded through a charge against surplus.

2. Accounting Changes and Corrections of Errors

The Company did not have any accounting changes or corrections of errors in 2020 or 2019.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

The Company did not participate in business combinations taking the form of a Statutory Purchase in 2020 or 2019.

B. Statutory Merger

The Company did not participate in business combinations taking the form of a statutory merger in 2020 or 2019.

C. Impairment Loss

The Company did not recognize an impairment loss on the transactions described above in 2020 or 2019.

4. Discontinued Operations

The Company did not have discontinued operations in 2020 or 2019.

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company did not invest in Mortgage Loans in 2020 or 2019.

B. Debt Restructuring

The Company did not have loan restructurings in 2020 or 2019.

C. Reverse Mortgages

The Company did not enter into reverse mortgages in 2020 or 2019.

D. Loan-Backed Securities

The Company did not invest in Loan-Backed Securities in 2020 or 2019.

E. Repurchase Agreements and/or Securities Lending Transactions

The Company did not enter into repurchase agreements or securities lending transactions in 2020 or 2019.

F. Real Estate

The Company did not own Real Estate in 2020 or 2019.

G. Low-income Housing Tax Credits (LIHTC) Property Investments

The Company did not own LIHTC Property Investments in 2020 or 2019.

H. Restricted Assets

1. Restricted Assets (Including Pledged)

		1	2	3	4	5	6	7
Restricted Asset Category		Total Gross Restricted from Current Year	Total Gross Restricted From Prior Year	Increase/ Decrease (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a.	Subject to contractual obligation for which liability is not shown							
b.	Collateral held under security lending agreements							
c.	Subject to repurchase agreements							
d.	Subject to reverse repurchase agreements							
e.	Subject to dollar repurchase agreements							
f.	Subject to dollar reverse repurchase agreements							
g.	Placed under option contracts							
h.	Letter stock or securities restricted as to sale							
i.	FHLB capital stock							
j.	On deposit with states	78,350	-	78,350		78,350	28.5%	28.5%
k.	On deposit with other regulatory bodies							
l.	Pledged as collateral to FHLB							
m.	Pledged as collateral not captured in other categories							
n.	Other restricted assets							
o.	Total Restricted Assets	\$ 78,350	\$ -	\$ 78,350		\$ 78,350	28.5%	28.5%

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories

The Company did not have assets pledged as collateral not captured in other categories as of September 30, 2020 and December 31, 2019.

3. Description of Other Restricted Assets

The Company did not have assets pledged as collateral not captured in other categories as of September 30, 2020 and December 31, 2019.

I. Working Capital Finance Investments

The Company did not have working capital finance investments as of September 30, 2020 and December 31, 2019.

J. Offsetting and Netting of Assets and Liabilities

The Company did not have derivative, repurchase and reverse repurchase, and securities borrowing and securities lending assets and liabilities that were offset as of September 30, 2020 and December 31, 2019.

K. Structured Notes

The Company did not have structured notes as of September 30, 2020 and December 31, 2019.

6. Joint Ventures, Partnerships and Limited Liability Companies

The Company did not have investments in joint ventures, partnerships or limited liability companies during 2020 or 2019.

7. Investment Income

A. Bases for excluding investment income.

Due and accrued investment income is recorded as an asset, with the exceptions of due and accrued investment income that is determined to be uncollectible, regardless of its age, is written off in the period that determination is made.

B. Amount excluded.

All due and accrued investment income was admitted at September 30, 2020 and December 31, 2019.

8. Derivative Instruments

A. Market risk, credit risk and cash requirements of the derivative.

The Company did not enter into derivative contracts in 2020 or 2019.

B. Objectives for using derivatives.

The Company did not enter into derivative contracts in 2020 or 2019.

C. Accounting policies used.

The Company did not enter into derivative contracts in 2020 or 2019.

D. Net gain or loss from derivative excluding hedge.

The Company did not have gains or losses in net unrealized capital gains or losses that represented a component of any derivatives' gain or loss that was excluded from the assessment of hedge effectiveness in 2020 or 2019.

E. Net gain or loss from derivative without hedge accounting.

The Company did not have gains or losses in net unrealized capital gains or losses that resulted from derivatives that no longer qualify for hedge accounting treatment in 2020 or 2019.

