ANNUAL STATEMENT

OF THE

Canton Regional Chamber Health Fund

of

Canton

in the state of

Ohio

2020

TO THE

Insurance Department

OF THE STATE OF

Ohio

For the Year Ending
DECEMBER 31, 2020

HEALTH

2020

00000202020100100 (NAIC code not entered) 2020 Document Code: 201

ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2020

OF THE CONDITION AND AFFAIRS OF THE

Canton Regional Chamber Health Fund

NAIC Group Code 0000 (Current Period) 0000 (Prior Period) NAIC Company Code _____ Employer's ID Number 82-6483792

Organized under the Laws of Ohio State of Domicile or Port of Entry OH

Country of Domicile United States of America

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[X] N/A[ ]

Incorporated/Organized 12/01/2017 Commenced Business 12/07/2017

Statutory Home Office 2600 Sixth Street SW (Street and Number), Canton, OH, US 44710 (City or Town, State, Country and Zip Code)

Main Administrative Office 2600 Sixth Street SW (Street and Number)
Canton, OH, US 44710 (City or Town, State, Country and Zip Code) (330)363-4057 (Area Code) (Telephone Number)

Mail Address 2600 Sixth Street SW (Street and Number or P.O. Box), Canton, OH, US 44710 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 2600 Sixth Street SW (Street and Number)
Canton, OH, US 44710 (City or Town, State, Country and Zip Code) (330)363-4057 (Area Code) (Telephone Number)

Internet Website Address

Statutory Statement Contact Jeffrey Alan Scheatzle (Name) (330)363-4057 (Area Code)(Telephone Number)(Extension)
jscheatzle@aultcare.com (E-Mail Address) (330)363-5012 (Fax Number)

OFFICERS

Name	Title
Geofrrey Karcher	Chairman
Todd Hawke	Vice Chairman
Frank Monaco	Treasurer
Robert Mullen	Secretary

OTHERS

DIRECTORS OR TRUSTEES

Joseph Feltes
Francis Hayden
Steven Meeks
Robert Mullen
Dennis Saunier
Todd Hawke
Geoffrey Karcher
Frank Monaco
Mark Rosneck
Cindy Stevens

State of Ohio
County of Stark 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.

(Signature)	(Signature)	(Signature)
Geoffrey Karcher	Robert Mullen	Frank Monaco
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Chairman	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this 30th day of March, 2021

(Notary Public Signature)

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

NOTARIAL SEAL STATE OF OHIO

CHRISTINE I. BERCZIK
Notary Public, State of Ohio
My Commission Expires 05-19-2024

DIRECTORS OR TRUSTEES (continued)

Leonard Stevens

ASSETS

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1.	Bonds (Schedule D)				
2.	Stocks (Schedule D):				
	2.1 Preferred stocks				
	2.2 Common Stocks				
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less $.....0 encumbrances)				
	4.2 Properties held for the production of income (less $.....0 encumbrances)				
	4.3 Properties held for sale (less $.....0 encumbrances)				
5.	Cash ($.....6,226,967, Schedule E Part 1), cash equivalents ($.....0, Schedule E Part 2) and short-term investments ($.....0, Schedule DA)	6,226,967		6,226,967	3,858,384
6.	Contract loans (including $.....0 premium notes)				
7.	Derivatives (Schedule DB)				
8.	Other invested assets (Schedule BA)				
9.	Receivables for securities				
10.	Securities Lending Reinvested Collateral Assets (Schedule DL)				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	6,226,967		6,226,967	3,858,384
13.	Title plants less $.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued				
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	97,652		97,652	16,902
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including $.....0 earned but unbilled premiums)				
	15.3 Accrued retrospective premiums ($.....0) and contracts subject to redetermination ($.....0)				
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers				
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets ($.....0)				
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care ($.....200,000) and other amounts receivable	381,793	181,793	200,000	225,000
25.	Aggregate write-ins for other than invested assets				
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	6,706,412	181,793	6,524,619	4,100,286
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	6,706,412	181,793	6,524,619	4,100,286
DETAILS OF WRITE-INS					
1101.					
1102.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.	Surplus Note Receivable				
2502.					
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				

LIABILITIES, CAPITAL AND SURPLUS

		Current Year			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $.....0 reinsurance ceded)	336,700		336,700	556,000
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses				
4.	Aggregate health policy reserves, including the liability of $.....0 for medical loss ratio rebate per the Public Health Service Act				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	346,696		346,696	176,446
9.	General expenses due or accrued	248,439		248,439	198,767
10.1	Current federal and foreign income tax payable and interest thereon (including $.....0 on realized capital gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable	2,030,740		2,030,740	1,108,739
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates				
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties (with $.....0 authorized reinsurers, $.....0 unauthorized reinsurers and $.....0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified ($.....0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including $.....0 current)				
24.	TOTAL Liabilities (Lines 1 to 23)	2,962,574		2,962,574	2,039,953
25.	Aggregate write-ins for special surplus funds	XXX	XXX		
26.	Common capital stock	XXX	XXX		
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX		
29.	Surplus notes	XXX	XXX	1,500,000	1,500,000
30.	Aggregate write-ins for other than special surplus funds	XXX	XXX		
31.	Unassigned funds (surplus)	XXX	XXX	2,062,044	560,333
32.	Less treasury stock, at cost:				
	32.1 .....0 shares common (value included in Line 26 $.....0)	XXX	XXX		
	32.2 .....0 shares preferred (value included in Line 27 $.....0)	XXX	XXX		
33.	TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	3,562,044	2,060,333
34.	TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	XXX	XXX	6,524,619	4,100,286
DETAILS OF WRITE-INS					
2301.					
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.		XXX	XXX		
2502.		XXX	XXX		
2503.		XXX	XXX		
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.		XXX	XXX		
3002.		XXX	XXX		
3003.		XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months	XXX	67,507	52,128
2.	Net premium income (including $.....0 non-health premium income)	XXX	5,469,400	8,249,345
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		
7.	Aggregate write-ins for other non-health revenues	XXX		
8.	TOTAL Revenues (Lines 2 to 7)	XXX	5,469,400	8,249,345
Hospital and Medical:				
9.	Hospital/medical benefits		15,390,363	13,129,675
10.	Other professional services			
11.	Outside referrals			
12.	Emergency room and out-of-area		545,907	405,028
13.	Prescription drugs		4,845,317	2,695,495
14.	Aggregate write-ins for other hospital and medical			
15.	Incentive pool, withhold adjustments and bonus amounts			
16.	Subtotal (Lines 9 to 15)		20,781,587	16,230,198
Less:				
17.	Net reinsurance recoveries		19,579,796	11,166,054
18.	TOTAL Hospital and Medical (Lines 16 minus 17)		1,201,791	5,064,144
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including $.....0 cost containment expenses			
21.	General administrative expenses		2,812,027	2,225,129
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)		4,013,818	7,289,273
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	1,455,582	960,072
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)			
26.	Net realized capital gains (losses) less capital gains tax of $.....0			
27.	Net investment gains (losses) (Lines 25 plus 26)			
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $.....0) (amount charged off $.....0)]			
29.	Aggregate write-ins for other income or expenses			
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	1,455,582	960,072
31.	Federal and foreign income taxes incurred	XXX		
32.	Net income (loss) (Lines 30 minus 31)	XXX	1,455,582	960,072
DETAILS OF WRITE-INS				
0601.		XXX		
0602.		XXX		
0603.		XXX		
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX		
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX		
0701.		XXX		
0702.		XXX		
0703.		XXX		
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX		
0799.	TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	XXX		
1401.				
1402.				
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901.				
2902.				
2903.				
2998.	Summary of remaining write-ins for Line 29 from overflow page			
2999.	TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year	2 Prior Year
	CAPITAL & SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	2,060,333	1,122,986
34.	Net income or (loss) from Line 32	1,455,582	960,072
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Change in net unrealized capital gains (losses) less capital gains tax of $.....0		
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets	46,130	(22,726)
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		
48.	Net change in capital and surplus (Lines 34 to 47)	1,501,711	937,347
49.	Capital and surplus end of reporting year (Line 33 plus 48)	3,562,044	2,060,333
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		

CASH FLOW

		1 Current Year	2 Prior Year
	Cash from Operations		
1.	Premiums collected net of reinsurance	6,480,899	9,407,669
2.	Net investment income		
3.	Miscellaneous income		
4.	TOTAL (Lines 1 through 3)	6,480,899	9,407,669
5.	Benefit and loss related payments	1,349,961	5,058,976
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	2,762,355	2,026,362
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)		
10.	TOTAL (Lines 5 through 9)	4,112,316	7,085,338
11.	Net cash from operations (Line 4 minus Line 10)	2,368,583	2,322,332
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds		
	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)		
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds		
	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)		
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)		750,000
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		750,000
	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)	2,368,583	3,072,332
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	3,858,384	786,053
	19.2 End of year (Line 18 plus Line 19.1)	6,226,967	3,858,384

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001			

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1.	Net premium income	5,469,400	5,469,400								
2.	Change in unearned premium reserves and reserve for rate credit										
3.	Fee-for-service (net of $.....0 medical expenses)										XXX
4.	Risk revenue										XXX
5.	Aggregate write-ins for other health care related revenues										XXX
6.	Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7.	TOTAL Revenues (Lines 1 to 6)	5,469,400	5,469,400								
8.	Hospital/medical benefits	15,390,363	15,390,363								XXX
9.	Other professional services										XXX
10.	Outside referrals										XXX
11.	Emergency room and out-of-area	545,907	545,907								XXX
12.	Prescription drugs	4,845,317	4,845,317								XXX
13.	Aggregate write-ins for other hospital and medical										XXX
14.	Incentive pool, withhold adjustments and bonus amounts										XXX
15.	Subtotal (Lines 8 to 14)	20,781,587	20,781,587								XXX
16.	Net reinsurance recoveries	19,579,796	19,579,796								XXX
17.	TOTAL Hospital and Medical (Lines 15 minus 16)	1,201,791	1,201,791								XXX
18.	Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19.	Claims adjustment expenses including $.....0 cost containment expenses										
20.	General administrative expenses	2,812,027	2,812,027								
21.	Increase in reserves for accident and health contracts										XXX
22.	Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23.	TOTAL Underwriting Deductions (Lines 17 to 22)	4,013,818	4,013,818								
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	1,455,582	1,455,582								
DETAILS OF WRITE-INS											
0501.											XXX
0502.											XXX
0503.											XXX
0598.	Summary of remaining write-ins for Line 5 from overflow page										XXX
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)										XXX
0601.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698.	Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.											XXX
1302.											XXX
1303.											XXX
1398.	Summary of remaining write-ins for Line 13 from overflow page										XXX
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Columns 1 + 2 - 3)
1.	Comprehensive (hospital and medical)	28,550,496		23,081,096	5,469,400
2.	Medicare Supplement				
3.	Dental only				
4.	Vision only				
5.	Federal Employees Health Benefits Plan				
6.	Title XVIII - Medicare				
7.	Title XIX - Medicaid				
8.	Other health				
9.	Health subtotal (Lines 1 through 8)	28,550,496		23,081,096	5,469,400
10.	Life				
11.	Property/casualty				
12.	TOTALS (Lines 9 to 11)	28,550,496		23,081,096	5,469,400

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	21,000,887	21,000,887								
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	19,579,796	19,579,796								
1.4 Net	1,421,091	1,421,091								
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	336,700	336,700								
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	336,700	336,700								
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net healthcare receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	556,000	556,000								
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	556,000	556,000								
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	20,781,587	20,781,587								
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	19,579,796	19,579,796								
12.4 Net	1,201,791	1,201,791								
13. Incurred medical incentive pools and bonuses										

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Compre-hensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	336,700	336,700								
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	336,700	336,700								
2. Incurred but Unreported:										
2.1 Direct										
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net										
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS										
4.1 Direct	336,700	336,700								
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net	336,700	336,700								

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business		Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
		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	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1.	Comprehensive (hospital and medical)	498,416	922,675		336,700	498,416	556,000
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid						
8.	Other health						
9.	Health subtotal (Lines 1 to 8)	498,416	922,675		336,700	498,416	556,000
10.	Healthcare receivables (a)						
11.	Other non-health						
12.	Medical incentive pool and bonus amounts						
13.	TOTALS (Lines 9 - 10 + 11 + 12)	498,416	922,675		336,700	498,416	556,000

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS ($000 Omitted)

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior					
2. 2016					
3. 2017	XXX				
4. 2018	XXX	XXX	1,095	1,095	1,095
5. 2019	XXX	XXX	XXX	4,471	4,471
6. 2020	XXX	XXX	XXX	XXX	923

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior					
2. 2016					
3. 2017	XXX				
4. 2018	XXX	XXX	1,289	1,095	1,095
5. 2019	XXX	XXX	XXX	5,027	4,471
6. 2020	XXX	XXX	XXX	XXX	1,259

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2016										
2. 2017										
3. 2018	1,592	1,095			1,095	68.781			1,095	68.781
4. 2019	8,249	4,471			4,471	54.201			4,471	54.201
5. 2020	5,469	923			923	16.870	337		1,259	23.026

12 Grand Total

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS ($000 Omitted)

Hospital and Medical

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior					
2. 2016					
3. 2017	XXX				
4. 2018	XXX	XXX	1,095	1,095	1,095
5. 2019	XXX	XXX	XXX	4,471	4,471
6. 2020	XXX	XXX	XXX	XXX	923

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior					
2. 2016					
3. 2017	XXX				
4. 2018	XXX	XXX	1,289	1,095	1,095
5. 2019	XXX	XXX	XXX	5,027	4,471
6. 2020	XXX	XXX	XXX	XXX	1,259

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2016										
2. 2017										
3. 2018	1,592	1,095			1,095	68.781			1,095	68.781
4. 2019	8,249	4,471			4,471	54.201			4,471	54.201
5. 2020	5,469	923			923	16.870	337		1,259	23.026

