ANNUAL STATEMENT

OF THE

COSE Health and Wellness Trust

TO THE

Insurance Department

OF THE

STATE OF

Ohio

FOR THE YEAR ENDED
DECEMBER 31, 2021

HEALTH

2021

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HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

COSE Health and Wellness Trust

NAIC Group Code 0000 (Current) 0000 (Prior) NAIC Company Code 00122 Employer's ID Number 81-6240902

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: Health

Is HMO Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized 02/18/2016 Commenced Business 08/22/2016

Statutory Home Office 1240 Huron Road E., Ste. 200 (Street and Number), Cleveland, OH, US 44115-1355 (City or Town, State, Country and Zip Code)

Main Administrative Office 1240 Huron Road E., Ste. 200 (Street and Number)
Cleveland, OH, US 44115-1355 (City or Town, State, Country and Zip Code), 216-592-2200 (Area Code) (Telephone Number)

Mail Address 1240 Huron Road E., Ste. 200 (Street and Number or P.O. Box), Cleveland, OH, US 44115-1355 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1240 Huron Road E., Ste. 200 (Street and Number)
Cleveland, OH, US 44115-1355 (City or Town, State, Country and Zip Code), 216-592-2200 (Area Code) (Telephone Number)

Internet Website Address www.cosemewa.com

Statutory Statement Contact Timothy E DiPlacido (Name), 216-592-2292 (Area Code) (Telephone Number)
Tdiplacido@greatercle.com (E-mail Address), (FAX Number)

OFFICERS

Chairman Timothy Maynard Reynolds

Plan Administrator John Luteran

OTHER

DIRECTORS OR TRUSTEES

Timothy Maynard Reynolds	Elyse Anne Logan	Martha Judith Lanning
Robert Richard Nicolay III	James Frederick Harmon	Michael Canty

State of Ohio
County of Cuyahoga 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.

Timothy Maynard Reynolds
Chairman

John Luteran
Plan Administrator

Subscribed and sworn to before me this
_____ day of _____

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

ASSETS

		Current Year			Prior Year
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1.	Bonds (Schedule D)	7,465,648		7,465,648	10,570,638
2.	Stocks (Schedule D):				
	2.1 Preferred stocks			0	0
	2.2 Common stocks			0	0
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens			0	0
	3.2 Other than first liens			0	0
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less $ encumbrances)			0	0
	4.2 Properties held for the production of income (less $ encumbrances)			0	0
	4.3 Properties held for sale (less $ encumbrances)			0	0
5.	Cash ($ 456,056 , Schedule E - Part 1), cash equivalents ($ 13,445,531 , Schedule E - Part 2) and short-term investments ($, Schedule DA)	13,901,586		13,901,586	10,885,601
6.	Contract loans, (including $ premium notes)			0	0
7.	Derivatives (Schedule DB)			0	0
8.	Other invested assets (Schedule BA)			0	0
9.	Receivables for securities			0	0
10.	Securities lending reinvested collateral assets (Schedule DL)			0	0
11.	Aggregate write-ins for invested assets	0	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	21,367,234	0	21,367,234	21,456,239
13.	Title plants less $ charged off (for Title insurers only)			0	0
14.	Investment income due and accrued	38,946		38,946	54,671
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	151,320		151,320	1,066,781
	15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including $ earned but unbilled premiums)			0	0
	15.3 Accrued retrospective premiums ($) and contracts subject to redetermination ($)			0	0
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	66,299		66,299	75,874
	16.2 Funds held by or deposited with reinsured companies			0	0
	16.3 Other amounts receivable under reinsurance contracts	26,313,921		26,313,921	21,220,904
17.	Amounts receivable relating to uninsured plans			0	0
18.1	Current federal and foreign income tax recoverable and interest thereon			0	0
18.2	Net deferred tax asset			0	0
19.	Guaranty funds receivable or on deposit			0	0
20.	Electronic data processing equipment and software			0	0
21.	Furniture and equipment, including health care delivery assets ($)			0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23.	Receivables from parent, subsidiaries and affiliates			0	0
24.	Health care ($ 158,322) and other amounts receivable	216,661	58,339	158,322	37,521
25.	Aggregate write-ins for other than invested assets	59,195	59,195	0	0
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	48,213,576	117,534	48,096,043	43,911,990
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28.	Total (Lines 26 and 27)	48,213,576	117,534	48,096,043	43,911,990
	DETAILS OF WRITE-INS				
1101.	Prepaid Business Insurance			0	0
1102.	Prepaid State Certification Fee			0	0
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.	Prepaid Business Insurance	43,695	43,695	0	0
2502.	Prepaid State Certification Fee	1,000	1,000	0	0
2503.	Prepaid State Domestic Assessment Fee	14,500	14,500	0	0
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	59,195	59,195	0	0

LIABILITIES, CAPITAL AND SURPLUS

		Current Year			Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less $ 33,580,350 reinsurance ceded)	11,056,574		11,056,574	7,429,722
2.	Accrued medical incentive pool and bonus amounts			0	0
3.	Unpaid claims adjustment expenses	1,496,000		1,496,000	1,428,000
4.	Aggregate health policy reserves, including the liability of $ 0 for medical loss ratio rebate per the Public Health Service Act			0	0
5.	Aggregate life policy reserves			0	0
6.	Property/casualty unearned premium reserves			0	0
7.	Aggregate health claim reserves			0	0
8.	Premiums received in advance	2,200,268		2,200,268	2,076,947
9.	General expenses due or accrued	171,902		171,902	156,930
10.1	Current federal and foreign income tax payable and interest thereon (including $ on realized capital gains (losses))			0	972
10.2	Net deferred tax liability			0	0
11.	Ceded reinsurance premiums payable	20,207,144		20,207,144	19,181,190
12.	Amounts withheld or retained for the account of others			0	0
13.	Remittances and items not allocated			0	0
14.	Borrowed money (including $ current) and interest thereon $ (including $ current)			0	0
15.	Amounts due to parent, subsidiaries and affiliates			0	0
16.	Derivatives			0	0
17.	Payable for securities			0	0
18.	Payable for securities lending			0	0
19.	Funds held under reinsurance treaties (with $ authorized reinsurers, $ 0 unauthorized reinsurers and $ 0 certified reinsurers)			0	0
20.	Reinsurance in unauthorized and certified ($) companies			0	0
21.	Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22.	Liability for amounts held under uninsured plans			0	0
23.	Aggregate write-ins for other liabilities (including $ current)	0	0	0	0
24.	Total liabilities (Lines 1 to 23)	35,131,887	0	35,131,887	30,273,761
25.	Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26.	Common capital stock	XXX	XXX		
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX		
29.	Surplus notes	XXX	XXX	6,666,668	7,500,000
30.	Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31.	Unassigned funds (surplus)	XXX	XXX	6,297,487	6,138,229
32.	Less treasury stock, at cost:				
	32.1 shares common (value included in Line 26 $)	XXX	XXX		
	32.2 shares preferred (value included in Line 27 $)	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	12,964,155	13,638,229
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	48,096,043	43,911,990
	DETAILS OF WRITE-INS				
2301.					
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399.	Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	0	0	0	0
2501.		XXX	XXX		
2502.		XXX	XXX		
2503.		XXX	XXX		
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.		XXX	XXX		
3002.		XXX	XXX		
3003.		XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099.	Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months	XXX	728,848	744,357
2.	Net premium income (including $ non-health premium income)	XXX	64,533,441	69,977,205
3.	Change in unearned premium reserves and reserve for rate credits	XXX	0	0
4.	Fee-for-service (net of $ medical expenses)	XXX	0	0
5.	Risk revenue	XXX	0	0
6.	Aggregate write-ins for other health care related revenues	XXX	0	0
7.	Aggregate write-ins for other non-health revenues	XXX	0	0
8.	Total revenues (Lines 2 to 7)	XXX	64,533,441	69,977,205
	Hospital and Medical:			
9.	Hospital/medical benefits		191,426,965	147,513,241
10.	Other professional services		12,116,073	10,324,136
11.	Outside referrals		621,008	500,547
12.	Emergency room and out-of-area		37,529,564	27,079,029
13.	Prescription drugs		50,480,857	41,917,571
14.	Aggregate write-ins for other hospital and medical	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts		0	0
16.	Subtotal (Lines 9 to 15)	0	292,174,467	227,334,524
	Less:			
17.	Net reinsurance recoveries		264,545,974	203,278,279
18.	Total hospital and medical (Lines 16 minus 17)	0	27,628,493	24,056,245
19.	Non-health claims (net)			0
20.	Claims adjustment expenses, including $ 0 cost containment expenses		68,000	64,000
21.	General administrative expenses		36,906,124	41,600,562
22.	Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only)		0	0
23.	Total underwriting deductions (Lines 18 through 22)	0	64,602,617	65,720,807
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(69,175)	4,256,398
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		239,534	472,983
26.	Net realized capital gains (losses) less capital gains tax of $		19,910	22,979
27.	Net investment gains (losses) (Lines 25 plus 26)	0	259,444	495,962
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $) (amount charged off $)]			
29.	Aggregate write-ins for other income or expenses	0	0	0
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	190,269	4,752,360
31.	Federal and foreign income taxes incurred	XXX	78,686	249,744
32.	Net income (loss) (Lines 30 minus 31)	XXX	111,583	4,502,616
	DETAILS OF WRITE-INS			
0601.		XXX		
0602.		XXX		
0603		XXX		
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.		XXX		
0702.		XXX		
0703		XXX		
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799.	Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.				
1402.				
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499.	Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901.				
2902.				
2903				
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999.	Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year	2 Prior Year
	CAPITAL AND SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	13,638,229	20,661,811
34.	Net income or (loss) from Line 32	111,583	4,502,616
35.	Change in valuation basis of aggregate policy and claim reserves	52,136	
36.	Change in net unrealized capital gains (losses) less capital gains tax of $		
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets	(4,461)	(76,198)
40	Change in unauthorized and certified reinsurance	0	0
41.	Change in treasury stock	0	0
42.	Change in surplus notes	(833,332)	(11,450,000)
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
	44.1 Paid in	0	0
	44.2 Transferred from surplus (Stock Dividend)	0	0
	44.3 Transferred to surplus		
45.	Surplus adjustments:		
	45.1 Paid in	0	0
	45.2 Transferred to capital (Stock Dividend)		
	45.3 Transferred from capital		
46.	Dividends to stockholders		
47.	Aggregate write-ins for gains or (losses) in surplus	0	0
48.	Net change in capital and surplus (Lines 34 to 47)	(674,074)	(7,023,582)
49.	Capital and surplus end of reporting period (Line 33 plus 48)	12,964,155	13,638,229
	DETAILS OF WRITE-INS		
4701.			
4702.			
4703.			
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0
4799.	Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