F. Disclosure for cash flow hedges for derivative.

The Company did not have derivatives accounted for as cash flow hedges of a forecasted transaction in 2020 or 2019.

9. Income Taxes

A. Net Deferred Income Tax Assets (Liabilities).

None

B. Unrecognized DTLs

The Company did not incur unrecognized Deferred Tax Liabilities during 2020 or 2019.

C. Components of Income Tax Incurred.

None

D. Reconciliation to Federal income Tax Rate to Actual Effective Rate.

None

E. Operating Losses and Tax Credit Carryforwards

None

F. Consolidated Tax Returns

- (1) The company's federal income tax return is consolidated with the following entities:

Solstice Benefits, Inc.
 Claims Management Systems, Inc.
 Solstice Healthplans, Inc.
 Solstice Healthplans of New Jersey, Inc.
 Solstice Insurance Administration, Inc.
 Solstice Healthplans of Arizona, Inc.
 Solstice Healthplans of Ohio, Inc.
 Solstice Healthplans of Tennessee, Inc.
 Solstice Healthplans of Texas, Inc.
 Solstice Administrators of Alabama, Inc.
 Solstice Administrators of Arizona, Inc.
 Solstice Administrators, Inc.
 Solstice of Illinois, Inc.
 Solstice of Minnesota Inc
 Solstice Administrators of Missouri, Inc.
 Solstice of New York, Inc.
 Solstice Administrators of North Carolina, Inc.
 Solstice Administrators of South Carolina, Inc.
 Solstice Administrators of Texas, Inc.

- (2) The method of allocating among companies is subject to a written agreement, approved by the Board of Directors, whereby allocation is made primarily on a separate return basis with current credit given for any net operating losses or other items utilized in the consolidated tax return.

G. Federal or Foreign Income Tax Loss Contingencies

None

H. Repatriation Transition Tax (RTT)

(1) The Company does not have foreign operations and is not subject to RTT.

H. Alternative Minimum Tax (AMT) Credits

None

10. Information Concerning Parent, Subsidiaries and Affiliates

A. Nature of relationship.

Company Name	NAIC Company Code	Ownership*	Lines of Business	State of Domicile		Capital Paid In
				State of Domicile	Federal ID	
Dr. Michael Flax		Individual	Individual			
Dr. Leonard A Weiss		Individual	Individual			
Solstice Health Insurance Company	13971	100% Dr. Weiss	A&H NY	NY	27-1395245	\$ 1,557,500.00
Solstice Benefits, Inc.	12341	80% Weiss; 20% Flax	L&H (A&H, PLHSO, DPO); TPA (FL & GA)	FL	14-1917982	\$ 8,679,273.00
Claims Management Systems, Inc.		100% SBI	UR/Adjuster (FL); URA (AL, NY & TX)	FL	27-0204579	\$ 1,000.00
Solstice Healthplans, Inc.		100% SBI	FL PLHSO License	FL	46-3786700	\$ 405,594.00
Solstice Healthplans of New Jersey, Inc.		100% SBI	Inactive	NJ	46-1042329	\$ 111,000.00
Solstice Insurance Administration, Inc.		100% SBI	Holding Company	FL	46-0729622	\$ 126,000.00
Solstice Healthplans of Arizona, Inc.	16610	100% SIA	Prepaid Dental Plan Organization License	AZ	30-1200533	\$ 200,000.00
Solstice Healthplans of Ohio, Inc.		100% SIA	Health Insuring Corporation License	OH	30-1190514	\$ 250,000.00
Solstice Healthplans of Tennessee, Inc.		100% SIA	Inactive	TN	32-0583241	\$ 1,000.00
Solstice Healthplans of Texas, Inc.		100% SIA	Single Service Health Maintenance Organization License	TX	36-4935990	\$ 700,000.00
Solstice Administrators of Alabama, Inc.		100% SIA	TPA	AL	30-0760846	\$ 1,000.00
Solstice Administrators of Arizona, Inc.		100% SIA	TPA	AZ	35-2657270	\$ 1,000.00
Solstice Administrators, Inc.		100% SIA	TPA	CA	26-4839323	\$ 1,000.00
Solstice of Illinois, Inc.	16790	100% SIA	LHSO License; TPA; PPA	IL	26-2699505	\$ 104,000.00
Solstice of Minnesota Inc		100% SIA	TPA	MN	32-0545152	\$ 1,000.00
Solstice Administrators of Missouri, Inc.		100% SIA	TPA	MO	32-0392448	\$ 2,000.00
Solstice of New York, Inc.		100% SIA	TPA (CT, MD, NJ, OH, PA, RI), ODS (NJ)	NY	26-1891960	\$ 10,000.00
Solstice Administrators of North Carolina, Inc.		100% SIA	TPA	NC	30-0756426	\$ 1,000.00
Solstice Administrators of South Carolina, Inc.		100% SIA	Inactive	SC	36-4743087	\$ 1,000.00
Solstice Administrators of Texas, Inc.		100% SIA	TPA	TX	90-0880348	\$ 2,000.00
Solstice Benefit Services, Inc.		100% Dr. Michael Flax	Producer	FL	20-4815388	\$ -
Vero Beach Endo, Inc		100% Dr. Michael Flax	Unrelated Dental Practice	FL		