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement .... NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement ... NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement ... NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only ..... NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only ..... NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only ..... NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only ..... NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only ..... NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only ..... NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP ..... NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP ..... NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP ..... NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XVIII-Medicare ..... NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XVIII-Medicare ..... NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XVIII-Medicare ..... NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XIX-Medicaid ..... NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XIX-Medicaid ..... NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XIX-Medicaid ..... NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Other ..... NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur Claims - Other ..... NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Other ..... NONE

13 Underwriting Invest Exh Pt 2D - A & H Reserve ..... NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustment Expenses		3	4	5
		1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1.	Rent ($.....0 for occupancy of own building)			19,279		19,279
2.	Salaries, wages and other benefits			730,427		730,427
3.	Commissions (less $.....0 ceded plus $.....0 assumed)			712,191		712,191
4.	Legal fees and expenses			485		485
5.	Certifications and accreditation fees					
6.	Auditing, actuarial and other consulting services			245,144		245,144
7.	Traveling expenses			6,808		6,808
8.	Marketing and advertising			48,674		48,674
9.	Postage, express and telephone			18,783		18,783
10.	Printing and office supplies			18,770		18,770
11.	Occupancy, depreciation and amortization			37,297		37,297
12.	Equipment			33,718		33,718
13.	Cost or depreciation of EDP equipment and software			231,138		231,138
14.	Outsourced services including EDP, claims, and other services			95,925		95,925
15.	Boards, bureaus and association fees			127,122		127,122
16.	Insurance, except on real estate					
17.	Collection and bank service charges			15,912		15,912
18.	Group service and administration fees			20,798		20,798
19.	Reimbursements by uninsured plans					
20.	Reimbursements from fiscal intermediaries					
21.	Real estate expenses					
22.	Real estate taxes					
23.	Taxes, licenses and fees:					
	23.1 State and local insurance taxes					
	23.2 State premium taxes					
	23.3 Regulatory authority licenses and fees					
	23.4 Payroll taxes			40,436		40,436
	23.5 Other (excluding federal income and real estate taxes)			409,121		409,121
24.	Investment expenses not included elsewhere					
25.	Aggregate write-ins for expenses					
26.	TOTAL Expenses Incurred (Lines 1 to 25)			2,812,027		(a) 2,812,027
27.	Less expenses unpaid December 31, current year			248,439		248,439
28.	Add expenses unpaid December 31, prior year			198,767		198,767
29.	Amounts receivable relating to uninsured plans, prior year					
30.	Amounts receivable relating to uninsured plans, current year					
31.	TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)			2,762,355		2,762,355
DETAILS OF WRITE-INS						
2501.						
2502.						
2503.						
2598.	Summary of remaining write-ins for Line 25 from overflow page					
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)					

(a) Includes management fees of $.....0 to affiliates and $.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds	(a)	
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a)	
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e)	
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income		
10.	TOTAL gross investment income		
11.	Investment expenses		(g)
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment inco	NONE	
16.	TOTAL Deductions (Lines 11 through 15)		
17.	Net Investment income (Line 10 minus Line 16)		
DETAILS OF WRITE-INS			
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page		
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)		
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above)		

(a) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued interest on purchases.
(b) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued dividends on purchases.
(c) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued interest on purchases.
(d) Includes $.....0 for company's occupancy of its own buildings; and excludes $.....0 interest on encumbrances.
(e) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued interest on purchases.
(f) Includes $.....0 accrual of discount less $.....0 amortization of premium.
(g) Includes $.....0 investment expenses and $.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes $.....0 interest on surplus notes and $.....0 interest on capital notes.
(i) Includes $.....0 depreciation on real estate and $.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds					
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)					
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)					
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate	NONE				
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	TOTAL Capital gains (losses)					
DETAILS OF WRITE-INS						
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page					
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)					

EXHIBIT OF NONADMITTED ASSETS

		1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)			
2.	Stocks (Schedule D):			
	2.1 Preferred stocks			
	2.2 Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens			
	3.2 Other than first liens			
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company			
	4.2 Properties held for the production of income			
	4.3 Properties held for sale			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6.	Contract loans			
7.	Derivatives (Schedule DB)			
8.	Other invested assets (Schedule BA)			
9.	Receivables for securities			
10.	Securities lending reinvested collateral assets (Schedule DL)			
11.	Aggregate write-ins for invested assets			
12.	Subtotals, cash and invested assets (Lines 1 to 11)			
13.	Title plants (for Title insurers only)			
14.	Investment income due and accrued			
15.	Premiums and considerations:			
	15.1 Uncollected premiums and agents' balances in the course of collection			
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
	15.3 Accrued retrospective premiums and contracts subject to redetermination			
16.	Reinsurance:			
	16.1 Amounts recoverable from reinsurers			
	16.2 Funds held by or deposited with reinsured companies			
	16.3 Other amounts receivable under reinsurance contracts			
17.	Amounts receivable relating to uninsured plans			
18.1	Current federal and foreign income tax recoverable and interest thereon			
18.2	Net deferred tax asset			
19.	Guaranty funds receivable or on deposit			
20.	Electronic data processing equipment and software			
21.	Furniture and equipment, including health care delivery assets			
22.	Net adjustment in assets and liabilities due to foreign exchange rates			
23.	Receivables from parent, subsidiaries and affiliates			
24.	Health care and other amounts receivable	181,793	227,923	46,130
25.	Aggregate write-ins for other than invested assets			
26.	TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	181,793	227,923	46,130
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28.	TOTAL (Lines 26 and 27)	181,793	227,923	46,130
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198.	Summary of remaining write-ins for Line 11 from overflow page			
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501.				
2502.				
2503.				
2598.	Summary of remaining write-ins for Line 25 from overflow page			
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)			

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health Maintenance Organizations						
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business	4,673	5,465	5,618	5,797	5,945	67,507
7. TOTAL	4,673	5,465	5,618	5,797	5,945	67,507
DETAILS OF WRITE-INS						
0601. Multiple Employer Welfare Arrangement	4,673	5,465	5,618	5,797	5,945	67,507
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page						
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	4,673	5,465	5,618	5,797	5,945	67,507

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals						
0299997 Subtotal - Group Subscribers:						
0299998 Premiums due and unpaid not individually listed	65,341	21,887	10,424			97,652
0299999 TOTAL Group	65,341	21,887	10,424			97,652
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	65,341	21,887	10,424			97,652

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	200,000			181,793	181,793	200,000
0199999 Subtotal - Pharmaceutical Rebate Receivables	200,000			181,793	181,793	200,000
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables						
0799999 Gross health care receivables	200,000			181,793	181,793	200,000

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	471,130	408,496		381,793	471,130	452,923
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. TOTALS (Lines 1 through 6)	471,130	408,496		381,793	471,130	452,923

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

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

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
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered						
0499999 Subtotals						
0599999 Unreported claims and other claim reserves						336,700
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						336,700
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
4. TOTAL Capitation Payments						
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	1,421,091	100.000	XXX	XXX		1,421,091
7. Bonus/withhold arrangements - fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments			XXX	XXX		
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. TOTAL Other Payments	1,421,091	100.000	XXX	XXX		1,421,091
13. TOTAL (Line 4 plus Line 12)	1,421,091	100.000	XXX	XXX		1,421,091

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	NONE				
9999999 TOTALS			XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

NONE

Notes to Financial Statements

Notes to Financial Statement

The Canton Regional Chamber Health Fund Trust was licensed effective December 7, 2017. The Fund began full operations February 1, which reflects 2018 as the first full year of operations.

1. SUMMARY OF SIGNIFICANT ACCOUNT POLICIES AND GOING CONCERN

A. Accounting Practices

Canton Regional Chamber Health Fund Trust's (the Company or CRC Health Fund Trust) statutory financial statements are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (ODI) and in accordance with the Accounting Practices and Procedures Manual.

The ODI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio (the State) for determining and reporting the financial condition and results of operations of a MEWA for determining its solvency under Ohio Insurance Law. The state prescribes the use of the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual (NAIC SAP) in effect for the accounting periods covered in the statutory basis financial statements.

No significant differences exist between the practices prescribed and permitted by the State of Ohio and those prescribed and permitted by the NAIC SAP which materially affect the statutory basis net income and capital and surplus, as illustrated in the table below:

Note 1A		SSAP #	F/S Page #	F/S Line #	2020	2019
Net Income						
(1)	Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	$ 1,455,582	$960,072
(2)	State prescribed practices that increase/(decrease) NAIC SAP Not Applicable				$ -	$ -
(3)	State permitted practices that increase/(decrease) NAIC SAP Not Applicable				$ -	$ -
(4)	NAIC SAP (1-2-3=4)	XXX	XXX	XXX	$ 1,455,582	$960,072
Capital and Surplus						
(5)	Company state basis (Page3, Line 33, Columns 3 &4)	XXX	XXX	XXX	$ 3,562,044	$2,060,333
(6)	State prescribed practices that increase/(decrease) NAIC SAP Not Applicable				$ -	$ -
(7)	State permitted practices that increase/(decrease) NAIC SAP Not Applicable				$ -	$ -
(8)	NAIC SAP (5-6-7=8)	XXX	XXX	XXX	$ 3,562,044	$ 2,060,333

B. Use of Estimates in the Preparation of the Statutory Basis Financial Statements

The preparation of these statutory basis financial statements in conformity with the NAIC Annual Statement Instructions and the NAIC SAP include certain amounts that are based on the Company's estimates and judgments. These estimates require the Company to apply complex assumptions and judgments, often because the Company must make estimates about the effects of matters that are inherently uncertain and will change in subsequent periods.

C. Accounting Policy

The Company uses the following accounting policies:

1) Cash and Short-Term Investments
   Cash and short-term investments include cash held in a bank account.
2) The Company holds no bonds
3) The Company holds no Common Stock
4) The Company holds no Preferred Stock
5) The Company holds no Mortgage Loans on real estate
6) The Company holds no Loan backed securities
7) The Company holds no investments in subsidiaries, controlled or affiliated entities
8) The Company has no investment interests with respect to joint ventures, partnerships or limited liability companies
9) The Company holds no derivatives
10) The Company has no Premium Deficiency Reserves
11) The Company has estimated claims reserve based on actuarial projections and anticipated enrollment.
12) The Company does not carry any fixed assets on the statutory basis financial statements.

Notes to Financial Statements

13) The Company uses current year received pharmacy rebate as a percentage of current year claims expense to estimate current rebate receivable off of the annual (qtr) claims in accordance with SSAP 84.

D. Going Concern

The Company has the ability and will continue to operate for a period of time sufficient to carry out its commitments, obligations and business objectives.

2. ACCOUNTING CHANGES AND CORRECTION OF ERRORS

No changes in accounting principles or correction of errors have been recorded during the year ended December 31, 2020.

3. BUSINESS COMBINATIONS AND GOODWILL

A-D The Company was not party to a business combination during the year ended December 31, 2020, and does not carry goodwill in its statutory basis statements of admitted assets, liabilities, and capital and surplus.

4. DISCONTINUED OPERATIONS

A. Discontinued Operations Disposed of or Classified as Held for Sale

(1-4) The Company did not have any discontinued operations disposed of or classified as held for sale during 2020.

B. Change in Plan of Sale of Discontinued Operation – Not applicable.

C. Nature of any Significant Continuing involvement with Discontinued Operations after Disposal - Not applicable.

D. Equity Interest Retained in the Discontinued Operation after Disposal - Not applicable.

5. INVESTMENTS AND OTHER INVESTED ASSETS

A. Mortgage Loans

The Company has no investments in Mortgage Loans

B. Debt Restructuring

The Company has no Debt Restructuring investments

C. Reverse Mortgages

The Company has no investments in Reverse Mortgage

D. Loan Backed Securities

The Company has no investments in Loan Backed Securities

E-I. Repurchase Agreements

The Company has no investments in Repurchase Agreements

J. Real Estate

The Company has no Real Estate investments

K. Investments in low-income housing tax credits

The Company has no investments in low-income housing tax credits

L. Restricted Assets

The Company has no investments in Restricted Assets

M. Working Capital Finance Investments – Not applicable

N. Offsetting and Netting of Assets and Liabilities

The Company does not have any offsetting or netting of assets and liabilities as it relates to derivative, repurchase and reverse repurchase agreements, and securities borrowing and securities lending activities.

O. Structured Notes

The Company does not have any Structured Notes

P. 5* Securities

The Company does not have any investments with an NAIC designation of 5* as of December 31, 2020.

Q. Short Sales

The Company has no Short Sale investments

R. Prepayment Penalty and Acceleration Fees

The Company did not sell, redeem or dispose of any assets.

6. JOINT VENTURES, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES

Notes to Financial Statements

13) The Company uses current year received pharmacy rebate as a percentage of current year claims expense to estimate current rebate receivable off of the annual (qtr) claims in accordance with SSAP 84.

D. Going Concern

The Company has the ability and will continue to operate for a period of time sufficient to carry out its commitments, obligations and business objectives.

2. ACCOUNTING CHANGES AND CORRECTION OF ERRORS

No changes in accounting principles or correction of errors have been recorded during the year ended December 31, 2020.

3. BUSINESS COMBINATIONS AND GOODWILL

A-D The Company was not party to a business combination during the year ended December 31, 2020, and does not carry goodwill in its statutory basis statements of admitted assets, liabilities, and capital and surplus.

4. DISCONTINUED OPERATIONS

A. Discontinued Operations Disposed of or Classified as Held for Sale

(1-4) The Company did not have any discontinued operations disposed of or classified as held for sale during 2020.

B. Change in Plan of Sale of Discontinued Operation – Not applicable.

C. Nature of any Significant Continuing involvement with Discontinued Operations after Disposal - Not applicable.

D. Equity Interest Retained in the Discontinued Operation after Disposal - Not applicable.

5. INVESTMENTS AND OTHER INVESTED ASSETS

A. Mortgage Loans

The Company has no investments in Mortgage Loans

B. Debt Restructuring

The Company has no Debt Restructuring investments

C. Reverse Mortgages

The Company has no investments in Reverse Mortgage

D. Loan Backed Securities

The Company has no investments in Loan Backed Securities

E-I. Repurchase Agreements

The Company has no investments in Repurchase Agreements

J. Real Estate

The Company has no Real Estate investments

K. Investments in low-income housing tax credits

The Company has no investments in low-income housing tax credits

L. Restricted Assets

The Company has no investments in Restricted Assets

M. Working Capital Finance Investments – Not applicable

N. Offsetting and Netting of Assets and Liabilities

The Company does not have any offsetting or netting of assets and liabilities as it relates to derivative, repurchase and reverse repurchase agreements, and securities borrowing and securities lending activities.