CASH FLOW

		1 Current Year	2 Prior Year
	Cash from Operations		
1.	Premiums collected net of reinsurance	61,461,221	88,603,605
2.	Net investment income	185,725	454,591
3.	Miscellaneous income	0	0
4.	Total (Lines 1 through 3)	61,646,945	89,058,196
5.	Benefit and loss related payments	23,895,992	61,395,460
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	36,864,927	41,644,061
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of $ tax on capital gains (losses)	79,658	246,996
10.	Total (Lines 5 through 9)	60,840,576	103,286,517
11.	Net cash from operations (Line 4 minus Line 10)	806,369	(14,228,321)
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	3,168,210	4,425,000
	12.2 Stocks	0	0
	12.3 Mortgage loans	0	0
	12.4 Real estate	0	0
	12.5 Other invested assets	0	0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
	12.7 Miscellaneous proceeds	0	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	3,168,210	4,425,000
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	0	0
	13.2 Stocks	0	0
	13.3 Mortgage loans	0	0
	13.4 Real estate	0	0
	13.5 Other invested assets	0	0
	13.6 Miscellaneous applications	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0
14.	Net increase (decrease) in contract loans and premium notes	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	3,168,210	4,425,000
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes	(833,332)	(11,450,000)
	16.2 Capital and paid in surplus, less treasury stock	0	0
	16.3 Borrowed funds	0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
	16.5 Dividends to stockholders	0	0
	16.6 Other cash provided (applied)	(125,262)	(17,645)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(958,594)	(11,467,645)
	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)	3,015,985	(21,270,966)
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	10,885,601	32,156,567
	19.2 End of year (Line 18 plus Line 19.1)	13,901,586	10,885,601

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

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	64,533,441	64,533,441								
2.	Change in unearned premium reserves and reserve for rate credit	0									
3.	Fee-for-service (net of $ medical expenses)	0									XXX
4.	Risk revenue	0									XXX
5.	Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6.	Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7.	Total revenues (Lines 1 to 6)	64,533,441	64,533,441	0	0	0	0	0	0	0	0
8.	Hospital/medical benefits	191,426,965	191,426,965								XXX
9.	Other professional services	12,116,073	12,116,073								XXX
10.	Outside referrals	621,008	621,008								XXX
11.	Emergency room and out-of-area	37,529,564	37,529,564								XXX
12.	Prescription drugs	50,480,857	50,480,857								XXX
13.	Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14.	Incentive pool, withhold adjustments and bonus amounts	0									XXX
15.	Subtotal (Lines 8 to 14)	292,174,467	292,174,467	0	0	0	0	0	0	0	XXX
16.	Net reinsurance recoveries	264,545,974	264,545,974								XXX
17.	Total medical and hospital (Lines 15 minus 16)	27,628,493	27,628,493	0	0	0	0	0	0	0	XXX
18.	Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19.	Claims adjustment expenses including $ cost containment expenses	68,000	68,000								
20.	General administrative expenses	36,906,124	36,906,124								
21.	Increase in reserves for accident and health contracts	0									XXX
22.	Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23.	Total underwriting deductions (Lines 17 to 22)	64,602,617	64,602,617	0	0	0	0	0	0	0	0
24.	Total underwriting gain or (loss) (Line 7 minus Line 23)	(69,175)	(69,175)	0	0	0	0	0	0	0	0
	DETAILS OF WRITE-INS										
0501.											XXX
0502.											XXX
0503.											XXX
0598.	Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599.	Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	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	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.											XXX
1302.											XXX
1303.											XXX
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	321,250,203		256,716,761	64,533,441
2. Medicare Supplement				0
3. Dental only				0
4. Vision only				0
5. Federal Employees Health Benefits Plan	0			0
6. Title XVIII - Medicare	0			0
7. Title XIX - Medicaid	0			0
8. Other health				0
9. Health subtotal (Lines 1 through 8)	321,250,203	0	256,716,761	64,533,441
10. Life	0			0
11. Property/casualty	0			0
12. Totals (Lines 9 to 11)	321,250,203	0	256,716,761	64,533,441

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	288,547,615	288,547,615								
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	264,545,974	264,545,974								
1.4 Net	24,001,641	24,001,641	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	11,056,574	11,056,574	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	11,056,574	11,056,574	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	7,429,722	7,429,722	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	7,429,722	7,429,722	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred Benefits:										
12.1 Direct	292,174,467	292,174,467	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	264,545,974	264,545,974	0	0	0	0	0	0	0	0
12.4 Net	27,628,493	27,628,493	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT 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. Reported in Process of Adjustment:										
1.1 Direct	0									
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	0	0	0	0	0	0	0	0	0	0
2. Incurred but Unreported:										
2.1 Direct	11,056,574	11,056,574								
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	11,056,574	11,056,574	0	0	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	0									
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1 Direct	11,056,574	11,056,574	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	11,056,574	11,056,574	0	0	0	0	0	0	0	0

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)	7,633,233	16,368,408	227,614	10,828,960	7,860,847	7,429,722
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare					0	0
7 Title XIX - Medicaid					0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	7,633,233	16,368,408	227,614	10,828,960	7,860,847	7,429,722
10. Healthcare receivables (a)					0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9 - 10 + 11 + 12)	7,633,233	16,368,408	227,614	10,828,960	7,860,847	7,429,722

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	706	780	780	780	780
2. 2017	20,303	25,881	25,960	25,960	25,961
3. 2018	XXX	87,027	103,844	103,844	103,862
4. 2019	XXX	XXX	190,516	22,600	23,477
5. 2020	XXX	XXX	XXX	20,450	23,928
6. 2021	XXX	XXX	XXX	XXX	19,628

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	718	780	780	780	780
2. 2017	25,767	26,091	25,960	25,960	25,960
3. 2018	XXX	103,948	104,391	104,391	104,391
4. 2019	XXX	XXX	225,934	226,336	226,442
5. 2020	XXX	XXX	XXX	24,056	24,098
6. 2021	XXX	XXX	XXX	XXX	27,628

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	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. 2017	34,487	25,961		0.0	25,961	75.3		245	26,206	76.0
2. 2018	133,703	103,862		0.0	103,862	77.7		446	104,308	78.0
3. 2019	255,796	23,477		0.0	23,477	9.2	106	673	24,256	9.5
4. 2020	69,977	23,928		0.0	23,928	34.2	36	64	24,028	34.3
5. 2021	64,533	19,628		0.0	19,628	30.4	10,915	68	30,611	47.4

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	706	780	780	780	780
2. 2017	20,303	25,881	25,960	25,960	25,961
3. 2018	XXX	87,027	103,844	103,844	103,862
4. 2019	XXX	XXX	190,516	22,600	23,477
5. 2020	XXX	XXX	XXX	20,450	23,928
6. 2021	XXX	XXX	XXX	XXX	19,628

Section B - Incurred Health Claims - Grand Total

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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	718	780	780	780	780
2. 2017	25,767	26,091	25,960	25,960	25,960
3. 2018	XXX	103,948	104,391	104,391	104,391
4. 2019	XXX	XXX	225,934	226,336	226,442
5. 2020	XXX	XXX	XXX	24,056	24,098
6. 2021	XXX	XXX	XXX	XXX	27,628

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	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. 2017	34,487	25,961	0	0.0	25,961	75.3	0	245	26,206	76.0
2. 2018	133,703	103,862	0	0.0	103,862	77.7	0	446	104,308	78.0
3. 2019	255,796	23,477	0	0.0	23,477	9.2	106	673	24,256	9.5
4. 2020	69,977	23,928	0	0.0	23,928	34.2	36	64	24,028	34.3
5. 2021	64,533	19,628	0	0.0	19,628	30.4	10,915	68	30,611	47.4

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	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
1. Unearned premium reserves									
2. Additional policy reserves (a)									
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including $) for investment income									
5. Aggregate write-ins for other policy reserves									
6. Totals (gross)									
7. Reinsurance ceded									
8. Totals (Net)(Page 3, Line 4)									
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. Totals (gross)									
13. Reinsurance ceded									
14. Totals (Net)(Page 3, Line 7)									
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page									
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)									
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page									
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)									

NONE

(a) Includes $ premium deficiency reserve.

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 ($ ..... for occupancy of own building)					0
2. Salary, wages and other benefits					0
3. Commissions (less $ ..... ceded plus $ ..... assumed)					0
4. Legal fees and expenses			21,939		21,939
5. Certifications and accreditation fees			1,000		1,000
6. Auditing, actuarial and other consulting services			248,400		248,400
7. Traveling expenses					0
8. Marketing and advertising					0
9. Postage, express and telephone			645		645
10. Printing and office supplies			596		596
11. Occupancy, depreciation and amortization					0
12. Equipment					0
13. Cost or depreciation of EDP equipment and software			9,071		9,071
14. Outsourced services including EDP, claims, and other services			36,183,683		36,183,683
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate			170,104		170,104
17. Collection and bank service charges			53,323		53,323
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			10,897		10,897
23.2 State premium taxes			29,000		29,000
23.3 Regulatory authority licenses and fees			177,465		177,465
23.4 Payroll taxes					0
23.5 Other (excluding federal income and real estate taxes)					0
24. Investment expenses not included elsewhere				(12,780)	(12,780)
25. Aggregate write-ins for expenses	0	68,000	0	0	68,000
26. Total expenses incurred (Lines 1 to 25)	0	68,000	36,906,124	(12,780)	(a) 36,961,344
27. Less expenses unpaid December 31, current year		1,496,000	171,902		1,667,902
28. Add expenses unpaid December 31, prior year	0	0	156,930	0	156,930
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	0	(1,428,000)	36,891,152	(12,780)	35,450,372
DETAILS OF WRITE-INS					
2501. Claims Adjustment Expense		68,000			68,000
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	68,000	0	0	68,000

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

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. government bonds	(a) 112,125	106,548
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a) 115,509	105,198
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) 14,790	15,008
7	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	242,424	226,754
11.	Investment expenses		(g) (12,780)
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		(12,780)
17.	Net investment income (Line 10 minus Line 16)		239,534
	DETAILS OF WRITE-INS		
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

(a) Includes $ 48,752 accrual of discount less $ 5,442 amortization of premium and less $ ..... paid for accrued interest on purchases.

(b) Includes $ 0 accrual of discount less $ 0 amortization of premium and less $ ..... paid for accrued dividends on purchases.

(c) Includes $ 0 accrual of discount less $ 0 amortization of premium and less $ ..... paid for accrued interest on purchases.

(d) Includes $ ..... for company's occupancy of its own buildings; and excludes $ ..... interest on encumbrances.

(e) Includes $ ..... accrual of discount less $ ..... amortization of premium and less $ ..... paid for accrued interest on purchases.

(f) Includes $ ..... accrual of discount less $ ..... amortization of premium.

(g) Includes $. ..... investment expenses and $ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.

(h) Includes $ ..... interest on surplus notes and $ ..... interest on capital notes.