Note:

* Represents voting securities outstanding

B&C. The Company received capital contributions from the Parent Company, Solstice Insurance Administration, Inc., of \$275,000 in 2020 and \$0 in 2019.

D. Amount Due to or From Related Parties

The Company had no amounts due to or from related parties as of September 30, 2020.

E. Guarantees or Contingencies for Related Parties

The Company did not have guarantees or contingencies for related parties in 2020 or 2019.

F. Management, Service Contract, Cost Sharing Agreements

The Company has entered into an administrative services agreement with the Solstice Benefits, Inc. (SBI) its ultimate parent. SBI make its employees available to the Company to perform Account Management Services, including but not limited to the following functions: billing and collection, sales and marketing; group administration; claims processing and adjudication; customer service; information technology and support; and finance and accounting.

G. Nature of Relationships that Could Affect Operations

See Note F above.

H. Amount Deducted for Investment in Upstream Company

The Company does not have ownership interests in any upstream entities.

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets

The Company does not have any investments in SCA entities that exceed 10% of admitted assets.

J. Write downs for Impairment of Investment in Affiliates

The Company did not recognize impairments related to its SCA entity investments in 2020 or 2019.

K. Investment in Foreign Insurance Subsidiary

The Company did not have investments in foreign insurance subsidiaries that were calculated by adjusting annuity GAAP account value reserves using the Commissioners Annuity Reserve Valuation Method and the related actuarial guidelines at September 30, 2020 and December 31, 2019.

L. Investment in downstream non-insurance holding company

The Company did not utilize the look-through approach in valuing its investments in downstream noninsurance holding companies at September 30, 2020 and December 31, 2019.

11. Debt

A. Disclosure of debt and Holding Company obligations.

The Company did not have debt outstanding at September 30, 2020 and December 31, 2019.

B. Disclosure of Federal Home Loan Bank agreements.

The Company did not have funding agreements or borrowing arrangements with the Federal Home Loan Bank at September 30, 2020 and December 31, 2019.

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

A. Defined Benefit Plans.

The Company does not have any retirement or deferred compensation plans at September 30, 2020 and December 31, 2019.

B. - D. Information about Plan Assets.

The Company does not have any retirement or deferred compensation plans at September 30, 2020 and December 31, 2019.

E. Defined Contribution Plans.

The Company does not have any retirement or deferred compensation plans at September 30, 2020 and December 31, 2019.

F. Multiemployer Plans.

The Company does not have any multiemployer plans at September 30, 2020 and December 31, 2019.

G. Consolidated/Holding Company Plans.

The Company does not have any consolidated/holding company plans at September 30, 2020 and December 31, 2019.

H. Postemployment Benefits and Compensated Absences.

The Company does not have any postemployment benefits or compensated absences at September 30, 2020 and December 31, 2019.