O. Structured Notes

The Company does not have any Structured Notes

P. 5* Securities

The Company does not have any investments with an NAIC designation of 5* as of December 31, 2020.

Q. Short Sales

The Company has no Short Sale investments

R. Prepayment Penalty and Acceleration Fees

The Company did not sell, redeem or dispose of any assets.

6. JOINT VENTURES, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES

Notes to Financial Statements

A-B The Company has no investments in joint ventures, partnerships, or limited liability companies that exceed 10% of admitted assets and did not recognize any impairment write-down for its investments in joint venture, partnerships, and limited liability companies during the statement periods.

7. INVESTMENT INCOME

A. The basis, by category of investment income, for excluding (nonadmitting) any investment income due and accrued – Not applicable.

B. There were no investment income amounts excluded from the statutory basis financial statements

8. DERIVATIVE INSTRUMENTS

A-F The Company has no derivative instruments.

9. INCOME TAXES

A. **Deferred Tax Asset/Liability**
The Company does not have Deferred Tax Asset/Liability

B. **Unrecognized Deferred Tax Liabilities**
(1-4) There are no unrecognized deferred tax liabilities for the year ended December 31, 2020.

C. **Significant Components of Income Taxes**

The Company is not subject to Federal Income Tax.

D. **The provision for federal income taxes incurred is different than that which would be obtained by applying the statutory federal income tax rate to income before taxes.**

The Company has no tax liability as of December 31, 2020.

E. **Amounts of operating loss and tax credit carry-forwards available for tax purposes**
The Company is not subject to Federal Income Tax.

F. **Consolidated of Federal Income Tax Return**
The Company is not subject to Federal Income Tax.

G. **Federal and foreign loss contingencies as determined in accordance with SSAP 5R** – Not applicable

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

A. **Nature of the Relationship**
None

B&C. Transactions with Affiliated Organizations
The Company has no transactions with Affiliated Organizations

D. **Amounts Due to/from to related parties**
The Company has no balances due to/from related parties

E. **Guarantees or undertakings** –None

F. **Material Management, Service Contracts and Cost-Sharing arrangements** - None

G. **Control Relationship**
The Company's is sponsored by the Canton Regional Chamber of Commerce

H. **Investments in upstream intermediate entities or ultimate parent** - None

I. **Investment in SCA entity** - None

J. **Investment in impaired SCA entity** - None

K. **Investments in foreign insurance subsidiaries** - None

L. **Investments in downstream noninsurance holding company** - None

M. **All SCA investment** – None

N. **Investment in insurance SCAs** - None

Notes to Financial Statements

11. DEBT

A.-B. The Company had no outstanding debt with third parties or outstanding Federal Home Loan Bank agreements during 2020.

12. RETIREMENT PLANS

A.-I The Company has no defined benefit, defined contribution, multiemployer, compensated absences or consolidated/holding company plans. There are no postemployment benefits and the company is not impacted by the Medicare Modernization Act.

13. CAPITAL AND SURPLUS, SHAREHOLDERS' DIVDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

1. The Canton Regional Chamber Health Fund Trust is solely owned by the Canton Regional Chamber of Commerce.

2. **Dividend rate, liquidation value** – Not applicable.

3. **Dividend Restrictions** – Not applicable.

4. **Date and amounts of dividends paid** – Not applicable.

5. **Portion of reporting entity's profits that can be paid as ordinary dividends** – Not applicable.

6. **Restrictions on unassigned funds** – None

7. **Mutual Reciprocals** – None

8. **Stock held by the Company for special purposes** – None

9. **Special surplus funds** – None

10. **The portion of unassigned surplus represented or reduced** - None
11. **Surplus Notes:**

Note 11

Date Issued	Interest Rate	Par Value (Face Amount of Notes)	Carrying Value of Note	Interest And/Or Principal Paid Current Year	Total Interest And/Or Principal Paid	Unapproved Interest And/Or Principal	Date of Maturity
11/15/2017	0%	$750,000	$750,000	$0	$0	N/A	N/A
12/31/2018	0%	$750,000	$750,000	$0	$0	N/A	N/A
1311999 Total		$1,500,000	*	$0	$0	$0	XXX

The surplus notes, totaling $1,500,000, listed in the above table, was issued pursuant to Rule 144A under the Securities Act of 1933, underwritten by AultCare Insurance Company.

The surplus note has the following repayment conditions and restrictions:

1. Regulatory Approval
   a. Principal shall only be repaid out of the surplus earning of the Borrower
   b. Principal may not be paid until the surplus of the Borrower (as determined in accordance with Chapter 1739 and Title 39 of the Ohio Revised Code as applicable to multiple employer welfare arrangements that offer or provide group self-insured programs) remaining after such repayment is no less in amount than the principal remaining after such repayment
   c. Principal shall not be repaid without the prior written consent of the Superintendent of the Ohio Department of Insurance of the Ohio Department of Insurance

2. Forgiveness of Debt – To the extent that a payment of all or a portion of the principal is prohibited pursuant to the provisions under the Regulatory Approval section above shall not be considered to be a forgiveness of the indebtedness.

3. Acceleration -The Borrower covenants if:
   a. Default is made in the payment of principal when such principal becomes due and payable, other than to the extent that such principal payment is prohibited under Regulatory Approval section above.
   b. Borrower fails to
      i. use its reasonable best efforts to obtain approval of the Superintendent of the Ohio Department of Insurance to pay principal on or prior to the date on which any such principal shall otherwise be due and payable or
      ii. upon receipt of approval of the Superintendent of the Ohio Department of Insurance, promptly make payment to the holder hereof of amounts then past due and owing the portion thereof approved by the Superintendent of the Ohio Department of Insurance
   c. Borrower fails to deliver to the holder
      i. as soon as available after the end of each fiscal year, an annual financial statement of Borrower audited by an independent certified public accountant as filed with the Superintendent of the Ohio Department of Insurance
      ii. as soon as available after the end of each fiscal year, a quarterly financial statement as filed with the Superintendent of the Ohio Department of Insurance

The liquidation preference to the insurer's common and preferred shareholders are as follows:

Notes to Financial Statements

4. Subordination – In the event of the liquidation of the Borrower, the claims under this Surplus Note shall be paid (consistent with the statutory accounting practices as required by the National Association of Insurance Commissioners or as otherwise required by the Ohio Department of Insurance) out of any assets remaining after the payment of all policy obligations and all other liabilities but before distribution of assets to members participating in the Canton Regional Chamber Health Fund.

5. Prepayment – Subject to Regulatory approval, payments of principal on this Surplus Note may be repaid or prepaid by the Borrower, at its sole discretion, in whole or at any time or in part from time to time without premium or penalty.

6. Impairment of Liability: No provision of the Surplus Note shall alter or impair the obligation of the Borrower, which is absolute and unconditional, to pay the principal except in the case of the Canton Regional Chamber Health Fund's liquidation or by Regulatory authority.

7. Liabilities and Offset: The obligation to pay the Surplus Note shall not form a part of the Canton Regional Chamber Health Fund's legal liabilities until authorized for payment by the Superintendent of the Ohio Department of Insurance. The obligation may not be offset or be subject to recoupment with respect to any liability or obligation owed.

8. Payment Day: Payment will be made on a business day.

9. Obligation Unsecured: No agreement or interest securing any obligation of the Canton Regional Chamber Health Fund shall apply to or secure the obligation under the Surplus Note.

10. Consolidation and Merger: In the event of consolidation or merger into another entity, the entity into which the Canton Regional Chamber Health Fund merges or consolidates into must assume the liability of the Borrower.

11. Governing Law: The Surplus Note shall be deemed a contract made under and interpreted in accordance of the laws of the State of Ohio.

12. **Restatement of quasi-reorganizations** – Not applicable

13. **Quasi-reorganization effective date** – Not applicable

14. CONTINGENCIES

A. **Contingent commitments** – None

B. **Assessments** – None

C. **Gain Contingencies** – None

D. **Claims related extra contractual obligation and bad faith losses stemming from lawsuits** - None

E. **Joint and Several Liabilities** - None

F. **All other contingencies** - None

15. LEASES

A. **Lessee Operating Lease**
The Company has not entered into any Lessee Operating Leases

B. **Lessor Leases**
The Company has not entered into any Lessor Leases.

16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

(1-4) The Company does not hold any financial instruments with off-balance sheet risk or have any concentrations of credit risk.

17. SALE, TRANSFER, AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

A-C The Company did not participate in any transfer of receivables, financial assets or wash sales.

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

A-B. The Company has no operations from Administrative Services Only Contracts or Administrative Services Contracts in 2020.

C. The Company did not have Medicare or Other Similarly Structured Cost Based Reimbursement Contracts.

19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD-PARTY ADMINISTRATORS

The Company did not have any direct premiums written or produced by managing general agents or third-party administrators in 2020.

20. FAIR VALUE MEASUREMENT

Notes to Financial Statements

The NAIC SAP defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

Level 1 – Quoted (unadjusted) prices for identical assets in active markets

Level 2 - Other observable inputs, either directly or indirectly, including:

- Quoted prices for similar assets in active markets
- Quoted prices for identical or similar assets in nonactive markets (few transactions, limited information, noncurrent prices, high variability over time, etc.)
- Inputs other than quoted prices that are observable for the asset (interest rate, yield curves, volatilities, default rates, etc.)
- Inputs that are derived principally from or corroborated by observable market data

Level 3 – Unobservable inputs that cannot be corroborated by observable market data.

A. Assets and liabilities measured and reported at fair value.

G. Fair value measurements at the reporting date.

1) Fair value measurements at the reporting date:

A Fair Value	Description for each class of asset or liability	Level 1	Level 2	Level 3	Total
	a. Assets at fair value				
	Cash and short-term investments	$6,226,967	$0	$0	$6,226,967
	Perpetual preferred stock				
	Industrial and misc.	$0	$0	$0	$0
	Parent, subsidiaries and affiliates	$0	$0	$0	$0
	Total perpetual and preferred stock	$0	$0	$0	$0
	Bonds				
	U.S. Governments	$0	$0	$0	$0
	Industrial and misc.	$0	$0	$0	$0
	Hybrid securities	$0	$0	$0	$0
	Parent, subsidiaries and affiliates	$0	$0	$0	$0
	Total Bonds	$0	$0	$0	$0
		$0	$0	$0	$0
	Common Stock				
	Industrial and misc.	$0	$0	$0	$0
	Parent, subsidiaries and affiliates	$0	$0	$0	$0
	Total Common Stock	$0	$0	$0	$0
		$0	$0	$0	$0
	Derivative assets				
	Interest rate contracts	$0	$0	$0	$0
	Foreign exchange contracts	$0	$0	$0	$0
	Credit contracts	$0	$0	$0	$0
	Commodity futures contracts	$0	$0	$0	$0
	Commodity forwards contracts	$0	$0	$0	$0
	Total derivatives	$0	$0	$0	$0
		$0	$0	$0	$0
	Separate account assets	$0	$0	$0	$0
	Total assets at fair value	$6,226,967	$0	$0	$6,226,967
	b. Liabilities at fair value				
	Derivative liabilities	$0	$0	$0	$0
	Total liabilities at fair value	$2,962,574	$0	$0	$2,962,574

The company had no Level 2 or Level 3 assets.

2) Fair value measurements in (Level 3) of the Fair Value Hierarchy

The Company does not have any financial assets with a fair value hierarchy of Level 3 that were measured and reported at fair value.

3) Policy for determining when transfers between levels are recognized

Transfers between fair value hierarchy levels, if any, are recorded as of the beginning of the reporting period in which the transfer occurs. There were no transfers between Levels 1, 2 or 3 of any financial assets or liabilities during the year ended December 31, 2020.

4) Investments

The Company has no investments in U.S. Treasury and U.S. Government Agency bond securities.

Notes to Financial Statements

5) **Derivative asset and liabilities**
The Company has no derivative assets and liabilities to discuss.

A. **Fair Value Combination** - Not applicable

B. **Aggregate Fair Value Hierarchy** – Not applicable

C. **Not practicable to estimate fair value** – Not applicable

21. OTHER ITEMS

A. The Company did not encounter any unusual or infrequent items for the year ended December 31, 2020.

B. The Company has no troubled debt restructurings as of December 31, 2020.

C. The Company does not have any amounts not recorded in the statutory basis financial statements that represent segregated funds held for others. The Company also does not have any exposures related to forward commitments that are not derivative instruments.

D. The Company has not received any business interruption insurance recoveries in 2020.

E. The Company has no transferable or non-transferable state tax credits.

F. The Company has no Subprime Mortgage Related Exposure.

G. The Company does not have any retained asset accounts for beneficiaries

H. The Company does not have Insurance-Linked Securities (ILS) Contracts

22. EVENTS SUBSEQUENT

Subsequent events have been evaluated through March 31, 2021, which is the date these statutory basis financial statement were available for issuance.

TYPE I – Recognized Subsequent Events

There are no Recognized events subsequent to December 31, 2020, that require recognition and disclosure.

TYPE II – Non –Recognized Subsequent Events

There are no Non-Recognized events subsequent to December 31, 2020, that require recognition and disclosure.

23. REINSURANCE

Reinsurance Agreements – In the normal course of business, the Company seeks to reduce potential losses that may arise from catastrophic events that cause unfavorable underwriting results by reinsuring certain levels of such risk with reinsurers.

A. **Ceded Reinsurance Report**

Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?
Yes ( ) No (X)

If yes, give full details.

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?
Yes ( ) No (X)

If yes, give full details.

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?
Yes ( ) No (X)

a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the report entity may consider the current the current or anticipated experience of the business reinsurance in making the estimate. $____

Notes to Financial Statements

b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement? $____

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under reinsurance policies?