(i) Includes $ 0 depreciation on real estate and $ ..... 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	0	0	0	0	0
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)	19,910	0	19,910	0	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans		0	0	0	0
4.	Real estate		0	0		0
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments			0		
7.	Derivative instruments			0		
8.	Other invested assets		0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	19,910	0	19,910	0	0
	DETAILS OF WRITE-INS					
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

EXHIBIT OF NON-ADMITTED 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)		0	0
2.	Stocks (Schedule D):			
	2.1 Preferred stocks		0	0
	2.2 Common stocks		0	0
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens		0	0
	3.2 Other than first liens		0	0
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company		0	0
	4.2 Properties held for the production of income		0	0
	4.3 Properties held for sale		0	0
5.	Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)		0	0
6.	Contract loans		0	0
7.	Derivatives (Schedule DB)		0	0
8.	Other invested assets (Schedule BA)		0	0
9.	Receivables for securities		0	0
10.	Securities lending reinvested collateral assets (Schedule DL)		0	0
11.	Aggregate write-ins for invested assets	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13.	Title plants (for Title insurers only)		0	0
14.	Investment income due and accrued		0	0
15.	Premiums and considerations:			
	15.1 Uncollected premiums and agents' balances in the course of collection		0	0
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due		0	0
	15.3 Accrued retrospective premiums and contracts subject to redetermination		0	0
16.	Reinsurance:			
	16.1 Amounts recoverable from reinsurers		0	0
	16.2 Funds held by or deposited with reinsured companies		0	0
	16.3 Other amounts receivable under reinsurance contracts		0	0
17.	Amounts receivable relating to uninsured plans		0	0
18.1	Current federal and foreign income tax recoverable and interest thereon		0	0
18.2	Net deferred tax asset		0	0
19.	Guaranty funds receivable or on deposit		0	0
20.	Electronic data processing equipment and software		0	0
21.	Furniture and equipment, including health care delivery assets		0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates		0	0
23.	Receivable from parent, subsidiaries and affiliates		0	0
24.	Health care and other amounts receivable	58,339	58,554	215
25.	Aggregate write-ins for other than invested assets	59,195	54,519	(4,676)
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	117,534	113,073	(4,461)
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
28.	Total (Lines 26 and 27)	117,534	113,073	(4,461)
	DETAILS OF WRITE-INS			
1101.				
1102.				
1103.				
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501.	Prepaid Business Insurance	43,695	39,019	(4,676)
2502.	Prepaid State Certification Fee	1,000	1,000	0
2503.	Prepaid State Domestic Assessment Fee	14,500	14,500	0
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	59,195	54,519	(4,676)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

	Source of Enrollment	Total Members at End of 1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	6 Current Year Member Months
1.	Health Maintenance Organizations						
2.	Provider Service Organizations	61,431	60,239	61,328	61,106	60,462	728,848
3.	Preferred Provider Organizations						
4.	Point of Service						
5.	Indemnity Only						
6.	Aggregate write-ins for other lines of business	0	0	0	0	0	0
7.	Total	61,431	60,239	61,328	61,106	60,462	728,848
	DETAILS OF WRITE-INS						
0601.							
0602.							
0603.							
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

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						
Group Subscribers:						
The Allen Company	11,063					11,063
Hydrodec of North America LLC	20,370					20,370
0299997. Group subscriber subtotal	31,433	0	0	0	0	31,433
0299998. Premiums due and unpaid not individually listed	113,461					113,461
0299999. Total group	144,894	0	0	0	0	144,894
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)	144,894	0	0	0	0	144,894

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. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	216,661				58,339	158,322
0199999. Total Pharmaceutical Rebate Receivables	216,661	0	0	0	58,339	158,322
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed						
0299999. Total Claim Overpayment Receivables	0	0	0	0	0	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Health Care Receivables Not Individually Listed						
0699999. Total Other Health Care Receivables	0	0	0	0	0	0
0799999 Gross health care receivables	216,661	0	0	0	58,339	158,322

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset 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 from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	96,075	1,316,339		216,661	96,075	96,075
2. Claim overpayment receivables					0	0
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	0
6. Other health care receivables					0	0
7. Totals (Lines 1 through 6)	96,075	1,316,339	0	216,661	96,075	96,075

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
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered						0
0499999. Subtotals	0	0	0	0	0	0
0599999. Unreported claims and other claim reserves						44,636,924
0699999. Total amounts withheld						
0799999. Total claims unpaid						44,636,924
0899999 Accrued medical incentive pool and bonus amounts						

Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates

N O N E

Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates

N O N E

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	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service	980,616	0.4	XXX	XXX	980,616	
6. Contractual fee payments	278,944,885	99.6	XXX	XXX	278,944,885	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	279,925,501	100.0	XXX	XXX	279,925,501	0
13. TOTAL (Line 4 plus Line 12)	279,925,501	100%	XXX	XXX	279,925,501	0

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 and Equipment Owned

N O N E

NOTES TO FINANCIAL STATEMENTS

NOTE 1 Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices
Company input

	SSAP #	F/S Page	F/S Line #	2021	2020
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	$ 111,583	$ 4,502,616
(2) State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	$ 111,583	$ 4,502,616
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	$ 12,964,155	$ 13,638,229
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	$ 12,964,155	$ 13,638,229

B. Use of Estimates in the Preparation of the Financial Statements
Reasonable and conservative estimates from the Trust's Actuaries were used to determine the IBNR and Claims Adjustment amounts. No other balance required estimating.

C. Accounting Policy
These financial statements have been prepared in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedure Manual.

D. Going Concern
There is no substantial doubt by Management or the Trustees about the COSE Health and Wellness Trust's ability to continue as a going concern.

NOTE 2 Accounting Changes and Corrections of Errors

No significant changes.

NOTE 3 Business Combinations and Goodwill

A. Statutory Purchase Method

Not applicable

NOTE 4 Discontinued Operations

Not applicable

NOTE 5 Investments

Not applicable

B. Debt Restructuring
Not applicable

C. Reverse Mortgages
(1) Not applicable

D. Loan-Backed Securities
(1) Not applicable

E. Dollar Repurchase Agreements and/or Securities Lending Transactions
(1) Not applicable

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing
(1) Not applicable

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing
(1) Not applicable

H. Repurchase Agreements Transactions Accounted for as a Sale
(1) Not applicable

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale
(1) Not applicable

J. Real Estate
(1) Not applicable

K. Low Income Housing tax Credits (LIHTC)
(1) Not applicable

L. Restricted Assets

M. Working Capital Finance Investments
Not applicable

N. Offsetting and Netting of Assets and Liabilities
Not applicable

O. 5GI Securities
Not applicable

P. Short Sales
Not applicable

Q. Prepayment Penalty and Acceleration Fees
Not applicable

NOTES TO FINANCIAL STATEMENTS

R. Reporting Entity's Share of Cash Pool by Asset Type

	Asset Type	Percent Share
(1)	Cash	3.3%
(2)	Cash Equivalents	96.7%
(3)	Short-Term Investments	
(4)	Total	100.0%

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

A. Not applicable

NOTE 7 Investment Income

A. No investment income was classified for exclusion.

NOTE 8 Derivative Instruments

Not applicable

NOTE 9 Income Taxes

A. The components of the net deferred tax asset/(liability) at the end of current period are as follows:
Not applicable

B. Not applicable

C. Current income taxes incurred consist of the following major components:

	(1) As of End of Current Period	(2) 12/31/2020	(3) (Col. 1 - 2) Change
1. Current Income Tax			
(a) Federal	$ 78,686	$ 249,744	$ (171,058)
(b) Foreign		$ -	$ -
(c) Subtotal	$ 78,686	$ 249,744	$ (171,058)
(d) Federal income tax on net capital gains		$ -	$ -
(e) Utilization of capital loss carry-forwards		$ -	$ -
(f) Other		$ -	$ -
(g) Federal and foreign income taxes incurred	$ 78,686	$ 249,744	$ (171,058)
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses		$ -	$ -
(2) Unearned premium reserve		$ -	$ -
(3) Policyholder reserves		$ -	$ -
(4) Investments		$ -	$ -
(5) Deferred acquisition costs		$ -	$ -
(6) Policyholder dividends accrual		$ -	$ -
(7) Fixed Assets		$ -	$ -
(8) Compensation and benefits accrual		$ -	$ -
(9) Pension accrual		$ -	$ -
(10) Receivables - nonadmitted		$ -	$ -
(11) Net operating loss carry-forward		$ -	$ -
(12) Tax credit carry-forward		$ -	$ -
(13) Other (including items <5% of total ordinary tax assets)		$ -	$ -
(99) Subtotal	$ -	$ -	$ -
(b) Statutory valuation allowance adjustment		$ -	$ -
(c) Nonadmitted		$ -	$ -
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	$ -	$ -	$ -
(e) Capital:			
(1) Investments		$ -	$ -
(2) Net capital loss carry-forward		$ -	$ -
(3) Real estate		$ -	$ -
(4) Other (including items <5% of total ordinary tax assets)		$ -	$ -
(99) Subtotal	$ -	$ -	$ -
(f) Statutory valuation allowance adjustment		$ -	$ -
(g) Nonadmitted		$ -	$ -
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	$ -	$ -	$ -
(i) Admitted deferred tax assets (2d + 2h)	$ -	$ -	$ -
3. Deferred Tax Liabilities:			
(a) Ordinary:			
(1) Investments		$ -	$ -
(2) Fixed Assets		$ -	$ -
(3) Deferred and uncollected premium		$ -	$ -
(4) Policyholder reserves		$ -	$ -
(5) Other (including items <5% of total ordinary tax liabilities)		$ -	$ -
(99) Subtotal	$ -	$ -	$ -
(b) Capital:			
(1) Investments		$ -	$ -
(2) Real estate		$ -	$ -
(3) Other (including items <5% of total capital tax liabilities)		$ -	$ -
(99) Subtotal	$ -	$ -	$ -
(c) Deferred tax liabilities (3a99 + 3b99)	$ -	$ -	$ -
4. Net deferred tax assets/liabilities (2i - 3c)	$ -	$ -	$ -

D. Not applicable

E. Not applicable

F. Not applicable

NOTES TO FINANCIAL STATEMENTS

G. Not applicable

H. Repatriation Transition Tax (RTT)
Not applicable

I. Alternative Minimum Tax (AMT) Credit
Not applicable

NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Not applicable

NOTE 11 Debt

A. Not applicable

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

A. Defined Benefit Plan
Not applicable

NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

A. A Surplus Note payment occurred in December in the amount of $208,333.00.

NOTE 14 Liabilities, Contingencies and Assessments

A. Contingent Commitments
Not applicable

NOTE 15 Leases

Not applicable

NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

(2) Not applicable

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

Not applicable

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

Not applicable

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

Not applicable

NOTE 20 Fair Value Measurements

A.

(1) Fair Value Measurements at Reporting Date
The Trust restated or reported no assets or liabilities at fair value as of December 31st, 2021.

B. Not applicable

C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
US Government Bonds	$ 1,150,000	$ 1,150,189	$ 1,150,000				
US Special Revenue Bon	$ 2,887,506	$ 2,811,489		$ 2,887,506			
Industrial and Miscellaneous Bonds	$ 3,590,942	$ 3,503,970		$ 3,590,942			

D. Not Practicable to Estimate Fair Value
Not applicable

E. Not applicable

NOTE 21 Other Items

Not applicable

NOTE 22 Events Subsequent

Type I – Recognized Subsequent Events:
Subsequent events have been considered thru March 22nd, 2022 for these statutory financial statements which are to be issued on March 31st, 2022. There were no events occurring subsequent to the end of the year that merited recognition or disclosure in these statements.