I. Impact of Medicare Modernization Act on postretirement benefit plans.

The Company does not have to consider the impact of Medicare Modernization Act on postretirement benefit plans because the Company does not have any postretirement benefit plans at September 30, 2020 and December 31, 2019.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

1. The maximum number of shares of Common Stock that the Company is authorized to issue is 990 shares at \$1 par value, of which 1 share has been issued and is outstanding.
2. The Company is not authorized to issue Preferred Stock.
3. The ability of the Company to pay dividends is generally dependent on business conditions, income, cash requirements of the Company, receipt of dividends and specifically certification by an officer of the company of compliance with all the requirements of the Ohio Insurance Laws.
4. There were no cash dividends that were paid during the periods ending September 30, 2020 and December 31, 2019.
5. Within the limitations of Part 3 above, there were no restrictions placed on the portion of the Company's profits that may be paid as ordinary dividends to stockholders.
6. The unassigned funds, which are held for the benefit of the shareholder, are unrestricted except by requirement for regulatory approval as described in Part 3 above.
7. The Company is not a mutual or similarly organized company, and therefore, this disclosure requirement does not apply.
8. The Company did not hold stock for special purposes at September 30, 2020 and December 31, 2019.
9. The Company did not have special surplus funds balances at September 30, 2020 and December 31, 2019.
10. The Company did not have cumulative unrealized gains and losses at September 30, 2020 and December 31, 2019.
11. The Company did not have surplus notes or similar obligations outstanding at September 30, 2020 and December 31, 2019.
12. The Company did not have restatements due to quasi-reorganizations in 2020 or 2019.
13. The Company was not quasi-reorganized in 2020 or 2019.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

The Company did not have any Contingent Commitments in 2020 or 2019.

B. Assessments

The Company did not have assessments in 2020 or 2019.

C. Gain Contingencies

The Company did not have gain contingencies in 2020 or 2019.

D. Claims related extra contractual obligation or bad faith losses

The Company did not have claims related extra contractual obligation or bad faith losses stemming from lawsuits in 2020 or 2019.

E. Joint and Several Liabilities

The Company did not have joint and several liabilities in 2020 or 2019.

F. All Other Contingencies

The Company did not have other contingencies in 2020 or 2019.

15. Leases

A. Lessee leasing arrangements.

Leasing activities were not part of the Company's business activities in 2020 or 2019.

B. Lessor Leases

Leasing activities were not part of the Company's business activities in 2020 or 2019.

16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk

The Company has not utilized Financial Instruments during the periods ending September 30, 2020 and December 31, 2019.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

The Company has not transferred Financial Assets and Extinguished Liabilities during the periods ending September 30, 2020 and December 31, 2019.

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

A. ASO Plans

The Company did not act as a third party administrator for ASO plans.

B. ASC Plans

The Company did not act as a third party administrator for ASC plans.

C. Medicare or similarly structured cost based reimbursement contracts.

The Company did not act as a third party administrator for Medicare or similarly structured cost based reimbursement contracts.

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

The Company did not have any premiums written during the periods ending September 30, 2020 and December 31, 2019.

20. Fair Value Measurements

A. Items Measured and Reported at Fair Value

The Company does not use Fair Value Measurements to value its Assets or Liabilities.

B. Other Fair Value Disclosures

The Company does not have any other fair value disclosures.

C. Fair Values for all Financial Instruments

The Company does not have Financial Instruments and therefore does not use Fair Value Measurements to value its Financial Instruments.

D. Financial Instruments for which it is Not Practicable to Determine Fair Values for Note 20 C

The Company does not have any financial instruments for which it is not practicable to determine fair value.

21. Other Items

A. Extraordinary items.

The Company did not have extraordinary items at September 30, 2020 and December 31, 2019.

B. Troubled Debt Restructuring: Debtors

The Company did not have troubled debt restructurings at September 30, 2020 and December 31, 2019.

C. Other Disclosures and Unusual Items

The Company did not have other disclosures or unusual items at September 30, 2020 and December 31, 2019.

D. Business Interruption Insurance Recoveries

The Company did not have business interruption insurance recoveries at September 30, 2020 and December 31, 2019.

E. State Transferable and Non-transferable Tax Credits

The Company did not have state transferable or non-transferable tax credits at September 30, 2020 and December 31, 2019.