Yes ( ) No (X)

If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for other than for nonpayment of premium or other similar credits reflected in Section 2 above) of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. $0

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes ( ) No (X)

If yes, what is the amount of the reinsurance credits, whether an asset or a reduction of a liability, taken for such new agreements or amendments? $____

B. Uncollectible Reinsurance - During 2020, there were no uncollectible reinsurance recoverables.

C. Commutation of Ceded Reinsurance - There was no commutation of reinsurance in 2020.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – Not applicable.

24. RETROSPECTIVELY RATED CONTRACTS AND CONTRACT SUBJECT TO REDETERMINATION

A-E. None

25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

A-B. Reserves as of December 31, 2019 were $556,000. As of December 31, 2020, $498,416 had been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now $0. Therefore, there has been $57,584 in favorable prior-year development since December 31, 2019. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

26. INTERCOMPANY POOLING ARRANGEMENTS

A-G. The Company did not have any intercompany pooling arrangements in 2020.

27. STRUCTURED SETTLEMENTS - None

28. HEALTH CARE AND OTHER AMOUNTS RECEIVABLE

A The Company follows the guidance of Statement of Statutory Accounting Principles (SSAP) No. 84 for its pharmacy rebates receivable. Pharmacy rebates receivable consist of estimated amounts and billed amounts. Estimated amounts are related to prescriptions filled during the three months immediately following year-end. Billed amounts represent those that have been accepted in writing, but not collected at the time of the reporting date. Being that the company does not confirm billed amounts within two months of the reporting date, only estimated amounts are admitted at the time of year-end.

Pharmacy rebates receivable are estimated based on pharmacy claims eligible for rebates reported during the period multiplied by agreed-upon rates. Pharmacy rebates as of the end of each quarter for the years ended December 31, 2020, 2019, and 2018 are as follows:

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Invoiced	Actual Rebated Collected within 90 Days of Invoicing	Actual Rebates Collected within 91 to 180 Days of Invoicing	Actual Rebates Collected More than 180 Days After Invoicing
12/31/2020	381,793	200,000			
9/30/2020	350,543	200,000	250,000		
6/30/2020	319,293	168,750	205,946		
3/31/2020	450,793	168,750	202,550		
12/31/2019	452,923	225,000	244,000	-	-

Notes to Financial Statements

9/30/2019	226,718	150,000	227,130	-	-
6/30/2019	150,000	75,000	222,637	-	-
3/31/2019	171,092	75,000	171,130	-	-
12/31/2018	96,092	45,000	-	51,809.33	-
9/30/2018	-	41,616	-	-	41,616
6/30/2018	-	9,476	-	-	9,476
3/31/2018	-	-	-	-	-

B. The Company does not have any Risk-Sharing Receivables.

29. PARTICIPATING POLICIES

The Company did not have any participating contracts in 2020.

30. PREMIUM DEFICIENCY RESERVES

A. The Company does not have Premium Deficiency Reserves.

1. Liability carried for premium deficiency reserves	$	0
2. Date of the most recent evaluation of this liability		12/31/2020
3. Was anticipated investment income utilized in the calculation? (Yes / No)		No

31. ANTICIPATED SALVAGE AND SUBROGATION

Due to the type of business being written, the Company has no salvage. As of December 31, 2020, the Company had no specific accruals established for outstanding subrogation.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[ ] No[X]
If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes[ ] No[ ] N/A[X]

1.3 State Regulating? Ohio

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

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

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

3.2 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.

3.3 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).

3.4 By what department or departments?

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

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

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes[ ] No[X]

4.12 renewals? Yes[ ] No[X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes[ ] No[X]

4.22 renewals? Yes[ ] No[X]

5.1 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.

5.2 If yes, provide the name of the 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

6.1 Has the 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]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes[ ] No[X]

7.2 If yes,

7.21 State the percentage of foreign control 0.000%

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

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 the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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
		No	No	No	No

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Plante & Moran, PLLC, Suite 100, 1111 Michigan Ave, East Lansing, MI 48823

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes[ ] No[X]

10.2 If response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes[ ] No[X]

10.4 If response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes[X] No[ ] N/A[ ]

10.6 If the response to 10.5 is no or n/a please explain:

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Lee Benefits Consulting, 702 Saxony Drive, Seven Fields, PA 16046 - Acutary - Mr. Duane P. Lee

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes[ ] No[X]

GENERAL INTERROGATORIES (Continued)

12.11 Name of real estate holding company
12.12 Number of parcels involved 0
12.13 Total book/adjusted carrying value $ 0
12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes[ ] No[ ] N/A[X]
13.3 Have there been any changes made to any of the trust indentures during the year? Yes[ ] No[ ] N/A[X]
13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes[ ] No[ ] N/A[X]

14.1 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.
14.11 If the response to 14.1 is no, please explain:
14.2 Has the code of ethics for senior managers been amended? Yes[ ] No[X]
14.21 If the response to 14.2 is yes, provide information related to amendment(s).
14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[ ] No[X]
14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes[ ] No[X]
15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes[X] No[ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes[X] No[ ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes[X] No[ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes[ ] No[X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
20.11 To directors or other officers $ 0
20.12 To stockholders not officers $ 0
20.13 Trustees, supreme or grand (Fraternal only) $ 0
20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
20.21 To directors or other officers $ 0
20.22 To stockholders not officers $ 0
20.23 Trustees, supreme or grand (Fraternal only) $ 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes[ ] No[X]
21.2 If yes, state the amount thereof at December 31 of the current year:
21.21 Rented from others $ 0
21.22 Borrowed from others $ 0
21.23 Leased from others $ 0
21.24 Other $ 0

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes[ ] No[X]
22.2 If answer is yes:
22.21 Amount paid as losses or risk adjustment $ 0
22.22 Amount paid as expenses $ 0
22.23 Other amounts paid $ 0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[ ] No[X]
23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 0

INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes[X] No[ ]
24.02 If no, give full and complete information, relating thereto
24.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
24.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. $ 0
24.05 For the reporting entity's securities lending program, report amount of collateral for other programs. $ 0
24.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes[ ] No[ ] N/A[X]
24.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes[ ] No[ ] N/A[X]
24.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes[ ] No[ ] N/A[X]
24.09 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
24.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. $ 0
24.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. $ 0

GENERAL INTERROGATORIES (Continued)

24.093 Total payable for securities lending reported on the liability page. $ 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes[ ] No[X]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21	Subject to repurchase agreements	$ 0
25.22	Subject to reverse repurchase agreements	$ 0
25.23	Subject to dollar repurchase agreements	$ 0
25.24	Subject to reverse dollar repurchase agreements	$ 0
25.25	Placed under option agreements	$ 0
25.26	Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	$ 0
25.27	FHLB Capital Stock	$ 0
25.28	On deposit with states	$ 0
25.29	On deposit with other regulatory bodies	$ 0
25.30	Pledged as collateral - excluding collateral pledged to an FHLB	$ 0
25.31	Pledged as collateral to FHLB - including assets backing funding agreements	$ 0
25.32	Other	$ 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes[ ] No[X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes[ ] No[ ] N/A[X]
If no, attach a description with this statement.

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes[ ] No[X]

26.4 If the response to 26.3 is yes, does the reporting entity utilize:

26.41 Special Accounting Provision of SSAP No. 108	Yes[ ] No[X]
26.42 Permitted Accounting Practice	Yes[ ] No[X]
26.43 Other Accounting Guidance	Yes[ ] No[X]

26.5 By responding yes to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, does the reporting entity at tests to the following: Yes[ ] No[X]

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated with in the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes[ ] No[X]

27.2 If yes, state the amount thereof at December 31 of the current year. $ 0

28. 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 I, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes[ ] No[X]

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

1 Name of Custodian(s)	2 Custodian's Address

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes[ ] No[X]

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

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

28.05 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

28.0597 For those firms/individuals listed in the table for Question 28.05, 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[X]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes[ ] No[X]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

GENERAL INTERROGATORIES (Continued)

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

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])? Yes[ ] No[X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 Total		

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds			
30.2	Preferred stocks			
30.3	Totals			

30.4 Describe the sources or methods utilized in determining the fair values:
The company owned no securities at December 31, 2020

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes[ ] No[X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes[ ] No[ ] N/A[X]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
The company owned no securities at December 31, 2020

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

32.2 If no, list exceptions:
The company had no investments as of December 31, 2020

33. By self-designation 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]

34. 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
   c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an 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]

35. 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]

36. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
   a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
   b. If the investment is with a nonrelated party or nonaffiliate then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
   c. If the investment is with a related party or affiliate then the reporting entity has complete robust reunderwriting of the transaction for which documentation is available for regulator review.

GENERAL INTERROGATORIES (Continued)

d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 36.a-36.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes[ ] No[ ] N/A[X]

OTHER

37.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any? $ 0

37.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid

38.1 Amount of payments for legal expenses, if any? $ 0

38.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

39.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any? $ 0

39.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes[ ] No[X]
1.2	If yes, indicate premium earned on U.S. business only:	$ 0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	$ 0
	1.31 Reason for excluding: N/A	
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	$ 0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	$ 0
1.6	Individual policies - Most current three years:	
	1.61 TOTAL Premium earned	$ 0
	1.62 TOTAL Incurred claims	$ 0
	1.63 Number of covered lives	0
	All years prior to most current three years:	
	1.64 TOTAL Premium earned	$ 0
	1.65 TOTAL Incurred claims	$ 0
	1.66 Number of covered lives	0
1.7	Group policies - Most current three years:	
	1.71 TOTAL Premium earned	$ 0
	1.72 TOTAL Incurred claims	$ 0
	1.73 Number of covered lives	0
	All years prior to most current three years:	
	1.74 TOTAL Premium earned	$ 0
	1.75 TOTAL Incurred claims	$ 0
	1.76 Number of covered lives	0

2. Health Test

		1 Current Year	2 Prior Year
2.1	Premium Numerator	5,469,400	8,249,345
2.2	Premium Denominator	5,469,400	8,249,345
2.3	Premium Ratio (2.1 / 2.2)	100.000	100.000
2.4	Reserve Numerator	336,700	556,000
2.5	Reserve Denominator	336,700	556,000
2.6	Reserve Ratio (2.4 / 2.5)	100.000	100.000

3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?	Yes[ ] No[X]
3.2	If yes, give particulars:	
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes[ ] No[X]
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes[ ] No[X] N/A[ ]
5.1	Does the reporting entity have stop-loss reinsurance?	Yes[X] No[ ]
5.2	If no, explain:	
5.3	Maximum retained risk (see instructions):	
	5.31 Comprehensive Medical	$ 17,499
	5.32 Medical Only	$ 0
	5.33 Medicare Supplement	$ 0
	5.34 Dental & Vision	$ 0
	5.35 Other Limited Benefit Plan	$ 0
	5.36 Other	$ 0
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements: N/A	
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?	Yes[X] No[ ]
7.2	If no, give details:	
8.	Provide the following information regarding participating providers:	
	8.1 Number of providers at start of reporting year	3,589
	8.2 Number of providers at end of reporting year	3,402
9.1	Does the reporting entity have business subject to premium rate guarantees?	Yes[ ] No[X]
9.2	If yes, direct premium earned:	
	9.21 Business with rate guarantees between 15-36 months	0
	9.22 Business with rate guarantees over 36 months	0
10.1	Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?	Yes[ ] No[X]
10.2	If yes:	
	10.21 Maximum amount payable bonuses	$ 0
	10.22 Amount actually paid for year bonuses	$ 0
	10.23 Maximum amount payable withholds	$ 0
	10.24 Amount actually paid for year withholds	$ 0
11.1	Is the reporting entity organized as:	
	11.12 A Medical Group/Staff Model,	Yes[ ] No[X]
	11.13 An Individual Practice Association (IPA), or,	Yes[ ] No[X]
	11.14 A Mixed Model (combination of above)?	Yes[ ] No[X]
11.2	Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?	Yes[X] No[ ]
11.3	If yes, show the name of the state requiring such minimum capital and surplus. Ohio	
11.4	If yes, show the amount required.	$ 500,000
11.5	Is this amount included as part of a contingency reserve in stockholder's equity?	Yes[ ] No[X]
11.6	If the amount is calculated, show the calculation.	