NOTE 23 Reinsurance

A. Ceded Reinsurance Report
Not applicable

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Company input

B. Company input

C. Company input

D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Other Categories with Rebates	5 Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	$ -	$ -	$ -	$ -	$ -
(2) Medical loss ratio rebates paid	$ -	$ -	$ -	$ -	$ -

NOTES TO FINANCIAL STATEMENTS

(3) Medical loss ratio rebates unpaid	$ -	$ -	$ -	$ -	$ -
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	$ -
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	$ -	$ -	$ -	$ -	$ -
(8) Medical loss ratio rebates paid	$ -	$ -	$ -	$ -	$ -
(9) Medical loss ratio rebates unpaid	$ -	$ -	$ -	$ -	$ -
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	$ -

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)? Yes [ ] No [X]

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

	Amount
a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	
b. Transitional ACA Reinsurance Program	
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	
5. Ceded reinsurance premiums payable due to ACA Reinsurance	
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	
Operations (Revenue & Expense)	
7. Ceded reinsurance premiums due to ACA Reinsurance	
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	
9. ACA Reinsurance contributions – not reported as ceded premium	
c. Temporary ACA Risk Corridors Program	
Assets	
1. Accrued retrospective premium due to ACA Risk Corridors	
Liabilities	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	
Operations (Revenue & Expense)	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	
4. Effect of ACA Risk Corridors on change in reserves for rate credits	

(3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance.

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable	Ref	Receivable	Payable
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)					$ -	$ -			A	$ -	$ -
2. Premium adjustments (payable) (including high risk pool premium)					$ -	$ -			B	$ -	$ -
3. Subtotal ACA Permanent Risk Adjustment Program	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		$ -	$ -
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid					$ -	$ -			C	$ -	$ -
2. Amounts recoverable for claims unpaid (contra liability)					$ -	$ -			D	$ -	$ -
3. Amounts receivable relating to uninsured plans					$ -	$ -			E	$ -	$ -
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium					$ -	$ -			F	$ -	$ -
5. Ceded reinsurance premiums payable					$ -	$ -			G	$ -	$ -
6. Liability for amounts held under uninsured plans					$ -	$ -			H	$ -	$ -
7. Subtotal ACA Transitional Reinsurance Program	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		$ -	$ -

NOTES TO FINANCIAL STATEMENTS

c. Temporary ACA Risk Corridors Program												
1. Accrued retrospective premium					$ -	$ -			I	$ -	$ -	
2. Reserve for rate credits or policy experience rating refunds					$ -	$ -			J	$ -	$ -	
3. Subtotal ACA Risk Corridors Program	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		$ -	$ -	
d. Total for ACA Risk Sharing Provisions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		$ -	$ -	

Explanations of Adjustments

A.

B.

C.

D.

E.

F.

G.

H.

I.

J.

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable	Ref	Receivable	Payable
a. 2014											
1. Accrued retrospective premium					$ -	$ -			A	$ -	$ -
2. Reserve for rate credits or policy experience rating refunds					$ -	$ -			B	$ -	$ -
b. 2015											
1. Accrued retrospective premium					$ -	$ -			C	$ -	$ -
2. Reserve for rate credits or policy experience rating refunds					$ -	$ -			D	$ -	$ -
c. 2016											
1. Accrued retrospective premium					$ -	$ -			E	$ -	$ -
2. Reserve for rate credits or policy experience rating refunds					$ -	$ -			F	$ -	$ -
d. Total for Risk Corridors	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		$ -	$ -

Explanations of Adjustments

A.

B.

C.

D.

E.

F.

24E(4)d (Columns 1 through 10) should equal 24E(3)c3 (Column 1 through 10 respectively)

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts received from CMS	4 Asset Balance (Gross of Non-admissions) (1-2-3)	5 Non-admitted Amount	6 Net Admitted Asset (4 - 5)
a. 2014				$ -		$ -
b. 2015				$ -		$ -
c. 2016				$ -		$ -
d. Total (a + b + c)	$ -	$ -	$ -	$ -	$ -	$ -

24E(5)d (Column 4) should equal 24E(3)c1 (Column 9)

24E(5)d (Column 6) should equal 24E(2)c1

NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses

NOTES TO FINANCIAL STATEMENTS

The Trust's outside Actuary continues to analyze reserves and COVID impact to claims on a monthly basis, and Management continues to exercise a conservative approach to the Trust's reserves. Reserves for December 31st, 2021, were $35.058million. As of December 31st, 2021, $24.002million has been paid for claims in the current year, and $11.057million reserved(IBNR) attributable to insured events for the current year incurred in future periods. A reserve of $7.430million was establshed in 2020 for the prior year claims. Claims paid in 2021 associated with this reserve were $7.861million. The IBNR level of reserve was calculated and verified by the Trust's outside Actuary.

NOTE 26 Intercompany Pooling Arrangements

Not applicable

NOTE 27 Structured Settlements

Not applicable

NOTE 28 Health Care Receivables

A. Pharmaceutical Rebate Receivables

Accrued Pharmacy Rebates for 2021 $1,533,000. Pharmacy Rebates paid by Third Party Provider $1,316,339. Pharmacy Rebate Receivables $216,661

Date	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2021	$ 389,000	$ 389,000			
09/30/2021	$ 389,000	$ 397,000			
06/30/2021	$ 370,000	$ 384,000	$ 372,027		
03/31/2021	$ 384,000	$ 363,000	$ 354,524	$ 5,365	
12/31/2020	$ 359,000	$ 359,000	$ 4,761	$ 353,211	$ 2,570
09/30/2020	$ 392,000	$ 363,000	$ 325,813	$ 17,079	
06/30/2020	$ 304,360	$ 359,000	$ 321,553		$ 15,045
03/31/2020	$ 340,375	$ 363,000	$ 347,685		$ 1,055

B. Risk-Sharing Receivables

Calendar Year	Evaluation Period Year Ending	Risk Sharing Receivable as Estimated in the Prior Year	Risk Sharing Receivable as Estimated in the Current Year	Risk Sharing Receivable Billed	Risk Sharing Receivable Not Yet Billed	Actual Risk Sharing Amounts Received in Year Billed	Actual Risk Sharing Amounts Received First Year Subsequent	Actual Risk Sharing Amounts Received Second Year Subsequent	Actual Risk Sharing Amounts Received - All Other

NOTE 29 Participating Policies

Not applicable

NOTE 30 Premium Deficiency Reserves

No reserve was determined necessary as of December 31st, 2021.

NOTE 31 Anticipated Salvage and Subrogation

Not applicable

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, 2 and 3.

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? .....

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. 12/19/2021

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; ..... %
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 or government, manager or attorney in fact).

1 Nationality	2 Type of Entity
.....	.....

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? ..... Yes [ ] No [X]

8.2 If the response to 8.1 is yes, please identify the name of the DIHC.

.....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity? ..... Yes [ ] No [X]

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? ..... Yes [ ] No [X] N/A [ ]

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

RSM US LLP, Cleveland Ohio .....

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 the 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 the 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 [ ] No [ ] N/A [X]

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

Due to the size of the Trust, the Board of Trustee's has the fiduciary responsibility of an Audit Committee. .....

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?

Mike Brown, Vice President, Lewis & Ellis, Inc., 11225 College Boulevard, Suite 320, Overland Park, KS 66210 .....

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

12.11 Name of real estate holding company .....

12.12 Number of parcels involved .....

12.13 Total book/adjusted carrying value ..... $ .....

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 [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ ]

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).

.....

GENERAL INTERROGATORIES

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 [ ] No [X]

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 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 ..... $
- 20.12 To stockholders not officers ..... $
- 20.13 Trustees, supreme or grand (Fraternal Only) ..... $

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers ..... $
- 20.22 To stockholders not officers ..... $
- 20.23 Trustees, supreme or grand (Fraternal Only) ..... $

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 ..... $
- 21.22 Borrowed from others ..... $
- 21.23 Leased from others ..... $
- 21.24 Other ..... $

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 $ .....
- 22.22 Amount paid as expenses ..... $
- 22.23 Other amounts paid ..... $

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: ..... $

24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? ..... Yes [ ] No [X]

24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

INVESTMENT

25.01 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 25.03) ..... Yes [X] No [ ]

GENERAL INTERROGATORIES

25.02 If no, give full and complete information relating thereto

25.03 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)

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. $

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. $

25.06 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]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] N/A [X]

25.08 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]

25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:

25.091	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	$ 0
25.092	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	$ 0
25.093	Total payable for securities lending reported on the liability page.	$ 0

26.1 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 25.03). Yes [ ] No [X]

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

26.21 Subject to repurchase agreements	$
26.22 Subject to reverse repurchase agreements	$
26.23 Subject to dollar repurchase agreements	$
26.24 Subject to reverse dollar repurchase agreements	$
26.25 Placed under option agreements	$
26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	$
26.27 FHLB Capital Stock	$
26.28 On deposit with states	$
26.29 On deposit with other regulatory bodies	$
26.30 Pledged as collateral - excluding collateral pledged to an FHLB	$
26.31 Pledged as collateral to FHLB - including assets backing funding agreements	$
26.32 Other	$

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

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

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

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

27.4 If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108	Yes [ ] No [ ]
27.42 Permitted accounting practice	Yes [ ] No [ ]
27.43 Other accounting guidance	Yes [ ] No [ ]

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [ ] No [ ]

- 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 within 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.

28.1 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 [ ]

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

29. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No [ ]

29.01 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
PNC Institutional Asset Management	PNC Center, 1900 E 9th, Cleveland, OH 44114

GENERAL INTERROGATORIES

29.02 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)

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? ..... Yes [ ] No [X]

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

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

29.05 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
PNC Institutional Asset Management	U
Group Services, Inc.(MEWA Administrator)	A

29.0597 For those firms/individuals listed in the table for Question 29.05, 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 [X] No [ ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? ..... Yes [X] No [ ]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
	PNC Institutional Asset Management		OCC	NO
	Group Services, Inc.(MEWA Administrator)			NO

30.1 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]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 - Total		0

30.3 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

GENERAL INTERROGATORIES

31. 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 (+)
31.1 Bonds	7,465,648	7,633,876	168,228
31.2 Preferred stocks	0		0
31.3 Totals	7,465,648	7,633,876	168,228

31.4 Describe the sources or methods utilized in determining the fair values:
Commercial Software using amounts from the monthly Brokerage Statement.

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

32.2 If the answer to 32.1 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 [X] No [ ]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

33.2 If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of 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]

35. 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 a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
Has the reporting entity self-designated PLGI securities? Yes [ ] No [X]

36. 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]

37. 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 completed robust re-underwriting of the transaction for which documentation is available for regulator review.
d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.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]

GENERAL INTERROGATORIES

OTHER

38.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? ..... $ .....

38.2 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

39.1 Amount of payments for legal expenses, if any? ..... $ 21,939

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

1 Name	2 Amount Paid
Baker & Hostetler LLP	21,939

40.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? ..... $ .....