F. Subprime-Mortgage-Related Risk Exposure

The Company did not have subprime-mortgage-related risk exposure at September 30, 2020 and December 31, 2019.

G. Retained Assets

The Company did not have retained assets at September 30, 2020 and December 31, 2019.

H. Insurance Linked Securities

The Company did not have insurance linked securities at September 30, 2020 or December 31, 2019.

22. Events Subsequent

There were no events subsequent to September 30, 2020 and December 31, 2019 that require disclosure.

23. Reinsurance

The Company does not utilize reinsurance.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

The Company does not underwrite premiums that are subject to retrospective rating or are contingent premiums (based on actual claims incurred) for the periods ended September 30, 2020 and December 31, 2019.

25. Change in Incurred Claims and Claim Adjustment Expenses

The Company was granted Specialty Health Care license September 30, 2020 and did not have any approved plans.

26. Intercompany Pooling Arrangements

The Company utilizes no intercompany pooling arrangements.

27. Structured Settlements

As documented in the NAIC Annual Statement filing instructions for 2020, this footnote is not applicable to health insurance companies.

28. Health Care Receivables

The Company does not have any pharmaceutical rebate receivables or risk sharing receivables as of September 30, 2020 and December 31, 2019.

29. Participating Policies

The Company does not underwrite any business that would result in group accident or health participating policies. Accordingly, policy dividends are not applicable to the Company's operations.

30. Premium Deficiency Reserves

- | | |
|--|-----------------------------------|
| 1. Liability carried for premium deficiency reserves | \$0 |
| 2. Date of the most recent evaluation of the liability | <u>09/30/2020</u> |
| 3. Was anticipated investment income utilized in this calculation? | Yes <input type="checkbox"/> No X |

31. Anticipated Salvage and Subrogation

The Company's liability for unpaid claims is actuarially determined on analysis of historical claims experience modified for changes in enrollment, inflation and benefit coverage. This liability reflects no reductions for salvage and subrogation recoveries, which are recorded in the year of receipt.

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 [X] No []
- 2.2 If yes, date of change:07/01/2020
- 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.
- 4.2 If yes, provide the 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] NA []
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
- 6.4 By what department or departments?
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 [] No [] NA [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] NA [X]
- 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 by 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 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

GENERAL INTERROGATORIES

- 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 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

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

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

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: \$

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

- 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 NA

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 the 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

GENERAL INTERROGATORIES

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
US Bank.....	1555 N. Rivercenter Dr, Suite 300, Milwaukee, WI 53212.....

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

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

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

Yes No

18.2 If no, list exceptions:

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

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?.....

Yes No

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of 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. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?.....

Yes No

GENERAL INTERROGATORIES

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 shares were 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 reported 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

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 balance of the 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