12. List service areas in which the reporting entity is licensed to operate:

1 Name of Service Area
Ohio

13.1	Do you act as a custodian for health savings accounts?	Yes[ ] No[X]
13.2	If yes, please provide the amount of custodial funds held as of the reporting date:	$ 0
13.3	Do you act as an administrator for health savings accounts?	Yes[ ] No[X]
13.4	If yes, please provide the balance of the funds administered as of the reporting date:	$ 0
14.1	Are any of the captive affiliates reported on Schedule S, Part 3, as authorized reinsurers?	Yes[ ] No[ ] N/A[X]
14.2	If the answer to 14.1 is yes, please provide the following:	

GENERAL INTERROGATORIES (Continued)

1	2	3	4	Assets Supporting Reserve Credit		
				5	6	7
Company Name	NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	Letters of Credit	Trust Agreements	Other

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded)

15.1 Direct Premium Written	$ 0
15.2 Total incurred claims	$ 0
15.2 Number of covered lives	0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes[ ] No[X]

16.1 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]

FIVE-YEAR HISTORICAL DATA

	1 2020	2 2019	3 2018	4 2017	5 2016
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	6,524,619	4,100,286	1,549,577	749,862	
2. TOTAL Liabilities (Page 3, Line 24)	2,962,574	2,039,953	426,591		
3. Statutory minimum capital and surplus requirement	500,000	500,000	500,000	500,000	
4. TOTAL Capital and Surplus (Page 3, Line 33)	3,562,044	2,060,333	1,122,986	749,862	
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	5,469,400	8,249,345	1,591,978		
6. TOTAL Medical and Hospital Expenses (Line 18)	1,201,791	5,064,144	1,288,783		
7. Claims adjustment expenses (Line 20)					
8. TOTAL Administrative Expenses (Line 21)	2,812,027	2,225,129	474,873	138	
9. Net underwriting gain (loss) (Line 24)	1,455,582	960,072	(171,678)	(138)	
10. Net investment gain (loss) (Line 27)					
11. TOTAL Other Income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	1,455,582	960,072	(171,678)	(138)	
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	2,368,583	2,322,332	36,191	(138)	
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	3,562,044	2,060,333	1,122,986	749,862	
15. Authorized control level risk-based capital	128,990	342,225	105,255	1,125	
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	5,945	4,673	1,680		
17. TOTAL Members Months (Column 6, Line 7)	67,507	52,128	10,412		
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	22.0	61.4	81.0		
20. Cost containment expenses					
21. Other claims adjustment expenses					
22. TOTAL Underwriting Deductions (Line 23)	73.4	88.4	110.8		
23. TOTAL Underwriting Gain (Loss) (Line 24)	26.6	11.6	(10.8)		
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	498,416	231,339			
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	556,000	194,000			
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors? Yes[ ] No[ ] N/A[X]

If no, please explain:

00000202043036100 (NAIC code not entered) 2020 Document Code: 430

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000 BUSINESS IN THE STATE OF OHIO DURING THE YEAR NAIC Company Code 00000

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal Employees Health Benefits Plan			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only		Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	4,673		4,673							
2. First Quarter	5,465		5,465							
3. Second Quarter	5,618		5,618							
4. Third Quarter	5,797		5,797							
5. Current Year	5,945		5,945							
6. Current Year Member Months	67,507		67,507							
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	19,502		19,502							
8. Non-Physician	35,646		35,646							
9. TOTAL	55,148		55,148							
10. Hospital Patient Days Incurred	1,050		1,050							
11. Number of Inpatient Admissions	276		276							
12. Health Premiums Written (b)	28,550,496		28,550,496							
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	28,550,496		28,550,496							
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,421,091		1,421,091							
18. Amount Incurred for Provision of Health Care Services	20,781,587		20,781,587							

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products 0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

00000202043059100 (NAIC code not entered) 2020 Document Code: 430

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000 BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR NAIC Company Code 00000

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	4,673		4,673							
2. First Quarter	5,465		5,465							
3. Second Quarter	5,618		5,618							
4. Third Quarter	5,797		5,797							
5. Current Year	5,945		5,945							
6. Current Year Member Months	67,507		67,507							
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	19,502		19,502							
8. Non-Physician	35,646		35,646							
9. TOTAL	55,148		55,148							
10. Hospital Patient Days Incurred	1,050		1,050							
11. Number of Inpatient Admissions	276		276							
12. Health Premiums Written (b)	28,550,496		28,550,496							
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	28,550,496		28,550,496							
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,421,091		1,421,091							
18. Amount Incurred for Provision of Health Care Services	20,781,587		20,781,587							

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 0

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
			NONE									
9999999 Total (Sum of 0799999 and 1099999)												

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
9999999 Total (Sum of 1199999 and 2299999)						

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
77216	34-1624818	01/01/2018	AULTCARE INS CO	OH		SLEL	23,081,096						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							23,081,096						
1099999 Total - General Account - Authorized - Non-Affiliates							23,081,096						
1199999 Total - General Account - Authorized							23,081,096						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
1899999 Total - General Account - Unauthorized - Affiliates													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
2999999 Total - General Account - Certified - Affiliates													
3399999 Total - General Account - Certified													
3699999 Subtotal - General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
4099999 Total - General Account - Reciprocal Jurisdiction - Affiliates													
4499999 Total - General Account - Reciprocal Jurisdiction													
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							23,081,096						
4899999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
5299999 Total - Separate Accounts - Authorized Affiliates													
5699999 Total - Separate Accounts - Authorized													
5999999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
6399999 Total - Separate Accounts - Unauthorized - Affiliates													
6799999 Total - Separate Accounts - Unauthorized													
7099999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
7499999 Total - Separate Accounts - Certified - Affiliates													
7899999 Total - Separate Accounts - Certified													
8199999 Subtotal - Separate Accounts - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
8599999 Total - Separate Accounts - Reciprocal Jurisdiction - Affiliates													
8999999 Total - Separate Accounts - Reciprocal Jurisdiction													
9099999 Total - Separate Accounts - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified													
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							23,081,096						
9999999 Total (Sum of 4599999 and 9099999)							23,081,096						

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business

($000 Omitted)

	1 2020	2 2019	3 2018	4 2017	5 2016
A. OPERATIONS ITEMS					
1. Premiums	23,081	12,550	2,499		
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)				
1.	Cash and invested assets (Line 12)	6,226,967		6,226,967
2.	Accident and health premiums due and unpaid (Line 15)	97,652		97,652
3.	Amounts recoverable from reinsurers (Line 16.1)			
4.	Net credit for ceded reinsurance	XXX		
5.	All other admitted assets (Balance)	200,000		200,000
6.	TOTAL Assets (Line 28)	6,524,619		6,524,619
LIABILITIES, CAPITAL AND SURPLUS (Page 3)				
7.	Claims unpaid (Line 1)	336,700		336,700
8.	Accrued medical incentive pool and bonus payments (Line 2)			
9.	Premiums received in advance (Line 8)	346,696		346,696
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14.	All other liabilities (Balance)	2,279,179		2,279,179
15.	TOTAL Liabilities (Line 24)	2,962,574		2,962,574
16.	TOTAL Capital and Surplus (Line 33)	3,562,044	XXX	3,562,044
17.	TOTAL Liabilities, Capital and Surplus (Line 34)	6,524,619		6,524,619
NET CREDIT FOR CEDED REINSURANCE				
18.	Claims unpaid			
19.	Accrued medical incentive pool			
20.	Premiums received in advance			
21.	Reinsurance recoverable on paid losses			
22.	Other ceded reinsurance recoverables			
23.	TOTAL Ceded Reinsurance Recoverables			
24.	Premiums receivable			
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26.	Unauthorized reinsurance			
27.	Reinsurance with Certified Reinsurers			
28.	Funds held under reinsurance treaties with Certified Reinsurers			
29.	Other ceded reinsurance payables/offsets			
30.	TOTAL Ceded Reinsurance Payables/Offsets			
31.	TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

ALLOCATED BY STATES AND TERRITORIES

State, Etc.	1 Active Status (a)	Direct Business Only 2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit - Type Contracts
1. Alabama (AL)	N								
2. Alaska (AK)	N								
3. Arizona (AZ)	N								
4. Arkansas (AR)	N								
5. California (CA)	N								
6. Colorado (CO)	N								
7. Connecticut (CT)	N								
8. Delaware (DE)	N								
9. District of Columbia (DC)	N								
10. Florida (FL)	N								
11. Georgia (GA)	N								
12. Hawaii (HI)	N								
13. Idaho (ID)	N								
14. Illinois (IL)	N								
15. Indiana (IN)	N								
16. Iowa (IA)	N								
17. Kansas (KS)	N								
18. Kentucky (KY)	N								
19. Louisiana (LA)	N								
20. Maine (ME)	N								
21. Maryland (MD)	N								
22. Massachusetts (MA)	N								
23. Michigan (MI)	N								
24. Minnesota (MN)	N								
25. Mississippi (MS)	N								
26. Missouri (MO)	N								
27. Montana (MT)	N								
28. Nebraska (NE)	N								
29. Nevada (NV)	N								
30. New Hampshire (NH)	N								
31. New Jersey (NJ)	N								
32. New Mexico (NM)	N								
33. New York (NY)	N								
34. North Carolina (NC)	N								
35. North Dakota (ND)	N								
36. Ohio (OH)	L	28,550,496						28,550,496	
37. Oklahoma (OK)	N								
38. Oregon (OR)	N								
39. Pennsylvania (PA)	N								
40. Rhode Island (RI)	N								
41. South Carolina (SC)	N								
42. South Dakota (SD)	N								
43. Tennessee (TN)	N								
44. Texas (TX)	N								
45. Utah (UT)	N								
46. Vermont (VT)	N								
47. Virginia (VA)	N								
48. Washington (WA)	N								
49. West Virginia (WV)	N								
50. Wisconsin (WI)	N								
51. Wyoming (WY)	N								
52. American Samoa (AS)	N								
53. Guam (GU)	N								
54. Puerto Rico (PR)	N								
55. U.S. Virgin Islands (VI)	N								
56. Northern Mariana Islands (MP)	N								
57. Canada (CAN)	N								
58. Aggregate other alien (OT)	XXX								
59. Subtotal	XXX	28,550,496						28,550,496	
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. TOTAL (Direct Business)	XXX	28,550,496						28,550,496	
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX								

(a) Active Status Counts:

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

(b) Explanation of basis of allocation by state, premiums by state, etc..

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

	Response
The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2. Will an actuarial opinion be filed by March 1?	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Waived
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	Waived
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Waived
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes
JUNE FILING	
8. Will an audited financial report be filed by June 1?	Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes
AUGUST FILING	
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	Yes
The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	
MARCH FILING	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	No
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No
APRIL FILING	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	Yes
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	No
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	No
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	No
AUGUST FILING	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	Yes

Explanation:

Bar Code:

Risk-Based Capital Filing

Management's Discussion & Analysis of Operations

Supplemental Investment Risks Interrogatories

Medicare Supplement Insurance Experience Exhibit

Health Life Supplement - March

Schedule SIS

Actuarial Opinion on Participating and Non-Participating Policies

Statement of Non-Guaranteed Elements for Exhibit 5

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Medicare Part D Coverage Supplement

00000202036500000 (NAIC code not entered) 2020 Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner

00000202022400000 (NAIC code not entered) 2020 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA

00000202022500000 (NAIC code not entered) 2020 Document Code: 225

Approval for Relief related to Require. for Audit Committees

00000202022600000 (NAIC code not entered) 2020 Document Code: 226

LTC Supplemental Interrogatories

00000202030600000 (NAIC code not entered) 2020 Document Code: 306

Health Life Supplement - April

00000202021100000 (NAIC code not entered) 2020 Document Code: 211

Supplemental Health Care Exhibit's Expense Allocation Report

00000202021700000 (NAIC code not entered) 2020 Document Code: 217

LHA Guaranty Association Reconciliation

00000202029000000 (NAIC code not entered) 2020 Document Code: 290

LHA Guaranty Association Adjustment Exhibit

00000202030000000 (NAIC code not entered) 2020 Document Code: 300

OVERFLOW PAGE FOR WRITE-INS

SUMMARY INVESTMENT SCHEDULE

	Investment Categories	Gross Investment Holdings 1 Amount	Gross Investment Holdings 2 Percentage of Column 1 Line 13	Admitted Assets as Reported in the Annual Statement 3 Amount	Admitted Assets as Reported in the Annual Statement 4 Securities Lending Reinvested Collateral Amount	Admitted Assets as Reported in the Annual Statement 5 Total (Col. 3 + 4) Amount	Admitted Assets as Reported in the Annual Statement 6 Percentage of Column 5 Line 13
1.	Long-Term Bonds (Schedule D Part 1):						
	1.01 U.S. governments						
	1.02 All other governments						
	1.03 U.S. states, territories and possessions, etc. guaranteed						
	1.04 U.S. political subdivisions of states, territories and possessions, guaranteed						
	1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed						
	1.06 Industrial and miscellaneous						
	1.07 Hybrid securities						
	1.08 Parent, subsidiaries and affiliates						
	1.09 SVO identified funds						
	1.10 Unaffiliated bank loans						
	1.11 Total long-term bonds						
2.	Preferred stocks (Schedule D, Part 2, Section 1):						
	2.01 Industrial and miscellaneous (Unaffiliated)						
	2.02 Parent, subsidiaries and affiliates						
	2.03 Total preferred stocks						
3.	Common stocks (Schedule D, Part 2, Section 2):						
	3.01 Industrial and miscellaneous Publicly traded (Unaffiliated)						
	3.02 Industrial and miscellaneous Other (Unaffiliated)						
	3.03 Parent, subsidiaries and affiliates Publicly traded						
	3.04 Parent, subsidiaries and affiliates Other						
	3.05 Mutual Funds						
	3.06 Unit investment trusts						
	3.07 Closed-end funds						
	3.08 Total common stocks						
4.	Mortgage loans (Schedule B):						
	4.01 Farm mortgages						
	4.02 Residential mortgages						
	4.03 Commercial mortgages						
	4.04 Mezzanine real estate loans						
	4.05 Total valuation allowance						
	4.06 Total mortgages loans						
5.	Real estate (Schedule A):						
	5.01 Properties occupied by company						
	5.02 Properties held for production of income						
	5.03 Properties held for sale						
	5.04 Total real estate						
6.	Cash, cash equivalents and short-term investments:						
	6.01 Cash (Schedule E, Part 1)	6,226,967	100.000	6,226,967		6,226,967	100.000
	6.02 Cash equivalents (Schedule E, Part 2)						
	6.03 Short-term investments (Schedule DA)						
	6.04 Total Cash, cash equivalents and short-term investments	6,226,967	100.000	6,226,967		6,226,967	100.000
7.	Contract loans						
8.	Derivatives (Schedule DB)						
9.	Other invested assets (Schedule BA)						
10.	Receivables for securities						
11.	Securities Lending (Schedule DL, Part 1)				XXX	XXX	XXX
12.	Other invested assets (Page 2, Line 11)						
13.	Total invested assets	6,226,967	100.000	6,226,967		6,226,967	100.000

SCHEDULE E - PART 1 - CASH

1 Depository			2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7 *
open depositories								
Huntington National Bank	Canton, Ohio						6,226,967	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - open depositories				X X X				X X X
0199999 Totals - Open Depositories				X X X			6,226,967	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories				X X X				X X X
0299999 Totals - Suspended Depositories				X X X				X X X
0399999 Total Cash On Deposit				X X X			6,226,967	X X X
0499999 Cash in Company's Office				X X X	X X X	X X X		X X X
0599999 Total Cash				X X X			6,226,967	X X X

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January		4. April		7. July		10. October	
2. February		5. May		8. August		11. November	
3. March		6. June		9. September		12. December	

E28 Schedule E - Part 2 - Cash Equivalents ..... NONE

E29 Schedule E - Part 3 Special Deposits ..... NONE

Amended Explanation Page

00000202039000100 (NAIC code not entered) 2020 Document Code: 390

COMPANY INFORMATION PAGE (JURAT)

Health Risk-Based Capital

For the Year Ending DECEMBER 31, 2020

XR001

Company Name	Canton Regional Chamber Health Fund				
NAIC Group Code	0000	NAIC Company Code		Employer's ID Number	82-6483792
Organized under the Laws of the State of	OH				
Contact Person for Health Risk-Based Capital:					
First Name	Jeffrey	Middle	A	Last Name	Scheatzle
Mail Address of Contact Person	2600 Sixth St. SW				
			(Street and Number or P.O. Box)		
City	Canton	State	OH	Zip	44710
Phone Number of RBC Contact Person	(330)363-4057				
E-mail Address of RBC Contact Person	jscheatzle@aultcare.com				
Date Prepared					
Preparer (if different than Contact) First Name		Middle		Last Name	
Is this filing an Original, Amended or Refiling?	Original				
If Amended, Amendment Number:					
Were any items that come directly from the annual statement entered manually to prepare this filing?	No				
Was the entity in business for the entire reporting year?	No				
Officer's Name:	Geoffrey Karcher		Robert Mullen		Frank Monaco
	First		Second		Third
Officer's Title:	Chairman		Secretary		Treasurer
	First		Second		Third

Each says that they are the above described officers of the said insurer, and that this risk-based capital report is a true and fair representation of the company's affairs and has been completed in accordance with the NAIC instructions according to the best of their information, knowledge and belief, respectively.