40.2 List the name of the 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

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. $

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? $

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above $

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	64,533,441	69,977,205
2.2	Premium Denominator	64,533,441	69,977,205
2.3	Premium Ratio (2.1/2.2)	1.000	1.000
2.4	Reserve Numerator	11,056,574	7,429,722
2.5	Reserve Denominator	11,056,574	7,429,722
2.6	Reserve Ratio (2.4/2.5)	1.000	1.000

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 [X] No [ ]

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]

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	$ 400,000
5.32 Medical Only	$
5.33 Medicare Supplement	$
5.34 Dental & Vision	$
5.35 Other Limited Benefit Plan	$
5.36 Other	$

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:

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

8.2 Number of providers at end of reporting year

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 $

9.22 Business with rate guarantees over 36 months $

GENERAL INTERROGATORIES

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 ..... $ .....
10.22 Amount actually paid for year bonuses ..... $ .....
10.23 Maximum amount payable withholds ..... $ .....
10.24 Amount actually paid for year withholds ..... $ .....

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 reporting entity is licensed to operate:

1 Name of Service Area

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. ..... $ .....

13.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [X]

13.4 If yes, please provide the balance of funds administered as of the reporting date. ..... $ .....

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? ..... Yes [ ] No [ ] N/A [X]
14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 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 ..... $ .....
15.2 Total Incurred Claims ..... $ .....
15.3 Number of Covered Lives ....

*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 gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

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 2021	2 2020	3 2019	4 2018	5 2017
	Balance Sheet (Pages 2 and 3)					
1.	Total admitted assets (Page 2, Line 28)	48,096,043	43,911,990	59,975,526	42,373,540	14,597,458
2.	Total liabilities (Page 3, Line 24)	35,131,887	30,273,761	39,313,715	30,824,355	7,081,248
3.	Statutory minimum capital and surplus requirement	500,000	500,000	5,000,000	5,000,000	5,000,000
4.	Total capital and surplus (Page 3, Line 33)	12,964,155	13,638,229	20,661,811	11,549,185	7,516,209
	Income Statement (Page 4)					
5.	Total revenues (Line 8)	64,533,441	69,977,205	255,795,734	133,702,677	34,486,720
6.	Total medical and hospital expenses (Line 18)	27,628,493	24,056,245	225,934,196	103,948,122	26,319,087
7.	Claims adjustment expenses (Line 20)	68,000	64,000	673,469	445,843	244,688
8.	Total administrative expenses (Line 21)	36,906,124	41,600,562	40,394,418	19,883,273	5,372,350
9.	Net underwriting gain (loss) (Line 24)	(69,175)	4,256,398	(567,741)	(1,213,169)	2,550,595
10.	Net investment gain (loss) (Line 27)	259,444	495,962	1,173,399	511,022	89,546
11.	Total other income (Lines 28 plus 29)	0	0	0	0	0
12.	Net income or (loss) (Line 32)	111,583	4,502,616	126,709	(900,114)	2,613,694
	Cash Flow (Page 6)					
13.	Net cash from operations (Line 11)	806,369	(14,228,322)	(3,640,303)	22,634,775	8,256,446
	Risk-Based Capital Analysis					
14.	Total adjusted capital	12,964,155	13,638,229	20,661,811	11,549,185	7,516,209
15.	Authorized control level risk-based capital	1,686,849	1,604,272	9,548,078	4,618,787	1,585,942
	Enrollment (Exhibit 1)					
16.	Total members at end of period (Column 5, Line 7)	60,462	61,431	62,247	37,175	12,746
17.	Total members months (Column 6, Line 7)	728,848	744,357	700,170	360,850	96,143
	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)	42.8	34.4	88.3	77.7	76.3
20.	Cost containment expenses	0.0	0.0	0.0	0.0	0.0
21.	Other claims adjustment expenses	0.1	0.1	0.3	0.3	0.7
22.	Total underwriting deductions (Line 23)	100.1	93.9	100.2	100.9	92.6
23.	Total underwriting gain (loss) (Line 24)	(0.1)	6.1	(0.2)	(0.9)	7.4
	Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24.	Total claims incurred for prior years (Line 13, Col. 5)	7,860,847	32,601,199	17,073,430	5,730,806	705,271
25.	Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	7,429,722	35,907,561	17,385,451	6,116,369	805,512
	Investments In Parent, Subsidiaries and Affiliates					
26.	Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27.	Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28.	Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29.	Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)		0	0	0	0
30.	Affiliated mortgage loans on real estate					
31.	All other affiliated					
32.	Total of above Lines 26 to 31	0	0	0	0	0
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 [ ]

If no, please explain: .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION COSE Health and Wellness Trust 2. Cleveland, OH (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2021 NAIC Company Code 00122

	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 Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	61,431	0	61,431	0	0	0	0	0	0	0
2. First Quarter	60,239		60,239							
3. Second Quarter	61,328		61,328							
4. Third Quarter	61,106		61,106							
5. Current Year	60,462		60,462							
6. Current Year Member Months	728,848		728,848							
Total Member Ambulatory Encounters for Year:										
7 Physician	425,917		425,917							
8. Non-Physician	29,539		29,539							
9. Total	455,456	0	455,456	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	13,390		13,390							
11. Number of Inpatient Admissions	3,160		3,160							
12. Health Premiums Written (b)	321,250,203		321,250,203							
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	64,533,441		64,533,441							
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	279,925,501		279,925,501							
18 Amount Incurred for Provision of Health Care Services	292,174,467		292,174,467							

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION COSE Health and Wellness Trust 2. Cleveland, OH
(LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2021 NAIC Company Code 00122

	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 Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	61,431	0	61,431	0	0	0	0	0	0	0
2. First Quarter	60,239	0	60,239	0	0	0	0	0	0	0
3. Second Quarter	61,328	0	61,328	0	0	0	0	0	0	0
4. Third Quarter	61,106	0	61,106	0	0	0	0	0	0	0
5. Current Year	60,462	0	60,462	0	0	0	0	0	0	0
6. Current Year Member Months	728,848	0	728,848	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7 Physician	425,917	0	425,917	0	0	0	0	0	0	0
8. Non-Physician	29,539	0	29,539	0	0	0	0	0	0	0
9. Total	455,456	0	455,456	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	13,390	0	13,390	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	3,160	0	3,160	0	0	0	0	0	0	0
12. Health Premiums Written (b)	321,250,203	0	321,250,203	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	64,533,441	0	64,533,441	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	279,925,501	0	279,925,501	0	0	0	0	0	0	0
18 Amount Incurred for Provision of Health Care Services	292,174,467	0	292,174,467	0	0	0	0	0	0	0

(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

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
9999999 - Totals												

NONE

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
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
1099999. Total Life and Annuity - Non-Affiliates					0	0
1199999. Total Life and Annuity					0	0
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
29076	34-0648820	01/01/2021	Medical Mutual of Ohio	OH	66,299	33,580,350
1999999. Accident and Health - U.S. Non-Affiliates					66,299	33,580,350
2199999. Total Accident and Health - Non-Affiliates					66,299	33,580,350
2299999. Total Accident and Health					66,299	33,580,350
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					66,299	33,580,350
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
9999999 Totals - Life, Annuity and Accident and Health					66,299	33,580,350

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
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
29076	34-0648820	01/01/2021	Medical Mutual of Ohio	OH	QA/G	CMM	240,388,651						
29076	34-0648820	01/01/2021	Medical Mutual of Ohio	OH	SSL/G	CMM	15,715,263						
29076	34-0648820	01/01/2021	Medical Mutual of Ohio	OH	ASL/G	CMM	612,847						
0899999. General Account - Authorized U.S. Non-Affiliates							256,716,761	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							256,716,761	0	0	0	0	0	0
1199999. Total General Account Authorized							256,716,761	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	0	0	0	0	0	0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							256,716,761	0	0	0	0	0	0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
8999999. Total Separate Accounts Reciprocal Jurisdiction							0	0	0	0	0	0	0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							0	0	0	0	0	0	0
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							256,716,761	0	0	0	0	0	0
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							0	0	0	0	0	0	0
9999999 - Totals							256,716,761	0	0	0	0	0	0

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

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

		1 2021	2 2020	3 2019	4 2018	5 2017
	A. OPERATIONS ITEMS					
1.	Premiums	256,717	239,090	23,168	11,610	2,732
2.	Title XVIII - Medicare	0	0	0	0	0
3.	Title XIX - Medicaid	0	0	0	0	0
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses					
	B. BALANCE SHEET ITEMS					
6.	Premiums receivable					
7.	Claims payable	33,580	31,768	34,100	13,763	5,321
8.	Reinsurance recoverable on paid losses	66	76	60	156	0
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)	0	0	0	0	0
14.	Letters of credit (L)	0	0	0	0	0
15.	Trust agreements (T)	0	0	0	0	0
16.	Other (O)	0	0	0	0	0
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Multiple Beneficiary Trust		0	0	0	0
18.	Funds deposited by and withheld from (F)		0	0	0	0
19.	Letters of credit (L)		0	0	0	0
20.	Trust agreements (T)		0	0	0	0
21.	Other (O)		0	0	0	0

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)	21,367,234		21,367,234
2.	Accident and health premiums due and unpaid (Line 15)	151,320		151,320
3.	Amounts recoverable from reinsurers (Line 16.1)	66,299	(66,299)	0
4.	Net credit for ceded reinsurance	XXX	66,299	66,299
5.	All other admitted assets (Balance)	26,511,189		26,511,189
6.	Total assets (Line 28)	48,096,043	0	48,096,043
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	11,056,574		11,056,574
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	2,200,268		2,200,268
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	21,875,045		21,875,045
15.	Total liabilities (Line 24)	35,131,887	0	35,131,887
16.	Total capital and surplus (Line 33)	12,964,155	XXX	12,964,155
17.	Total liabilities, capital and surplus (Line 34)	48,096,043	0	48,096,043
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	66,299		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	66,299		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	66,299		