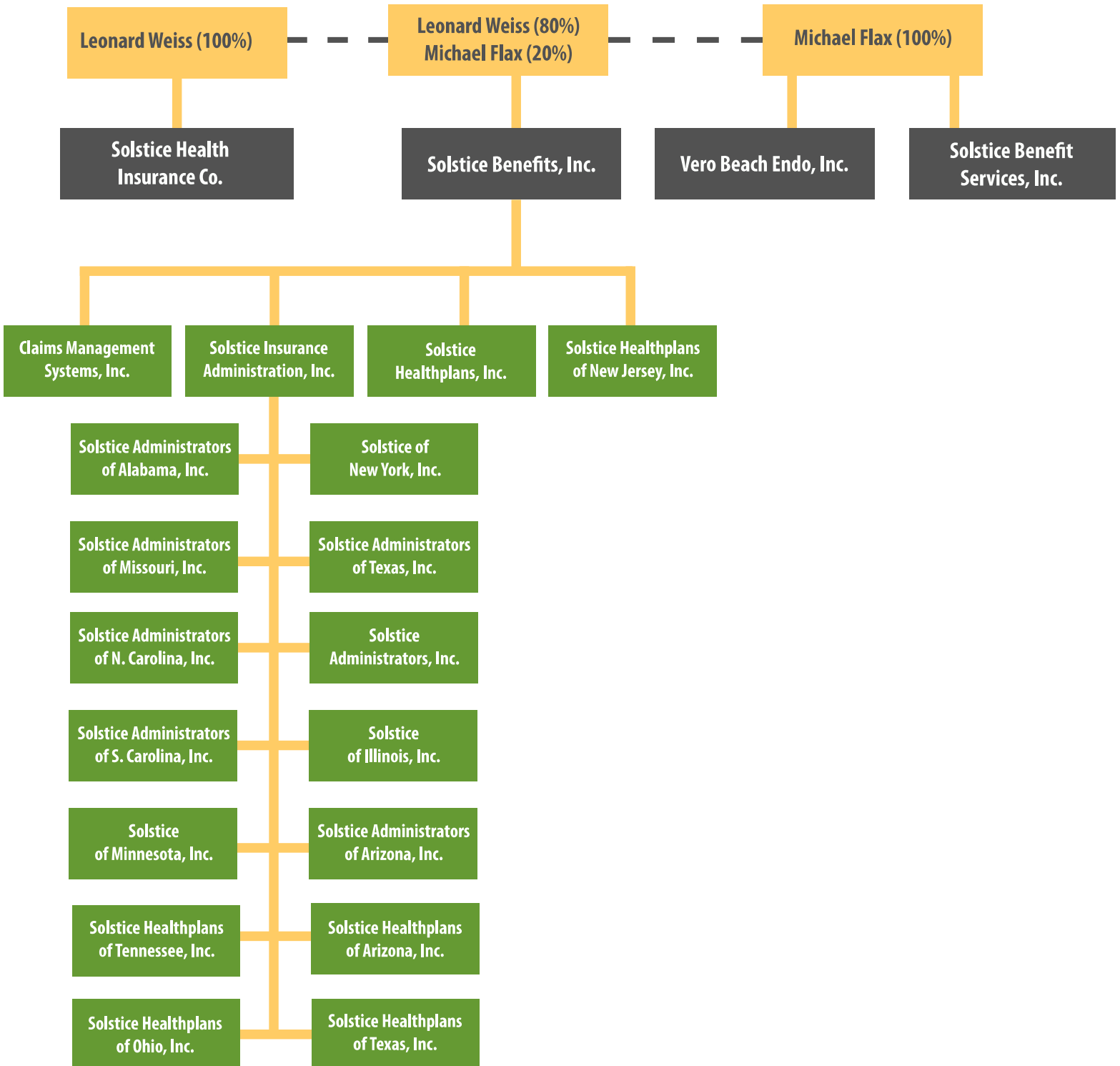
Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only							8 Total Columns 2 Through 7	9 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums			
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. Dist. 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.		XXX								
58002.		XXX								
58003.		XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	0

(a) Active Status Counts

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

HOLDING COMPANY SYSTEM



STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Solstice Healthplans of Ohio, Inc.