(Signature) (Signature) (Signature)

XR002 Affiliated Companies Risk - Details ..... NONE

XR003 Affiliated Companies Risk ..... NONE

XR004 Affiliated Investments - Preferred Stock ..... NONE

XR004 Affiliated Investments - Common Stock ..... NONE

XR005 Off-Balance Sheet and Other Items ..... NONE

XR006 Off-Balance Sheet Collateral ..... NONE

FIXED INCOME ASSETS

	BONDS	Electronic only Tables Source	(1A) Book/Adjusted Carrying Value	Annual Statement Source: Sch D Pt 1A Sn 1	(1) Book/Adjusted Carrying Value	Factor	(2) RBC Requirement
1.	NAIC 1.A - U.S. Government - Direct and Guaranteed and NAIC U.S. Direct Obligations/Full Faith and Credit Exempt Money Market Funds List	Table A Col. 4 Line 1		Col. 7 Line 1.1			
2.	NAIC Designation Category 1.A Bonds	Table A Col. 4 Line 2					
3.	NAIC Designation Category 1.B Bonds	Table A Col. 4 Line 3					
4.	NAIC Designation Category 1.C Bonds	Table A Col. 4 Line 4					
5.	NAIC Designation Category 1.D Bonds	Table A Col. 4 Line 5					
6.	NAIC Designation Category 1.E Bonds	Table A Col. 4 Line 6					
7.	NAIC Designation Category 1.F Bonds	Table A Col. 4 Line 7					
8.	NAIC Designation Category 1.G Bonds	Table A Col. 4 Line 8					
9.	TOTAL NAIC 01 Bonds	Sum of Lines 1 through 8		Col. 7 Line 11.1 - Line 7.1			
9A.	TOTAL Other NAIC 01 Bonds		XXX	Lines (9) - (1)			
10.	NAIC Designation Category 2.A Bonds	Table A Col. 4 Line 9					
11.	NAIC Designation Category 2.B Bonds	Table A Col. 4 Line 10					
12.	NAIC Designation Category 2.C Bonds	Table A Col. 4 Line 11					
13.	TOTAL NAIC 02 Bonds	Sum of Lines 10 through 12					
14.	NAIC Designation Category 3.A Bonds	Table A Col. 4 Line 12					
15.	NAIC Designation Category 3.B Bonds	Table A Col. 4 Line 13					
16.	NAIC Designation Category 3.C Bonds	Table A Col. 4 Line 14					
17.	TOTAL NAIC 03 Bonds	Sum of Lines 14 through 16		Col. 7 Line 11.3 - Line 7.3			
18.	NAIC Designation Category 4.A Bonds	Table A Col. 4 Line 15					
19.	NAIC Designation Category 4.B Bonds	Table A Col. 4 Line 16					
20.	NAIC Designation Category 4.C Bonds	Table A Col. 4 Line 17					
21.	TOTAL NAIC 04 Bonds	Sum of Lines 18 through 20		Col. 7 Line 11.4 - Line 7.4			
22.	NAIC Designation Category 5.A Bonds	Table A Col. 4 Line 18					
23.	NAIC Designation Category 5.B Bonds	Table A Col. 4 Line 19					
24.	NAIC Designation Category 5.C Bonds	Table A Col. 4 Line 20					
25.	TOTAL NAIC 05 Bonds	Sum of Lines 22 through 24		Col. 7 Line 11.5 - Line 7.5			
26.	TOTAL NAIC 06 Bonds	Table A Col. 4 Line 21		Col. 7 Line 11.6 - Line 7.6			
27.	Total Bonds RBC = Lines (1) + (9A) + (13) + (17) + (21) + (25) + (26)						

NONE

XR007

FIXED INCOME ASSETS (cont.)

	MISCELLANEOUS FIXED INCOME ASSETS	Annual Statement Source	(1) BK/Adj Carrying Value	Factor	(2) RBC Requirement
28.	Cash	Page 2, Line 5, inside amount 1	6,226,967	0.0030	18,681
29.	Cash Equivalents	Page 2, Line 5, inside amount 2			
30.	Less: Cash Equivalent, Bonds Included in Schedule D, Part 1A	Sch E Pt 2, Col. 7, Line 8399999 in part			
31.	Less: Exempt Money Market Mutual Funds *	Sch E Pt 2, Col. 7, Line 8599999			
32.	Net Cash Equivalents	L (29) - L (30) - L (31)		0.0030	
33.	Short-Term Investments	Page 2, Line 5, inside amount 3			
34.	Short-Term Bonds *	Sch DA, Pt 1, Col. 7, Line 8399999			
35.	TOTAL Other Short-Term Investments	L (33) - L (34)		0.0030	
36.	Mortgage Loans - First Liens	Page 2, Col. 3, Line 3.1		0.0500	
37.	Mortgage Loans - Other Than First Liens	Page 2, Col. 3, Line 3.2		0.0500	
38.	Receivable for Securities	Page 2, Col. 3, Line 9		0.0250	
39.	Aggregate Write-ins for Invested Assets	Page 2, Col. 3, Line 11		0.0500	
40.	Collateral Loans	Included in Page 2, Col. 3, Line 8		0.0500	
41.	NAIC 01 Working Capital Finance Investments	Notes to Financial Statement 5M(01a) Col. 3		0.0038	
42.	NAIC 02 Working Capital Finance Investments	Notes to Financial Statement 5M(01b) Col. 3		0.0125	
43.	Other Long-Term Invested Assets Excluding Collateral Loans and Working Capital Finance Investments	Included in Page 2, Col. 3, Line 8		0.2000	
44.	Federal Guaranteed Low Income Housing Tax Credits	Schedule BA Part 1, Col. 12, Lines 3599999 + 3699999		0.0014	
45.	Federal Non-Guaranteed Low Income Housing Tax Credits	Schedule BA Part 1, Col. 12, Lines 3799999 + 3899999		0.0260	
46.	State Guaranteed Low Income Housing Tax Credits	Schedule BA Part 1, Col. 12, Lines 3999999 + 4099999		0.0014	
47.	State Non-Guaranteed Low Income Housing Tax Credits	Schedule BA Part 1, Col. 12, Lines 4199999 + 4299999		0.0260	
48.	All Other Low Income Housing Tax Credits	Schedule BA Part 1, Col. 12, Lines 4399999 + 4499999		0.1500	
49.	Total Other Long-Term Invested Assets (Page 2, Col. 3, Line 8)	L (40) + L (41) + L (42) + L (43) + L (44) + L (45) + L (46) + L (47) + L (48)			
50.	Derivatives	Page 2, Col. 3, Line 7		0.0500	
51.	TOTAL Fixed Income Assets RBC	L (27) + L (28) + L (32) + L (35) + L (36) + L (37) + L (38) + L (39) + L (49) + L (50)			18,681

* These bonds appear in Schedule D Part 1A Section 1 and are already recognized in the Bond portion of the formula.

XR007.1

XR008	Replication (Synthetic Asset) Transactions	NONE
XR009	Equity Assets	NONE
XR010	Property & Equipment Assets	NONE
XR011	Asset Concentration #01	NONE
XR011.1	Asset Concentration #02	NONE
XR011.2	Asset Concentration #03	NONE
XR011.3	Asset Concentration #04	NONE
XR011.4	Asset Concentration #05	NONE
XR011.5	Asset Concentration #06	NONE
XR011.6	Asset Concentration #07	NONE
XR011.7	Asset Concentration #08	NONE
XR011.8	Asset Concentration #09	NONE
XR011.9	Asset Concentration #10	NONE
XR011.10	Asset Concentration Grand Total	NONE

UNDERWRITING RISK

Experience Fluctuation Risk

Line of Business	(1) Comprehensive Medical	(2) Medicare Supplement	(3) Dental & Vision	(4) Stand-Alone Medicare Part D Coverage	(5) Other Health	(6) Other Non-Health	(7) Total
1. Premium	5,469,400						5,469,400
2. Title XVIII - Medicare		XXX	XXX	XXX	XXX	XXX	
3. Title XIX - Medicaid		XXX	XXX	XXX	XXX	XXX	
4. Other Health Risk Revenue		XXX				XXX	
5. Medicaid Pass-Through Payments Reported as Premiums		XXX	XXX	XXX	XXX	XXX	
6. Underwriting Risk Revenue = Lines (1) + (2) + (3) + (4) - (5)	5,469,400						5,469,400
7. Net Incurred Claims	1,201,791					XXX	1,201,791
8. Medicaid Pass-Through Payments Reported as Claims		XXX	XXX	XXX	XXX	XXX	
9. Total Net Incurred Claims Less Medicaid Pass-Through Payments Reported as Claims = L(7)-L(8)	1,201,791					XXX	1,201,791
10. Fee-for-service Offset		XXX				XXX	
11. Underwriting Risk Incurred Claims = Line (9) - Line (10)	1,201,791					XXX	1,201,791
12. Underwriting Risk Claims Ratio = For Column (1) through (5), Line (11) / Line (6)	0.220					1.000	XXX
13. Underwriting Risk Factor*	0.150	0.105	0.120	0.251	0.130	0.130	XXX
14. Base Underwriting Risk RBC = Lines (6) x (12) x (13)	180,490						180,490
15. Managed Care Discount Factor	0.850	0.850	0.850	1.000	1.000	XXX	XXX
16. RBC after Managed Care Discount = Lines (14) x (15)	153,417					XXX	153,417
17. Maximum per-individual Risk after Reinsurance	17,499					XXX	XXX
18. Alternate Risk Charge**	34,998					XXX	XXX
19. Alternate Risk Adjustment						XXX	XXX
20. Net Alternate Risk Charge***	34,998					XXX	34,998
21. Net Underwriting Risk RBC (MAX {(Line (16), Line (20))}) for Columns (1) through (5), Columns(6), L(14)	153,417						153,417

TIERED RBC FACTORS*						
	Comprehensive Medical	Medicare Supplement	Dental & Vision	Stand-Alone Medicare Part D Coverage	Other Health	Other Non-Health
$0-$3 Million	0.150	0.105	0.120	0.251	0.130	0.130
$3-$25 Million	0.150	0.067	0.076	0.251	0.130	0.130
Over $25 Million	0.090	0.067	0.076	0.151	0.130	0.130
ALTERNATE RISK CHARGE**						
**The Line (15) Alternate Risk Charge is calculated as follows:						
LESSER OF:	$1,500,000 or 2 x Maximum Individual Risk	$50,000 or 2 x Maximum Individual Risk	$50,000 or 2 x Maximum Individual Risk	$150,000 or 6 x Maximum Individual Risk	$50,000 or 2 x Maximum Individual Risk	N/A

The Annual Statement Sources are found on page XR013

* This column is for a single result for the Comprehensive Medical & Hospital, Medicare Supplement and Dental/Vision managed care discount factor.