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only 2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama AL	N								0	
2. Alaska AK	N								0	
3. Arizona AZ	N								0	
4. Arkansas AR	N								0	
5. California CA	N								0	
6. Colorado CO	N								0	
7. Connecticut CT	N								0	
8. Delaware DE	N								0	
9. District of Columbia DC	N								0	
10. Florida FL	N								0	
11. Georgia GA	N								0	
12. Hawaii HI	N								0	
13. Idaho ID	N								0	
14. Illinois IL	N								0	
15. Indiana IN	N								0	
16. Iowa IA	N								0	
17. Kansas KS	N								0	
18. Kentucky KY	N								0	
19. Louisiana LA	N								0	
20. Maine ME	N								0	
21. Maryland MD	N								0	
22. Massachusetts MA	N								0	
23. Michigan MI	N								0	
24. Minnesota MN	N								0	
25. Mississippi MS	N								0	
26. Missouri MO	N								0	
27. Montana MT	N								0	
28. Nebraska NE	N								0	
29. Nevada NV	N								0	
30. New Hampshire NH	N								0	
31. New Jersey NJ	N								0	
32. New Mexico NM	N								0	
33. New York NY	N								0	
34. North Carolina NC	N								0	
35. North Dakota ND	N								0	
36. Ohio OH	L	321,250,203							321,250,203	
37. Oklahoma OK	N								0	
38. Oregon OR	N								0	
39. Pennsylvania PA	N								0	
40. Rhode Island RI	N								0	
41. South Carolina SC	N								0	
42. South Dakota SD	N								0	
43. Tennessee TN	N								0	
44. Texas TX	N								0	
45. Utah UT	N								0	
46. Vermont VT	N								0	
47. Virginia VA	N								0	
48. Washington WA	N								0	
49. West Virginia WV	N								0	
50. Wisconsin WI	N								0	
51. Wyoming WY	N								0	
52. American Samoa AS	N								0	
53. Guam GU	N								0	
54. Puerto Rico PR	N								0	
55. U.S. Virgin Islands VI	N								0	
56. Northern Mariana Islands MP	N								0	
57. Canada CAN	N								0	
58. Aggregate Other Aliens OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	321,250,203	0	0	0	0	0	0	321,250,203	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX								0	
61. Totals (Direct Business)	XXX	321,250,203	0	0	0	0	0	0	321,250,203	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

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

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

n/a

Schedule T - Part 2 - Interstate Compact

N O N E

Schedule Y - Part 1

N O N E

Schedule Y - Part 1A - Detail of Insurance Holding Company System

N O N E

Schedule Y - Part 1A - Explanations

N O N E

Schedule Y - Part 2

N O N E

Schedule Y - Part 3

N O N E

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	SEE EXPLANATION
2.	Will an actuarial opinion be filed by March 1?	SEE EXPLANATION
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	SEE EXPLANATION
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	SEE EXPLANATION
	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?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	SEE EXPLANATION
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	SEE EXPLANATION

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

	MARCH FILING	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	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?	SEE EXPLANATION
14.	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
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
16.	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
17.	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
18.	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	
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
21.	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
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanations:

1. Filing Date 3/31
2. Filing Date 3/31
3. Filing Date 3/31
4. Filing Date 3/31
8. Filing Date 6/30
9. Filing Date 6/30
10.
11.
12.
13. Fiing Date 6/30
14.
15.
16.
17.
18.
19.
20.
22.
23.

Bar Codes:

5. Management's Discussion and Analysis [Document Identifier 350]

10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]

11. Life Supplement [Document Identifier 205]

12. SIS Stockholder Information Supplement [Document Identifier 420]

14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]

15. Medicare Part D Coverage Supplement [Document Identifier 365]

16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]

18. Relief from the Requirements for Audit Committees [Document Identifier 226]

19. Long-Term Care Experience Reporting Forms [Document Identifier 306]

20. Life Supplement [Document Identifier 211]

22. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]

23. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]

OVERFLOW PAGE FOR WRITE-INS

NONE

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage of Column 1 Line 13	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage of Column 5 Line 13
1. Long-Term Bonds (Schedule D, Part 1):						
1.01 U.S. governments	1,150,188	5.383	1,150,188		1,150,188	5.383
1.02 All other governments	0	0.000			0	0.000
1.03 U.S. states, territories and possessions, etc. guaranteed	0	0.000			0	0.000
1.04 U.S. political subdivisions of states, territories, and possessions, guaranteed	0	0.000			0	0.000
1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed	2,811,489	13.158	2,811,489		2,811,489	13.158
1.06 Industrial and miscellaneous	3,503,970	16.399	3,503,970		3,503,970	16.399
1.07 Hybrid securities	0	0.000			0	0.000
1.08 Parent, subsidiaries and affiliates	0	0.000			0	0.000
1.09 SVO identified funds	0	0.000			0	0.000
1.10 Unaffiliated Bank loans	0	0.000			0	0.000
1.11 Total long-term bonds	7,465,648	34.940	7,465,648	0	7,465,648	34.940
2. Preferred stocks (Schedule D, Part 2, Section 1):						
2.01 Industrial and miscellaneous (Unaffiliated)	0	0.000			0	0.000
2.02 Parent, subsidiaries and affiliates	0	0.000			0	0.000
2.03 Total preferred stocks	0	0.000	0	0	0	0.000
3. Common stocks (Schedule D, Part 2, Section 2):						
3.01 Industrial and miscellaneous Publicly traded (Unaffiliated)		0.000			0	0.000
3.02 Industrial and miscellaneous Other (Unaffiliated)		0.000			0	0.000
3.03 Parent, subsidiaries and affiliates Publicly traded		0.000			0	0.000
3.04 Parent, subsidiaries and affiliates Other		0.000			0	0.000
3.05 Mutual funds		0.000			0	0.000
3.06 Unit investment trusts		0.000			0	0.000
3.07 Closed-end funds		0.000			0	0.000
3.08 Total common stocks	0	0.000	0	0	0	0.000
4. Mortgage loans (Schedule B):						
4.01 Farm mortgages	0	0.000			0	0.000
4.02 Residential mortgages	0	0.000			0	0.000
4.03 Commercial mortgages	0	0.000			0	0.000
4.04 Mezzanine real estate loans	0	0.000			0	0.000
4.05 Total valuation allowance		0.000			0	0.000
4.06 Total mortgage loans	0	0.000	0	0	0	0.000
5. Real estate (Schedule A):						
5.01 Properties occupied by company		0.000	0		0	0.000
5.02 Properties held for production of income		0.000	0		0	0.000
5.03 Properties held for sale		0.000	0		0	0.000
5.04 Total real estate	0	0.000	0	0	0	0.000
6. Cash, cash equivalents and short-term investments:						
6.01 Cash (Schedule E, Part 1)	456,056	2.134	456,056		456,056	2.134
6.02 Cash equivalents (Schedule E, Part 2)	13,445,531	62.926	13,445,531		13,445,531	62.926
6.03 Short-term investments (Schedule DA)		0.000	0		0	0.000
6.04 Total cash, cash equivalents and short-term investments	13,901,586	65.060	13,901,586	0	13,901,586	65.060
7. Contract loans	0	0.000	0		0	0.000
8. Derivatives (Schedule DB)	0	0.000	0		0	0.000
9. Other invested assets (Schedule BA)	0	0.000	0		0	0.000
10. Receivables for securities	0	0.000	0		0	0.000
11. Securities Lending (Schedule DL, Part 1)	0	0.000	0	XXX	XXX	XXX
12. Other invested assets (Page 2, Line 11)	0	0.000	0		0	0.000
13. Total invested assets	21,367,234	100.000	21,367,234	0	21,367,234	100.000

Schedule A - Verification - Real Estate

N O N E

Schedule B - Verification - Mortgage Loans

N O N E

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

NONE

1.	Book/adjusted carrying value, December 31 of prior year	
2.	Cost of acquired:	
	2.1 Actual cost at time of acquisition (Part 2, Column 8)	
	2.2 Additional investment made after acquisition (Part 2, Column 9)	
3.	Capitalized deferred interest and other:	
	3.1 Totals, Part 1, Column 16	
	3.2 Totals, Part 3, Column 12	
4.	Accrual of discount	
5.	Unrealized valuation increase (decrease):	
	5.1 Totals, Part 1, Column 13	
	5.2 Totals, Part 3, Column 9	
6.	Total gain (loss) on disposals, Part 3, Column 19	
7.	Deduct amounts received on disposals, Part 3, Column 16	
8.	Deduct amortization of premium and depreciation	
9.	Total foreign exchange change in book/adjusted carrying value:	
	9.1 Totals, Part 1, Column 17	
	9.2 Totals, Part 3, Column 14	
10.	Deduct current year's other than temporary impairment recognized:	
	10.1 Totals, Part 1, Column 15	
	10.2 Totals, Part 3, Column 11	
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	
12.	Deduct total nonadmitted amounts	
13.	Statement value at end of current period (Line 11 minus Line 12)	

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year		10,570,638
2.	Cost of bonds and stocks acquired, Part 3, Column 7		
3.	Accrual of discount		48,752
4.	Unrealized valuation increase (decrease):		
	4.1. Part 1, Column 12	0	
	4.2. Part 2, Section 1, Column 15		
	4.3. Part 2, Section 2, Column 13		
	4.4. Part 4, Column 11	0	0
5.	Total gain (loss) on disposals, Part 4, Column 19		19,910
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7		3,168,210
7.	Deduct amortization of premium		5,442
8.	Total foreign exchange change in book/adjusted carrying value:		
	8.1. Part 1, Column 15	0	
	8.2. Part 2, Section 1, Column 19		
	8.3. Part 2, Section 2, Column 16		
	8.4. Part 4, Column 15	0	0
9.	Deduct current year's other than temporary impairment recognized:		
	9.1. Part 1, Column 14	0	
	9.2. Part 2, Section 1, Column 17		
	9.3. Part 2, Section 2, Column 14		
	9.4. Part 4, Column 13	0	0
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees, Note 5Q, Line 2		0
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)		7,465,648
12.	Deduct total nonadmitted amounts		0
13.	Statement value at end of current period (Line 11 minus Line 12)		7,465,648

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description			1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS	1.	United States	1,150,188	1,155,428	1,154,023	1,150,000
Governments	2.	Canada				
(Including all obligations guaranteed by governments)	3.	Other Countries				
	4.	Totals	1,150,188	1,155,428	1,154,023	1,150,000
U.S. States, Territories and Possessions (Direct and guaranteed)	5.	Totals	0	0	0	0
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6.	Totals	0	0	0	0
U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions	7.	Totals	2,811,489	2,887,506	2,767,999	2,825,000
Industrial and Miscellaneous, SVO Identified Funds, Unaffiliated Bank Loans and Hybrid Securities (unaffiliated)	8.	United States	3,503,970	3,590,942	3,428,305	3,525,000
	9.	Canada				
	10.	Other Countries				
	11.	Totals	3,503,970	3,590,942	3,428,305	3,525,000
Parent, Subsidiaries and Affiliates	12.	Totals	0	0	0	0
	13.	Total Bonds	7,465,648	7,633,876	7,350,328	7,500,000
PREFERRED STOCKS	14.	United States				
Industrial and Miscellaneous (unaffiliated)	15.	Canada				
	16.	Other Countries				
	17.	Totals	0	0	0	
Parent, Subsidiaries and Affiliates	18.	Totals	0	0	0	
	19.	Total Preferred Stocks	0	0	0	
COMMON STOCKS	20.	United States				
Industrial and Miscellaneous (unaffiliated)	21.	Canada				
	22.	Other Countries				
	23.	Totals	0	0	0	
Parent, Subsidiaries and Affiliates	24.	Totals	0	0	0	
	25.	Total Common Stocks	0	0	0	
	26.	Total Stocks	0	0	0	
	27.	Total Bonds and Stocks	7,465,648	7,633,876	7,350,328	