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)	*
04866	Solstice Grp	12341	14-1917982	.0	0		Solstice Benefits, Inc	FL	UIP	Dr. Leonard Weiss DMD	Ownership	80.0	Dr. Leonard Weiss DMD		.0
04866	Solstice Grp	12341	14-1917982	.0	0		Solstice Benefits, Inc	FL	UIP	Dr. Michael Flax	Ownership	20.0	Dr. Leonard Weiss DMD		.0
00000		00000	20-4815388	.0	0		Solstice Benefit Services, Inc	FL	NIA	Dr. Michael Flax	Ownership	100.0	Dr. Michael Flax DMD		.0
00000		00000	47-2951022	.0	0		Vero Beach Endo, Inc	FL	NIA	Dr. Michael Flax	Ownership	100.0	Dr. Michael Flax DMD		.0
00000		00000	27-0204579	.0	0		Claims Management Systems, Inc	FL	NIA	Solstice Benefits, Inc	Ownership	100.0	Dr. Leonard Weiss DMD		.0
00000		00000	43-3786700	.0	0		Solstice Healthplans, Inc	FL	IA	Solstice Benefits, Inc	Ownership	100.0	Dr. Leonard Weiss DMD		.0
00000		00000	46-1042329	.0	0		Solstice Healthplans of New Jersey, Inc	NJ	NIA	Solstice Benefits, Inc	Ownership	100.0	Dr. Leonard Weiss DMD		.0
00000		00000	32-0583241	.0	0		Solstice Healthplans of Tennessee, Inc	TN	NIA	Solstice Insurance Administration, Inc	Ownership	100.0	Dr. Leonard Weiss DMD		.0
00000		00000	40-0729622	.0	0		Solstice Insurance Administration, Inc	FL	UDP	Solstice Benefits, Inc	Ownership	100.0	Dr. Leonard Weiss DMD		.0
00000		00000	26-1891960	.0	0		Solstice of New York, Inc	NY	NIA	Solstice Insurance Administration, Inc	Ownership	100.0	Dr. Leonard Weiss DMD		.0
04866	Solstice Grp	16790	26-2699505	.0	0		Solstice of Illinois, Inc	IL	IA	Solstice Insurance Administration, Inc	Ownership	100.0	Dr. Leonard Weiss DMD		.0
00000		00000	26-4839323	.0	0		Solstice Administrators, Inc	CA	NIA	Solstice Insurance Administration, Inc	Ownership	100.0	Dr. Leonard Weiss DMD		.0
00000		00000	30-0760846	.0	0		Solstice Administrators of Alabama, Inc	AL	NIA	Solstice Insurance Administration, Inc	Ownership	100.0	Dr. Leonard Weiss DMD		.0
00000		00000	32-0392448	.0	0		Solstice Administrators of Missouri, Inc	MO	NIA	Solstice Insurance Administration, Inc	Ownership	100.0	Dr. Leonard Weiss DMD		.0
00000		00000	90-0880348	.0	0		Solstice Administrators of Texas, Inc	TX	NIA	Solstice Insurance Administration, Inc	Ownership	100.0	Dr. Leonard Weiss DMD		.0
00000		00000	36-4743087	.0	0		Solstice Administrators of South Carolina, Inc	SC	NIA	Solstice Insurance Administration, Inc	Ownership	100.0	Dr. Leonard Weiss DMD		.0
00000		00000	30-0756426	.0	0		Solstice Administrators of North Carolina, Inc	NC	NIA	Solstice Insurance Administration, Inc	Ownership	100.0	Dr. Leonard Weiss DMD		.0
00000		00000	32-0545152	.0	0		Solstice of Minnesota, Inc	MN	NIA	Solstice Insurance Administration, Inc	Ownership	100.0	Dr. Leonard Weiss DMD		.0
04866	Solstice Grp	13971	27-1395245	.0	0		Solstice Health Insurance Company	NY	IA	Dr. Leonard Weiss DMD	Ownership	100.0	Dr. Leonard Weiss DMD		.0
00000		00000	35-2657270	.0	0		Solstice Administrators of Arizona, Inc	AZ	NIA	Solstice Insurance Administration, Inc	Ownership	100.0	Dr. Leonard Weiss DMD		.0
04866	Solstice Grp	16610	30-1200533	.0	0		Solstice Healthplans of Arizona, Inc	AZ	IA	Solstice Insurance Administration, Inc	Ownership	100.0	Dr. Leonard Weiss DMD		.0
04866	Solstice Grp	16878	30-1190514	.0	0		Solstice Healthplans of Ohio, Inc	OH	RE	Solstice Insurance Administration, Inc	Ownership	100.0	Dr. Leonard Weiss DMD		.0
00000		00000	36-4935990	.0	0		Solstice Healthplans of Texas, Inc	TX	NIA	Solstice Insurance Administration, Inc	Ownership	100.0	Dr. Leonard Weiss DMD		.0

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

Asterisk	Explanation

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:

Bar Code:

1.