*** Limited to the largest of the applicable alternate risk adjustments, prorated if necessary

ANNUAL STATEMENT SOURCE

Line of Business	(1) Comprehensive Medical	(2) Medicare Supplement	(3) Dental & Vision	(4) Stand-Alone Medicare Part D Coverage	(5) Other Health	(6) Other Non-Health	(7) Total
1. Premium	Page 7, Col. 2, Lines 1 + 2	Page 7, Col. 3, Lines 1 + 2	Pg 7, Cols 4 & 5, Lines 1 + 2			Page 7, Col. 10, Lines 1 + 2	
2. Title XVIII - Medicare	Page 7, Col. 7, Lines 1 + 2	XXX	XXX	XXX	XXX	XXX	Page 7, Col. 7, Lines 1 + 2
3. Title XIX - Medicaid	Page 7, Col. 8, Lines 1 + 2	XXX	XXX	XXX	XXX	XXX	Page 7, Col. 8, Lines 1 + 2
4. Other Health Risk Revenue	Page 7, Col. 2, Line 4	XXX	Page 7, Cols 4 & 5, Line 4			XXX	
7. Net Incurred Claims	Page 7, Cols 2 + 7 + 8, Line 17	Page 7, Col. 3, Line 17	Page 7, Cols 4 & 5, Line 17			XXX	
10. Fee-for-service Offset	Page 7, Col. 2, Line 3	XXX	Page 7, Cols 4 & 5, Line 3			XXX	
17. Maximum per-Individual Risk after Reinsurance	Gen. Int. Pt 2, Line 5.31 + 5.32	Gen. Int. Pt 2, Line 5.33	Gen. Int. Pt 2, Line 5.34			XXX	XXX

		Annual Statement Source	(1) Amount	Factor	(2) RBC Requirement
Other Underwriting Risk					
22.	Business with Rate Guarantees Between 15-36 Months - Direct Premium Earned	General Interrogatories Pt 2, Line 9.21		0.024	
23.	Business with Rate Guarantees Over 36 Months - Direct Premium Earned	General Interrogatories Pt 2, Line 9.22		0.064	
24.	FEHBP and TRICARE Claims Incurred	UI, Pt 2, Col 6, Line 12.4		0.020	
25.	Stop Loss and Minimum Premium	Company Records		*	
25.1	Supplemental Benefits within Stand-Alone Medicare Part D Coverage (Claims Incurred)	Company Records		0.500	
25.2	Medicaid Pass-Through Payments Reported as Premiums	XR012, C (1), L (5)		0.020	
25.3	TOTAL Other Underwriting Risk	Sum of Lines (22) through (25.2)			
Disability Income Premium					
26.	Noncancellable Disability Income - Individual Morbidity	Company Records			
26.1	First $50 Million Earned Premium of Line (26)			0.350	
26.2	Over $50 Million Earned Premium of Line (26)			0.150	
26.3	TOTAL Noncancellable Disability Income - Individual Morbidity	Lines (26.1) + (26.2)			
27.	Other Disability Income - Individual Morbidity	Company Records			
27.1	Earned Premium in Line (27) [up to $50 million less the Premium in Line (26.1)]			0.250	
27.2	Earned Premium in Line (27) not included in Line (27.1)			0.070	
27.3	TOTAL Other Disability Income - Individual Morbidity	Lines (27.1) + (27.2)			
28.	Disability Income - Credit Monthly Balance Plans	Company Records			
28.1	First $50 Million Earned Premium of Line (28)			0.200	
28.2	Over $50 Million Earned Premium of Line (28)			0.030	
28.3	TOTAL Disability Income - Credit Morbidity	Lines (28.1) + (28.2)			
29.	Disability Income - Group Long-Term	Company Records			
29.1	Earned Premium in Line (29) [up to $50 million less Premium in Line (28.1)]			0.150	
29.2	Earned Premium in Line (29) not included in Line (29.1)			0.030	
29.3	TOTAL Disability Income - Group Long-Term	Lines (29.1) + (29.2)			
30.	Disability Income - Credit Single Premium with Additional Reserves	Company Records			
30.1	Additional Reserves for Credit Disability Plans	Company Records			
30.2	Additional Reserves for Credit Disability Plans, Prior Year	Company Records			
30.3	SUBTOTAL Disability Income - Credit Single Premium with Additional Reserves	Lines (30) - (30.1) + (30.2)			
30.4	Earned Premium in Line (30.3) [up to $50 million less Premium in Lines (28.1) + (29.1)]			0.100	
30.5	Earned Premium in Line (30.3) not included in Line (30.4)			0.030	
30.6	TOTAL Disability Income - Credit Single Premium with Additional Reserves	Lines (30.4) + (30.5)			
31.	Disability Income - Credit Single Premium without Additional Reserves	Company Records			
31.1	Earned Prem in Line (31) [up to $50 million less Prem in Lines (28.1) + (29.1) + (30.4)]			0.150	
31.2	Earned Premium in Line (31) not included in Line (31.1)			0.030	
31.3	TOTAL Disability Income - Credit Single Premium without Additional Reserves	Lines (31.1) + (31.2)			
32.	Disability Income - Group Short-Term	Company Records			
32.1	Earned Prem in Line (32) [up to $50 million less Prem in Lines (28.1) + (29.1) + (30.4) + (31.1)]			0.050	
32.2	Earned Premium in Line (32) not included in Line (32.1)			0.030	
32.3	TOTAL Disability Income - Group Short-Term	Lines (32.1) + (32.2)			

* A factor of .350 will be applied to the first $25,000,000 in Column (1), Line (25) and a factor of .250 will be applied to the remaining premium in excess of $25,000,000.

XR015 Long-Term Care - Premiums ..... NONE

XR015 Long-Term Care - Claims ..... NONE

XR016 Limited Benefit Plans (Individual and Group Comb.) ..... NONE

UNDERWRITING RISK - Managed Care Credit Calculation

	Managed Care Claims Payments	Annual Statement Source	(1) Factor *	(2) Paid Claims	(3) Weighted Claims (a)	(4) Part D Weighted Claims (b)
1.	Category 0 - Arrangements not Included in Other Categories	Exhibit 7, Pt 1, Col 1, Line 5, in part (c)				
2.	Category 1 - Payments Made According to Contractual Arrangements	Exhibit 7, Pt 1, Col 1, Line 6, in part (c)	0.150	1,421,091	213,164	
3.	Category 2a - Subject to Withholds or Bonuses - Otherwise Category 0	Exhibit 7, Pt 1, Col 1, Line 7, in part (c)				
4.	Category 2b - Subject to Withholds or Bonuses - Otherwise Category 1	Exhibit 7, Pt 1, Col 1, Line 8, in part (c)	0.150			
5.	Category 3a - Capitated Payments Directly to Providers		0.600			
5.1	Capitation Payments - Medical Group - Category 3a	Exhibit 7, Pt 1, Col 1, Line 1, in part (c)				
5.2	Capitation Payments - All Other Providers - Category 3a	Exhibit 7, Pt 1, Col 1, Line 3, in part (c)				
6.	Category 3b - Capitated Payments to Regulated Intermediaries	Included in Exhibit 7, Pt 1, Col 1, Line 2 (c)	0.600			
7.	Category 3c - Capitated Payments to Non-Regulated Intermediaries	Included in Exhibit 7, Pt 1, Col 1, Line 2 (c)	0.600			
8.	Category 4 - Medical & Hospital Expense Paid as Salary to Providers		0.750			
8.1	Non-Contingent Salaries - Category 4	Exhibit 7, Pt 1, Col 1, Line 9, in part (c)				
8.2	Aggregate Cost Arrangements - Category 4	Exhibit 7, Pt 1, Col 1, Line 10, in part (c)				
8.3	Less Fee For Service Revenue from ASC or ASO	Company Records				
9.	Subtotal Paid Claims	Exhibit 7, Pt 1, Col 1, Line 13-Line 11-Line (8.3)-Line (12)-Line (13)		1,421,091	213,164	
	Stand-Alone Medicare Part D Coverage Claims Payments					
10.	Category 0 - No Federal Reinsurance or Risk Corridor Protection	Company Records	XXX	XXX		XXX
11.	Category 1 - Federal Reinsurance but no Risk Corridor Protection	Company Records	XXX	XXX		XXX
12.	Category 2a - No Federal Reinsurance but Risk Corridor Protection	Company Records	0.667			
13.	Category 3a - Federal Reinsurance and Risk Corridor Protection Apply	Company Records	0.767			
14.	SUBTOTAL Paid Claims	Sum of Lines (10) through (13)				
15.	TOTAL Paid Claims	Sum of Lines (9) and (14)		1,421,091		
16.	Weighted Average Managed Care Discount				0.150	
17.	Weighted Average Managed Care Risk Adjustment Factor				0.850	1.000

XR017

(a) This column is for a single result for the Comprehensive Medical & Hospital, Medicare Supplement and Dental/Vision managed care discount factor.
(b) This column is for the Medicare Part D managed care discount factor.
(c) Stand-alone Medicare Part D business reported in Lines (12) and (13) would be excluded from these amounts.
* The factor is calculated on page XR018.

	*Calculation of Category 2 Managed Care Factor	Annual Statement Source	(1) Amount
18.	Withhold & Bonus Payments, Prior Year	Company Records	
19.	Withhold & Bonuses Available, Prior Year	Company Records	
20.	MCC Multiplier - Average Withhold Returned [Line (18) / Line (19)]		
21.	Withholds & Bonuses Available, Prior Year	C	
22.	Claims Payments Subject to Withhold, Prior Year	C	
23.	Average Withhold Rate, Prior Year [Line (21) / Line (22)]		
24.	MCC Discount Factor, Category 2 Minimum {.25, [Line (20) x Line (23)]}		

NONE

* The Factor is pulled into Lines (3) and (4) on page XR017.

CREDIT RISK

	Annual Statement Source	(1) Amount	Factor	(2) RBC Requirement
Reinsurance Ceded				
1. Recoverables on Paid Losses - 100% Owned Affiliates	Included in Sch S, Pt 2, Col 6, Line 1899999			
2. Recoverables on Paid Losses - Other Affiliates	Included in Sch S, Pt 2, Col 6, Line 1899999		0.005	
3. Recoverables on Paid Losses - Non-affiliates	Sch S, Pt 2, Col 6, Line 2199999		0.005	
4. TOTAL Recoverables on Paid Losses	Lines (1) + (2) + (3) (Sch S, Pt 2, Col 6, Line 2299999)			
5. Recoverables on Unpaid Losses - 100% Owned Affiliates	Included in Sch S, Pt 2, Col 7, Line 1899999			
6. Recoverables on Unpaid Losses - Other Affiliates	Included in Sch S, Pt 2, Col 7, Line 1899999		0.005	
7. Recoverables on Unpaid Losses - Non-Affiliates	Sch S, Pt 2, Col 7, Line 2199999		0.005	
8. TOTAL Recoverables on Unpaid Losses	Lines (5) + (6) + (7) (Sch S, Pt 2, Col 7, Line 2299999)			
9. Unearned Premiums - 100% Owned Affiliates	Included in Sch S, Pt 3, Sn 2, Col 9, Lines 0799999 + 1899999 + 2999999 + 4099999			
10. Unearned Premiums - Other Affiliates	Included in Sch S, Pt 3, Sn 2, Col 9, Lines 0799999 + 1899999 + 2999999 + 4099999		0.005	
11. Unearned Premiums - Non-Affiliates	Included in Sch S, Pt 3, Sn 2, Col 9, Lines 1099999 + 2199999 + 3299999 + 4399999		0.005	
12. TOTAL Unearned Premiums	Lines (9) + (10) + (11)			
13. Other Reserve Credits - 100% Owned Affiliates	Included in Sch S, Pt 3, Sn 2, Col 10, Lines 0799999 + 1899999 + 2999999 + 4099999			
14. Other Reserve Credits - Other Affiliates	Included in Sch S, Pt 3, Sn 2, Col 10, Lines 0799999 + 1899999 + 2999999 + 4099999		0.005	
15. Other Reserve Credits - Non-affiliates	Included in Sch S, Pt 3, Sn 2, Col 10, Lines 1099999 + 2199999 + 3299999 + 4399999		0.005	
16. TOTAL Other Reserve Credits	Lines (13) + (14) + (15)			
17. TOTAL Reinsurance RBC	Lines (4) + (8) + (12) + (16)			
Capitations to Intermediaries				
18. TOTAL Capitations Paid Directly to Providers	XR017, Col (2), Line (5)			
19. Less Secured Capitations to Providers	Company Records			
20. Capitations to Providers Subject to Credit Risk Charge	Lines (18) - (19)		0.020	
21. TOTAL Capitations to Intermediaries	XR017, Col (2), Line (6) + (7)			
22. Less Secured Capitations to Intermediaries	Company Records			
23. Capitations to Intermediaries Subject to Credit Risk Charge	Lines (21) - (22)		0.040	
24. Capitation Credit Risk RBC	Lines (20) + (23)			

CREDIT RISK - Other Receivables

		Annual Statement Source	(1) Amount	Factor	(2) RBC Requirement
Other Receivables					
25.	Investment Income Receivable	Page 2, Col 3, Line 14		0.010	
26.	Health Care Receivables	Exhibit 3, Col. 7, Line 0799999	200,000		
26.1	Pharmaceutical Rebate Receivables	Exhibit 3, Col. 7, Line 0199999	200,000	0.050	10,000
26.2	Claim Overpayment Receivables	Exhibit 3, Col. 7, Line 0299999		0.190	
26.3	Loan and Advances to Providers	Exhibit 3, Col. 7, Line 0399999		0.190	
26.4	Capitation Arrangement Receivables	Exhibit 3, Col. 7, Line 0499999		0.190	
26.5	Risk Sharing Receivables	Exhibit 3, Col. 7, Line 0599999		0.190	
26.6	Other Health Care Receivables	Exhibit 3, Col. 7, Line 0699999		0.190	
27.	Amounts Receivable Relating to Uninsured Accident and Health Plans	Included in Page 2, Col. 3, Line 17		0.050	
28.	Amounts Due from Parents, Subs, and Affiliates	Page 2, Col. 3, Line 23		0.050	
29.	Aggregate Write-Ins for Other Than Invested Assets	Page 2, Col. 3, Line 25		0.050	
30.	TOTAL Other Receivables RBC	Line (25) + Sum of Lines (26.1) through (29)			10,000
31.	TOTAL Credit RBC	Lines (17) + (24) + (30)			10,000

XR020

BUSINESS RISK

		Annual Statement Source	(1) Amount	Factor	(2) RBC Requirement
Administrative Expense Risk					
1.	Claims adjustment expenses	Page 4, Col. 2, Line 20			
2.	General administrative expenses	Page 4, Col. 2, Line 21	2,812,027		
3.	Less the Net amount of ASC Revenue and Expenses Included in Line 1 and Line 2	Company Records			
4.	Less the Net amount of ASO Revenue and Expenses Included in Line 1 and Line 2	Company Records			
5.	Less Administrative Expenses for Commission & Premium Taxes	U & I, Part 3, Line 3, in part			
6.	Administrative Expenses Base RBC	Lines (1) + (2) - (3) - (4) - (5)	2,812,027	0.070 *	196,842
7.	Proration of Administrative Expense to Experience Fluctuation Risk	Lines (6) x (20) / ((21) + (22))			196,842
Non-Underwritten and Limited-Risk					
8.	Administrative Expenses for ASC Arrangements	Company Records		0.020	
9.	Administrative Expenses for ASO Arrangements	Company Records		0.020	
10.	Medical Costs paid through ASC Arrangements (Including Fee-for Service Received from Other Health Entities)	Company Records		0.010	
11.	Non-Underwritten and Limited Risk Business RBC				
Guaranty Fund Assessment Risk					
12.	Premiums Subject to Guaranty Fund Assessment	Included in Sch T - Company Records		0.005	
Excessive Growth Risk					
13.	Underwriting Risk Revenue, Prior Year	2019 XR012, Col (7), Line (6) (manual entry)	8,249,345		
14.	Underwriting Risk Revenue, Current Year	2020 XR012, Col (7), Line (6)	5,469,400		
15.	Net Underwriting Risk RBC, Prior Year	2019 XR012, Col (7), Line (21) (manual entry)	645,800		
16.	Net Underwriting Risk RBC, Current Year	2020 XR012, Col (7), Line (21)	153,417		
17.	RBC Growth Safe Harbor	[Line (14) / Line (13) + .10] x Line (15)			
18.	Excess of RBC Growth Over Safe Harbor	Max {0, Line (16) - Line (17)}			
19.	Excessive Growth Risk RBC	.5 x Line (18)			

XR021

		Annual Statement Source	(1) Premium	Weight	(2) Weighted Premium
20.	Experience Fluctuation Risk Revenue	XR012, Col (7), Line (6)	5,469,400		
21.	Premiums Earned	Page 4, Col 2, Line 2 + 3	5,469,400		
22.	Risk Revenue	Page 4, Col 2, Line 5			
23.	Tier 1 - $0 to $25 million of Line (20)		5,469,400	0.070	382,858
24.	Tier 2 - Amount over $25 million of Line (20)			0.040	
25.	TOTAL Experience Fluctuation Risk Revenue	Lines (23) + (24)	5,469,400		382,858
26.	Administrative Expenses Base RBC Factor	Col (2), Line (25) / Col (1), Line (25)			0.070

Footnote 1: If your company is a start-up health company that has received approval from your domiciliary state to use projected amounts in L(13) and L(15), please explain the projections used.