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 NAIC 1	1,150,188	0	0	0	0	XXX	1,150,188	15.4	1,501,101	14.2	1,150,188	0
1.2 NAIC 2						XXX	0	0.0	0	0.0		0
1.3 NAIC 3						XXX	0	0.0	0	0.0		0
1.4 NAIC 4						XXX	0	0.0	0	0.0		0
1.5 NAIC 5						XXX	0	0.0	0	0.0		0
1.6 NAIC 6						XXX	0	0.0	0	0.0		0
1.7 Totals	1,150,188	0	0	0	0	XXX	1,150,188	15.4	1,501,101	14.2	1,150,188	0
2. All Other Governments												
2.1 NAIC 1						XXX	0	0.0	0	0.0		0
2.2 NAIC 2						XXX	0	0.0	0	0.0		0
2.3 NAIC 3						XXX	0	0.0	0	0.0		0
2.4 NAIC 4						XXX	0	0.0	0	0.0		0
2.5 NAIC 5						XXX	0	0.0	0	0.0		0
2.6 NAIC 6						XXX	0	0.0	0	0.0		0
2.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions etc., Guaranteed												
3.1 NAIC 1						XXX	0	0.0	0	0.0		0
3.2 NAIC 2						XXX	0	0.0	0	0.0		0
3.3 NAIC 3						XXX	0	0.0	0	0.0		0
3.4 NAIC 4						XXX	0	0.0	0	0.0		0
3.5 NAIC 5						XXX	0	0.0	0	0.0		0
3.6 NAIC 6						XXX	0	0.0	0	0.0		0
3.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4. U.S. Political Subdivisions of States, Territories and Possessions , Guaranteed												
4.1 NAIC 1						XXX	0	0.0	0	0.0		0
4.2 NAIC 2						XXX	0	0.0	0	0.0		0
4.3 NAIC 3						XXX	0	0.0	0	0.0		0
4.4 NAIC 4						XXX	0	0.0	0	0.0		0
4.5 NAIC 5						XXX	0	0.0	0	0.0		0
4.6 NAIC 6						XXX	0	0.0	0	0.0		0
4.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 NAIC 1	795,752	2,015,737	0	0	0	XXX	2,811,489	37.7	4,136,348	39.1	2,811,489	0
5.2 NAIC 2						XXX	0	0.0	0	0.0		0
5.3 NAIC 3						XXX	0	0.0	0	0.0		0
5.4 NAIC 4						XXX	0	0.0	0	0.0		0
5.5 NAIC 5						XXX	0	0.0	0	0.0		0
5.6 NAIC 6						XXX	0	0.0	0	0.0		0
5.7 Totals	795,752	2,015,737	0	0	0	XXX	2,811,489	37.7	4,136,348	39.1	2,811,489	0

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
6. Industrial & Miscellaneous (Unaffiliated)												
6.1 NAIC 1	1,294,243	1,962,448	0	0	0	XXX	3,256,692	43.6	4,688,769	44.4	3,256,692	0
6.2 NAIC 2	247,278	0	0	0	0	XXX	247,278	3.3	244,420	2.3	247,278	0
6.3 NAIC 3						XXX	0	0.0	0	0.0		0
6.4 NAIC 4						XXX	0	0.0	0	0.0		0
6.5 NAIC 5						XXX	0	0.0	0	0.0		0
6.6 NAIC 6						XXX	0	0.0	0	0.0		0
6.7 Totals	1,541,522	1,962,448	0	0	0	XXX	3,503,970	46.9	4,933,189	46.7	3,503,970	0
7. Hybrid Securities												
7.1 NAIC 1						XXX	0	0.0	0	0.0		0
7.2 NAIC 2						XXX	0	0.0	0	0.0		0
7.3 NAIC 3						XXX	0	0.0	0	0.0		0
7.4 NAIC 4						XXX	0	0.0	0	0.0		0
7.5 NAIC 5						XXX	0	0.0	0	0.0		0
7.6 NAIC 6						XXX	0	0.0	0	0.0		0
7.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.1 NAIC 1						XXX	0	0.0	0	0.0		0
8.2 NAIC 2						XXX	0	0.0	0	0.0		0
8.3 NAIC 3						XXX	0	0.0	0	0.0		0
8.4 NAIC 4						XXX	0	0.0	0	0.0		0
8.5 NAIC 5						XXX	0	0.0	0	0.0		0
8.6 NAIC 6						XXX	0	0.0	0	0.0		0
8.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
9. SVO Identified Funds												
9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		0
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		0
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		0
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		0
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		0
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		0
9.7 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
10. Unaffiliated Bank Loans												
10.1 NAIC 1						XXX	0	0.0	0	0.0		0
10.2 NAIC 2						XXX	0	0.0	0	0.0		0
10.3 NAIC 3						XXX	0	0.0	0	0.0		0
10.4 NAIC 4						XXX	0	0.0	0	0.0		0
10.5 NAIC 5						XXX	0	0.0	0	0.0		0
10.6 NAIC 6						XXX	0	0.0	0	0.0		0
10.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
11. Total Bonds Current Year												
11.1 NAIC 1	(d) 3,240,184	3,978,185	0	0	0	0	7,218,369	96.7	XXX	XXX	7,218,369	0
11.2 NAIC 2	(d) 247,278	0	0	0	0	0	247,278	3.3	XXX	XXX	247,278	0
11.3 NAIC 3	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.4 NAIC 4	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.5 NAIC 5	(d) 0	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
11.6 NAIC 6	(d) 0	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
11.7 Totals	3,487,463	3,978,185	0	0	0	0	(b) 7,465,648	100.0	XXX	XXX	7,465,648	0
11.8 Line 11.7 as a % of Col. 7	46.7	53.3	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
12. Total Bonds Prior Year												
12.1 NAIC 1	2,891,197	7,435,020	0	0	0	0	XXX	XXX	10,326,217	97.7	10,326,217	0
12.2 NAIC 2	0	244,420	0	0	0	0	XXX	XXX	244,420	2.3	244,420	0
12.3 NAIC 3	0	0	0	0	0	0	XXX	XXX	0	0.0	0	0
12.4 NAIC 4	0	0	0	0	0	0	XXX	XXX	0	0.0	0	0
12.5 NAIC 5	0	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0	0
12.6 NAIC 6	0	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0	0
12.7 Totals	2,891,197	7,679,440	0	0	0	0	XXX	XXX	(b) 10,570,638	100.0	10,570,638	0
12.8 Line 12.7 as a % of Col. 9	27.4	72.6	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
13. Total Publicly Traded Bonds												
13.1 NAIC 1	3,240,184	3,978,185	0	0	0	0	7,218,369	96.7	10,326,217	97.7	7,218,369	XXX
13.2 NAIC 2	247,278	0	0	0	0	0	247,278	3.3	244,420	2.3	247,278	XXX
13.3 NAIC 3							0	0.0	0	0.0	0	XXX
13.4 NAIC 4							0	0.0	0	0.0	0	XXX
13.5 NAIC 5							0	0.0	0	0.0	0	XXX
13.6 NAIC 6							0	0.0	0	0.0	0	XXX
13.7 Totals	3,487,463	3,978,185	0	0	0	0	7,465,648	100.0	10,570,638	100.0	7,465,648	XXX
13.8 Line 13.7 as a % of Col. 7	46.7	53.3	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11	46.7	53.3	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
14. Total Privately Placed Bonds												
14.1 NAIC 1	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.2 NAIC 2	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.3 NAIC 3	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.4 NAIC 4	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.5 NAIC 5	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.6 NAIC 6	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.7 Totals	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.8 Line 14.7 as a % of Col. 7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes $ ..... freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes $ ..... current year of bonds with Z designations and $ ..... prior year of bonds with Z designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement.

(c) Includes $ ..... current year, $ ..... prior year of bonds with 5GI designations and $ ..... current year, $ ..... prior year of bonds with 6* designations. "5GI" means the NAIC designation was assigned by the SVO) in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

(d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 $ ..... ; NAIC 2 $ ..... ; NAIC 3 $ ..... ; NAIC 4 $ ..... ; NAIC 5 $ ..... ; NAIC 6 $ .....

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.08	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
1. U.S. Governments												
1.01 Issuer Obligations	1,150,188	0	0	0	0	XXX	1,150,188	15.4	1,501,101	14.2	1,150,188	0
1.02 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		0
1.03 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		0
1.04 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		0
1.05 Totals	1,150,188	0	0	0	0	XXX	1,150,188	15.4	1,501,101	14.2	1,150,188	0
2. All Other Governments												
2.01 Issuer Obligations						XXX	0	0.0	0	0.0		0
2.02 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		0
2.03 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		0
2.04 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		0
2.05 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, Guaranteed												
3.01 Issuer Obligations						XXX	0	0.0	0	0.0		0
3.02 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		0
3.03 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		0
3.04 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		0
3.05 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.01 Issuer Obligations						XXX	0	0.0	0	0.0		0
4.02 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		0
4.03 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		0
4.04 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		0
4.05 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5. U.S. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed												
5.01 Issuer Obligations	795,752	2,015,737	0	0	0	XXX	2,811,489	37.7	4,136,348	39.1	2,811,489	0
5.02 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		0
5.03 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		0
5.04 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		0
5.05 Totals	795,752	2,015,737	0	0	0	XXX	2,811,489	37.7	4,136,348	39.1	2,811,489	0
6. Industrial and Miscellaneous												
6.01 Issuer Obligations	1,541,522	1,962,448	0	0	0	XXX	3,503,970	46.9	4,933,189	46.7	3,503,970	0
6.02 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		0
6.03 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		0
6.04 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		0
6.05 Totals	1,541,522	1,962,448	0	0	0	XXX	3,503,970	46.9	4,933,189	46.7	3,503,970	0
7. Hybrid Securities												
7.01 Issuer Obligations						XXX	0	0.0	0	0.0		0
7.02 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		0
7.03 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		0
7.04 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		0
7.05 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.01 Issuer Obligations						XXX	0	0.0	0	0.0		0
8.02 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		0
8.03 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		0
8.04 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		0
8.05 Affiliated Bank Loans - Issued						XXX	0	0.0	0	0.0		0
8.06 Affiliated Bank Loans - Acquired						XXX	0	0.0	0	0.0		0
8.07 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.08	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
9. SVO Identified Funds												
9.01 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		0
10. Unaffiliated Bank Loans												
10.01 Unaffiliated Bank Loans - Issued						XXX	0	0.0	0	0.0		0
10.02 Unaffiliated Bank Loans - Acquired						XXX	0	0.0	0	0.0		0
10.03 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
11. Total Bonds Current Year												
11.01 Issuer Obligations	3,487,463	3,978,185	0	0	0	XXX	7,465,648	100.0	XXX	XXX	7,465,648	0
11.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.04 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
11.06 Affiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.07 Unaffiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.08 Totals	3,487,463	3,978,185	0	0	0	0	7,465,648	100.0	XXX	XXX	7,465,648	0
11.09 Line 11.08 as a % of Col. 7	46.7	53.3	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
12. Total Bonds Prior Year												
12.01 Issuer Obligations	2,891,197	7,679,440	0	0	0	XXX	XXX	XXX	10,570,638	100.0	10,570,638	0
12.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
12.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
12.04 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
12.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX	0	0.0	0	0
12.06 Affiliated Bank Loans	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
12.07 Unaffiliated Bank Loans	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
12.08 Totals	2,891,197	7,679,440	0	0	0	0	XXX	XXX	10,570,638	100.0	10,570,638	0
12.09 Line 12.08 as a % of Col. 9	27.4	72.6	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
13. Total Publicly Traded Bonds												
13.01 Issuer Obligations	3,487,463	3,978,185	0	0	0	XXX	7,465,648	100.0	10,570,638	100.0	7,465,648	XXX
13.02 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	XXX
13.03 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	XXX
13.04 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0	0	XXX
13.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0	0	XXX
13.06 Affiliated Bank Loans						XXX	0	0.0	0	0.0	0	XXX
13.07 Unaffiliated Bank Loans						XXX	0	0.0	0	0.0	0	XXX
13.08 Totals	3,487,463	3,978,185	0	0	0	0	7,465,648	100.0	10,570,638	100.0	7,465,648	XXX
13.09 Line 13.08 as a % of Col. 7	46.7	53.3	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13.10 Line 13.08 as a % of Line 11.08, Col. 7, Section 11	46.7	53.3	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
14. Total Privately Placed Bonds												
14.01 Issuer Obligations	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.04 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	XXX	0
14.06 Affiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.07 Unaffiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.08 Totals	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.09 Line 14.08 as a % of Col. 7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
14.10 Line 14.08 as a % of Line 11.08, Col. 7, Section 11	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