1 6 8 7 8 2 0 2 0 3 6 5 0 0 0 0 3

OVERFLOW PAGE FOR WRITE-INS

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	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		.0
2.2 Additional investment made after acquisition .....		.0
3. Current year change in encumbrances .....		.0
4. Total gain (loss) on disposals .....		.0
5. Deduct amounts received on disposals .....		.0
6. Total foreign exchange change in book/adjusted carrying value .....		.0
7. Deduct current year's other-than-temporary impairment recognized .....		.0
8. Deduct current year's depreciation .....		.0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	.0	.0
10. Deduct total nonadmitted amounts .....	.0	.0
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	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		.0
2.2 Additional investment made after acquisition .....		.0
3. Capitalized deferred interest and other .....		.0
4. Accrual of discount .....		.0
5. Unrealized valuation increase (decrease) .....		.0
6. Total gain (loss) on disposals .....		.0
7. Deduct amounts received on disposals .....		.0
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		.0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		.0
10. Deduct current year's other-than-temporary impairment recognized .....		.0
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 .....		.0
13. Subtotal (Line 11 plus Line 12) .....	.0	.0
14. Deduct total nonadmitted amounts .....	.0	.0
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	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		.0
2.2 Additional investment made after acquisition .....		.0
3. Capitalized deferred interest and other .....		.0
4. Accrual of discount .....		.0
5. Unrealized valuation increase (decrease) .....		.0
6. Total gain (loss) on disposals .....		.0
7. Deduct amounts received on disposals .....		.0
8. Deduct amortization of premium and depreciation .....		.0
9. Total foreign exchange change in book/adjusted carrying value .....		.0
10. Deduct current year's other-than-temporary impairment recognized .....		.0
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 .....	.0	.0
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 .....	.0	.0
2. Cost of bonds and stocks acquired	156,515	.0
3. Accrual of discount .....		.0
4. Unrealized valuation increase (decrease) .....		.0
5. Total gain (loss) on disposals	(137)	.0
6. Deduct consideration for bonds and stocks disposed of	78,468	.0
7. Deduct amortization of premium	367	.0
8. Total foreign exchange change in book/adjusted carrying value .....		.0
9. Deduct current year's other-than-temporary impairment recognized .....		.0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....		.0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	77,543	.0
12. Deduct total nonadmitted amounts .....	.0	.0
13. Statement value at end of current period (Line 11 minus Line 12)	77,543	0

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Solstice Healthplans of Ohio, Inc.

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
BONDS								
1. NAIC 1 (a).....	.0	156,515	78,605	(367)	.0	.0	77,543	.0
2. NAIC 2 (a).....	.0				.0	.0	.0	.0
3. NAIC 3 (a).....	.0				.0	.0	.0	.0
4. NAIC 4 (a).....	.0				.0	.0	.0	.0
5. NAIC 5 (a).....	.0				.0	.0	.0	.0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	0	156,515	78,605	(367)	0	0	77,543	0
PREFERRED STOCK								
8. NAIC 1.....	.0				.0	.0	.0	.0
9. NAIC 2.....	.0				.0	.0	.0	.0
10. NAIC 3.....	.0				.0	.0	.0	.0
11. NAIC 4.....	.0				.0	.0	.0	.0
12. NAIC 5.....	.0				.0	.0	.0	.0
13. NAIC 6.....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	0	156,515	78,605	(367)	0	0	77,543	0

(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 \$; NAIC 2 \$;
NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

S102

Schedule DA - Part 1

NONE

Schedule DA - Verification

NONE

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Part 2 - Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Solstice Healthplans of Ohio, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the 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	Foreign	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
Bonds - U.S. Governments																					
912828-WY-2	U.S. Treasury Note		08/27/2020	Merrill Lynch	XXX	78,468	76,000	78,832	0	0	(227)	0	(227)	0	78,605	0	(137)	(137)	0	07/31/2021	1
0599999 - Bonds - U.S. Governments																					
						78,468	76,000	78,832	0	0	(227)	0	(227)	0	78,605	0	(137)	(137)	0	XXX	XXX
8399997 - Bonds - Subtotals - Bonds - Part 4						78,468	76,000	78,832	0	0	(227)	0	(227)	0	78,605	0	(137)	(137)	0	XXX	XXX
8399999 - Bonds - Subtotals - Bonds						78,468	76,000	78,832	0	0	(227)	0	(227)	0	78,605	0	(137)	(137)	0	XXX	XXX
9999999 Totals						78,468	XXX	78,832	0	0	(227)	0	(227)	0	78,605	0	(137)	(137)	0	XXX	XXX

E05

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DB - Part E

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
NONE								
8899999 Total Cash Equivalents						0	0	0