* The factor for the Administrative Expenses Base RBC is calculated as a weighted average, based on premium volume from XR012
For start-up health companies using projected amounts from the domicile state approved proforma, complete Footnote 1.

FEDERAL ACA RISK ADJUSTMENT SENSITIVITY TEST

	Annual Statement Source	(1) Amount	Sensitivity Percentage	(2) Subtotal Col. (1) * Col. (2)	Factor	(3) RBC Result	(4) Adjusted Capital
Overestimation of 25%							
1. Premium Adjustments Receivable Due to ACA Risk Adjustment	Notes to Financial Statement 24E2a1		0.75		0.500		
2. Premium Adjustments Payable Due to ACA Risk Adjustment	Notes to Financial Statement 24E2a3		0.75		0.500		
3. Total ACA Risk Adjustments Payable less Receivable	Line (2) - Line (1)						
4. Total Risk Adjustment	Absolute Value of Line (3)						
5. Total Adjusted Capital, Post-Deferred Tax	XR025, Col. (2), Line (6)						3,562,044
6. Total Adjusted Capital Stressed for Risk Adjustments	Line (5) - Line (4)						3,562,044
7. Authorized Control Level RBC	XR026 Comparison of Total Adjusted Capital to Risk-Based Capital Line (4)						128,990
8. ACA Risk Adjusted ACL RBC Ratio	Line (6)/Line (7)						2,761.489%
Underestimation of 25%							
9. Premium Adjustments Receivable Due to ACA Risk Adjustment	Col. (1), Line (1)		1.25		0.500		
10. Premium Adjustments Payable Due to ACA Risk Adjustment	Col. (1), Line (2)		1.25		0.500		
11. Total ACA Risk Adjustments Payable less Receivable	Line (10) - Line (9)						
12. Total Risk Adjustment	Absolute Value of Line (11)						
13. Total Adjusted Capital, Post-Deferred Tax	XR025, Col. (2), Line (6)						3,562,044
14. Total Adjusted Capital Stressed for Risk Adjustments	Line (13) - Line (12)						3,562,044
15. Authorized Control Level RBC	XR026 Comparison of Total Adjusted Capital to Risk-Based Capital Line (4)						128,990
16. ACA Risk Adjusted ACL RBC Ratio	Line (14)/Line (15)						2,761.489%

Footnote: If it is the belief of the company that the factors are not appropriate, provide an explanation as to why the factors are inappropriate.:

Calculation of Total Risk-Based Capital After Covariance

		(1) RBC Amount
H0 - INSURANCE AFFILIATES AND MISC. OTHER AMOUNTS		
1. Off-Balance Sheet Items	XR005, Off-Balance Sheet Page, Line (21)	
2. Directly Owned Insurer Subject to RBC	XR003, Affiliates Page, Line (1)	
3. Indirectly Owned Insurer Subject to RBC	XR003, Affiliates Page, Line(2)	
4. Directly Owned Health Entity Subject to RBC	XR003, Affiliates Page, Line (3)	
5. Indirectly Owned Health Entity Subject to RBC	XR003, Affiliates Page, Line (4)	
6. Directly Owned Alien Insurer	XR003, Affiliates Page, Line (7)	
7. Indirectly Owned Alien Insurers	XR003, Affiliates Page, Line (8)	
8. TOTAL H0	Sum of Lines (1) through (7)	
H1 - ASSET RISK - OTHER		
9. Investment Affiliates	XR003, Affiliates Page, Line (5)	
10. Holding Company Excess of Subsidiaries	XR003, Affiliates Page, Line (6)	
11. Investment in Parent	XR003, Affiliates Page, Line (9)	
12. Other Affiliates	XR003, Affiliates Page, Line (10)	
13. Fair Value Excess Affiliate Common Stock	XR003, Affiliates Page, Line (11)	
14. Fixed Income Assets	XR006, Off-Balance Sheet Collateral, L (27) + L (37) + L (38) + L (39) + XR007.2, Fixed Income Assets Page, L (51)	18,681
15. Replication & Mandatory Convertible Securities	XR008, Replication/MCS Page, Line (9999999)	
16. Unaffiliated Preferred Stock and Hybrid Securities	XR006, Off-Balance Sheet Collateral, Line (34) + XR009, Equity Assets Page, Line (15)	
17. Unaffiliated Common Stock	XR006, Off-Balance Sheet Collateral, Line (35) + XR009, Equity Assets Page, Line (20)	
18. Property & Equipment	XR006, Off-Balance Sheet Collateral, Line (36) + XR010, Prop/Equip Assets Page, Line (9)	
19. Asset Concentration	XR011, Grand Total Asset Concentration Page, Line (31)	
20. TOTAL H1	Sum of Lines (9) through (19)	18,681
H2 - UNDERWRITING RISK		
21. Net Underwriting Risk	XR012, Underwriting Risk Page, Line (21)	153,417
22. Other Underwriting Risk	XR014, Underwriting Risk Page, Line (25.3)	
23. Disability Income	XR014, Underwriting Risk Page, Lines (26.3) + (27.3) + (28.3) + (29.3) + (30.6) + (31.3) + (32.3)	
24. Long-Term Care	XR015, Underwriting Risk Page, Line (41)	
25. Limited Benefit Plans	XR016, Underwriting Risk Page, Lines (42.2) + (43.6) + (44)	
26. Premium Stabilization Reserve	XR016, Underwriting Risk Page, Line (45)	
27. TOTAL H2	Sum of Lines (21) through (26)	153,417

Calculation of Total Risk-Based Capital After Covariance (continued)

			(1) RBC Amount
H3 - CREDIT RISK			
28.	TOTAL Reinsurance RBC	XR019, Credit Risk Page, Line (17)	
29.	Intermediaries Credit Risk RBC	XR019, Credit Risk Page, Line (24)	
30.	TOTAL Other Receivables RBC	XR020, Credit Risk Page, Line (30)	10,000
31.	TOTAL H3	Sum of Lines (28) through (30)	10,000
H4 - BUSINESS RISK			
32.	Administrative Expense RBC	XR021, Business Risk Page, Line (7)	196,842
33.	Non-Underwritten and Limited Risk Business RBC	XR021, Business Risk Page, Line (11)	
34.	Premiums Subject to Guaranty Fund Assessments	XR021, Business Risk Page, Line (12)	
35.	Excessive Growth RBC	XR021, Business Risk Page, Line (19)	
36.	TOTAL H4	Sum of Lines (32) through (35)	196,842
37.	RBC After Covariance Before Basic Operational Risk	H0 + Square Root of ($H1^2 + H2^2 + H3^2 + H4^2$)	250,465
38.	Basic Operational Risk	.030 x L (37)	7,514
39.	C-4a of U.S. Life Insurance Subsidiaries	Company Records	
40.	Net Basic Operational Risk	Line (38) - Line (39) (Not less than zero)	7,514
41.	RBC After Covariance Including Basic Operational Risk	L (37) + L (40)	257,979
42.	Authorized Control Level RBC	50 x L (41)	128,990

CALCULATION OF TOTAL ADJUSTED CAPITAL

	Annual Statement Source	(1) Amount	Factor	(2) Adjusted Capital
Company Amounts				
1. Capital and Surplus	Page 3, Col 3, Line 33	3,562,044	1.000	3,562,044
Subsidiary Adjustments				
2. AVR - Life Subsidiaries	Affiliate's statement §		1.000	
3. Dividend Liability - Life Subsidiaries	Affiliate's statement		0.500	
4. Tabular Discounts - P&C Subsidiaries	Affiliate's statement		(1.000)	
5. Non-Tabular Discounts - P&C Subsidiaries	Affiliate's statement		(1.000)	
6. TOTAL Adjusted Capital, Post-Deferred Tax				3,562,044
SENSITIVITY TEST:				
7. DTA Value for Company	Page 2, Col. 3, Line 18.2		1.000	
8. DTL Value for Company	Page 3, Col. 3, Line 10.2		1.000	
9. DTA Value for Insurance Subsidiaries	Company Records		1.000	
10. DTL Value for Insurance Subsidiaries	Company Records		1.000	
11. TOTAL Adjusted Capital, Pre-Deferred Tax (Sensitivity)	Lines (6) - (7) + (8) - (9) + (10)			3,562,044
Ex DTA ACL RBC Ratio Sensitivity Test				
12. Deferred Tax Asset	Page 2, Col. 3, Line 18.2		1.000	
13. TOTAL Adjusted Capital Less Deferred Tax Asset	Line (6) less Line (12)			3,562,044
14. Authorized Control Level RBC	XR026 Comparison of Total Adjusted Capital to Risk-Based Capital Line (4)			128,990
15. Ex DTA ACL RBC Ratio	Line (13) / Line (14)			2,761.489%
ACA Fee RBC Ratio Sensitivity Test				
16. ACA Fee (Data Year Amount to be Paid in the Fee Year)	Note 22B		1.000	
17. Total Adjusted Capital Less ACA Fee	Line (6) less Line (16)			3,562,044
18. Authorized Control Level RBC	XR026 Comparison of Total Adjusted Capital to Risk-Based Capital Line (4)			128,990
19. ACA Fee RBC Ratio	Line (17) / Line (18)			2,761.489%

§ The portion of the AVR that can be counted as capital is limited to the amount not utilized in asset adequacy testing in support of the Actuarial Opinion for reserves.

COMPARISON OF TOTAL ADJUSTED CAPITAL TO RISK-BASED CAPITAL

		Abbreviation	(1) Amount
1.	TOTAL Adjusted Capital, Post Tax		3,562,044
2.	Company Action Level = 200% of Authorized Control Level	CAL	257,980
3.	Regulatory Action Level = 150% of Authorized Control Level	RAL	193,485
4.	Authorized Control Level = 100% of Authorized Control Level	ACL	128,990
5.	Mandatory Control Level = 70% of Authorized Control Level	MCL	90,293
6.	Level of Action, if Any		None
THE FOLLOWING NUMBERS MUST BE REPORTED IN THE FIVE YEAR HISTORY ON THE INDICATED LINE			
	TOTAL Adjusted Capital on Line 14 of the Five-Year Historical Data Page		3,562,044
	Authorized Control Level Risk-Based Capital on Line 15 of the Five-Year Historical Data Page		128,990

TREND TEST

		Annual Statement Source	(1) Amount	(2) Result
7.	TOTAL Revenue	Page 4, Line 8	5,469,400	
8.	Underwriting Deductions	Page 4, Line 23	4,013,818	
9.	Combined Ratio	Line (8) / Line (7)	73.387	
10.	RBC Ratio	Line (1) / Line (4)	2,761.489	
11.	Trend Test Result	If Line (10) is between 200% and 300% and Line (9) > 105%, then "Yes", otherwise "No"		No
12.	Level of Action, if any, Including Trend Test		None	

XR026

ScenAdj

Scenario Adjustment of XR023-24 Calculation of Total Risk-Based Capital After Covariance

		(1) Prior Year RBC Requirement	(2) Current Year RBC Requirement	(3) Scenario Adjustment	(4) Adjusted RBC Amount
8.	TOTAL H0 Asset Risk - Affiliates with RBC				
20.	TOTAL H1 Asset Risk - Other	11,575	18,681		18,681
27.	TOTAL H2 Underwriting Risk	645,800	153,417		153,417
31.	TOTAL H3 Credit Risk	11,250	10,000		10,000
36.	TOTAL H4 Business Risk	155,759	196,842		196,842
37.	RBC After Covariance Before Basic Operational Risk	664,514	250,465		250,465
38.	Basic Operational Risk	19,935	7,514		7,514
39.	C-4a of U.S. Life Insurance Subsidiaries				
40.	Net Basic Operational Risk	19,935	7,514		7,514
41.	RBC After Covariance Including Basic Operational Risk	684,449	257,979		257,979
42.	Authorized Control Level RBC	342,225	128,990		128,990

Scenario Adjustment of XR025 -- Calculation of Total Adjusted Capital

		(1) Prior Year RBC Requirement	(2) Current Year RBC Requirement	(3) Scenario Adjustment	(4) Adjusted RBC Amount
1.	Capital and Surplus	2,060,333	3,562,044		3,562,044
2.	AVR - Life Subs				
3.	Dividend Liability - Life Subsidiaries				
4.	Tabular Discounts - P&C Subsidiaries				
5.	Non-Tabular Discounts - P&C Subsidiaries				
6.	TOTAL Adjusted Capital	2,060,333	3,562,044		3,562,044
7.	RBC Ratio	602.040%	2,761.489%		2,761.489%