Schedule DA - Verification - Short-Term Investments

N O N E

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

N O N E

SCHEDULE E - PART 2 - VERIFICATION BETWEEN YEARS

(Cash Equivalents)

	1 Total	2 Bonds	3 Money Market Mutual funds	4 Other (a)
1. Book/adjusted carrying value, December 31 of prior year	9,012,323	0	9,012,323	0
2. Cost of cash equivalents acquired	4,433,208		4,433,208	
3. Accrual of discount	0			
4. Unrealized valuation increase (decrease)	0			
5. Total gain (loss) on disposals	0			
6. Deduct consideration received on disposals	0			
7. Deduct amortization of premium	0			
8. Total foreign exchange change in book/adjusted carrying value	0			
9. Deduct current year's other than temporary impairment recognized	0			
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	13,445,531	0	13,445,531	0
11. Deduct total nonadmitted amounts	0			
12. Statement value at end of current period (Line 10 minus Line 11)	13,445,531	0	13,445,531	0

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment:

Schedule A - Part 1 - Real Estate Owned

N O N E

Schedule A - Part 2 - Real Estate Acquired and Additions Made

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

Schedule B - Part 1 - Mortgage Loans Owned

N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

N O N E

Schedule BA - Part 1 - Other Long-Term Invested Assets Owned

N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

N O N E

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	Foreign	Bond Char	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization) Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Rate of	Effective Rate of	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date
912828-XR-6	US TREASURY NOTE 1.75% 5/31/2022				1.A FE	424,785	100.6520	427,771	425,000	424,979	0	46	0	0	1.750	1.761	MN	633	7,438	08/25/2017	05/31/2022
912828-W5-5	US TREASURY NOTE 1.875% 2/28/2022				1.A FE	301,864	100.2820	300,846	300,000	300,078	0	(476)	0	0	1.875	1.714	FA	1,896	5,625	08/25/2017	02/28/2022
912828-W8-9	US TREASURY NOTE 1.875% 3/31/2022				1.A FE	427,375	100.4260	426,811	425,000	425,132	0	(532)	0	0	1.875	1.748	MS	2,014	7,969	08/25/2017	03/31/2022
0199999. Subtotal - Bonds - U.S. Governments - Issuer Obligations						1,154,023	XXX	1,155,428	1,150,000	1,150,188	0	(962)	0	0	XXX	XXX	XXX	4,543	21,031	XXX	XXX
0599999. Total - U.S. Government Bonds						1,154,023	XXX	1,155,428	1,150,000	1,150,188	0	(962)	0	0	XXX	XXX	XXX	4,543	21,031	XXX	XXX
1099999. Total - All Other Government Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
1799999. Total - U.S. States, Territories and Possessions Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2499999. Total - U.S. Political Subdivisions Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
3137EA-EN-5	FEDERAL HOME LOAN MTG CORP, 2.75%, 6/19				1.A FE	990,201	103.1370	1,031,370	1,000,000	996,845	0	2,069	0	0	2.750	3.070	JD	917	27,500	09/25/2018	06/19/2023
3135G0-T9-4	FEDERAL NATL MTG ASSN NTS, 2.375% DUE 1/				1.A FE	1,000,727	102.0480	1,045,992	1,025,000	1,018,892	0	5,636	0	0	2.375	3.045	JJ	10,955	24,344	09/25/2018	01/19/2023
3135G0-T7-8	FEDERAL NATL MTG ASSN, 2.00% DUE 10/05/2				1.A FE	777,072	101.2680	810,144	800,000	795,752	0	5,429	0	0	2.000	3.030	AO	3,822	16,000	09/25/2018	10/05/2022
2599999. Subtotal - Bonds - U.S. Special Revenues - Issuer Obligations						2,767,999	XXX	2,887,506	2,825,000	2,811,489	0	13,135	0	0	XXX	XXX	XXX	15,694	67,844	XXX	XXX
3199999. Total - U.S. Special Revenues Bonds						2,767,999	XXX	2,887,506	2,825,000	2,811,489	0	13,135	0	0	XXX	XXX	XXX	15,694	67,844	XXX	XXX
00206R-BN-1	AT&T 2.625% Due 12/1/2022 Call 9/1/22			2	2.B FE	237,623	101.2570	253,143	250,000	247,278	0	2,858	0	0	2.625	3.843	JD	547	6,563	06/13/2018	12/01/2022
02665W-CA-7	American Honda Finance 2.6% Due 11/16/20				1.A FE	243,800	101.7260	254,315	250,000	248,698	0	1,439	0	0	2.600	3.206	MN	813	6,500	06/13/2018	11/16/2022
037833-AK-6	Apple Inc. 2.4% Due 05/03/2023				1.A FE	240,383	102.3850	255,963	250,000	247,206	0	1,233	0	0	2.400	3.258	MN	967	6,000	06/13/2018	05/03/2023
084670-BR-8	Berkshire Hathaway Inc., 2.75% Due 3/15/			2	1.A FE	293,115	102.1040	306,312	300,000	298,145	0	1,478	0	0	2.750	3.275	MS	2,429	8,250	06/13/2018	03/15/2023
30231G-AR-3	Exxon Mobil Corp., 2.726% Due 3/1/2023,			2	1.A FE	293,586	101.9660	305,898	300,000	298,315	0	1,389	0	0	2.726	3.218	MS	2,726	8,178	06/13/2018	03/01/2023
478160-BH-6	JOHNSON & JOHNSON UNSC, 3.375%, DUE 12/5				1.A FE	304,050	104.9410	314,823	300,000	301,527	0	(760)	0	0	3.375	3.100	JD	731	10,125	07/17/2018	12/05/2023
478160-BT-0	JOHNSON & JOHNSON, 2.05%, CALL, DUE 3/1/			2	1.A FE	263,546	101.4440	278,971	275,000	271,833	0	2,623	0	0	2.050	3.061	MS	1,879	5,638	09/20/2018	03/01/2023
478160-CD-4	JOHNSON & JOHNSON, 2.25%, DUE 3/3/2022				1.A FE	291,936	100.1700	300,510	300,000	299,570	0	2,418	0	0	2.250	3.079	MS	2,213	6,750	09/20/2018	03/03/2022
594918-BA-1	MICROSOFT CORP, 2.375%, CALL, DUE 02/12/			2	1.A FE	244,115	100.0410	250,103	250,000	249,788	0	1,796	0	0	2.375	3.113	FA	2,293	5,938	09/20/2018	02/12/2022
594918-AT-1	MICROSOFT CORP, 2.375%, CALL, DUE 5/1/20			2	1.A FE	241,160	102.1130	255,283	250,000	247,301	0	1,947	0	0	2.375	3.207	MN	990	5,938	09/20/2018	05/01/2023
58933Y-AF-2	Merck & Co Inc., 2.80%, Due 05/18/2023				1.A FE	293,682	102.9410	308,823	300,000	298,121	0	1,305	0	0	2.800	3.266	MN	1,003	8,400	06/13/2018	05/18/2023
92826C-AG-7	VISA Inc, 2.15%, Due 9/15/2022				1.A FE	239,758	101.0610	252,653	250,000	248,199	0	2,478	0	0	2.150	3.188	MS	1,583	5,375	06/13/2018	09/15/2022
931142-DU-4	WAL-MART STORES, 2.35%, CALL, DUE 12/15/			2	1.A FE	241,553	101.6590	254,148	250,000	247,988	0	2,039	0	0	2.350	3.211	JD	261	5,875	09/20/2018	12/15/2022
3299999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations						3,428,305	XXX	3,590,942	3,525,000	3,503,970	0	22,243	0	0	XXX	XXX	XXX	18,433	89,528	XXX	XXX
3899999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds						3,428,305	XXX	3,590,942	3,525,000	3,503,970	0	22,243	0	0	XXX	XXX	XXX	18,433	89,528	XXX	XXX
4899999. Total - Hybrid Securities						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
5599999. Total - Parent, Subsidiaries and Affiliates Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
6599999. Subtotal - Unaffiliated Bank Loans						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
7699999. Total - Issuer Obligations						7,350,328	XXX	7,633,876	7,500,000	7,465,648	0	34,415	0	0	XXX	XXX	XXX	38,670	178,403	XXX	XXX
7799999. Total - Residential Mortgage-Backed Securities						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
7899999. Total - Commercial Mortgage-Backed Securities						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
7999999. Total - Other Loan-Backed and Structured Securities						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8099999. Total - SVO Identified Funds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8199999. Total - Affiliated Bank Loans						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8299999. Total - Unaffiliated Bank Loans						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8399999 - Total Bonds						7,350,328	XXX	7,633,876	7,500,000	7,465,648	0	34,415	0	0	XXX	XXX	XXX	38,670	178,403	XXX	XXX

Line Number	Book/Adjusted Carrying Value by NAIC Designation Category Footnote:											
1A	1A	$ 7,218,369	1B	$ 0	1C	$ 0	1D	$ 0	1E	$ 0	1F	$ 0	1G	$ 0
1B	2A	$ 0	2B	$ 247,278	2C	$ 0								
1C	3A	$ 0	3B	$ 0	3C	$ 0								
1D	4A	$ 0	4B	$ 0	4C	$ 0								
1E	5A	$ 0	5B	$ 0	5C	$ 0								
1F	6	$ 0												

Schedule D - Part 2 - Section 1 - Preferred Stocks Owned

N O N E

Schedule D - Part 2 - Section 2 - Common Stocks Owned

N O N E

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

N O N E

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21
										11	12	13	14	15						
CUSIP Identi-fication	Description	For-eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Con-sideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ Decrease	Current Year's (Amor-tization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in Book/ Adjusted Carrying Value (11+12-13)	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con-tractual Maturity Date
912828-WG-1	US TREASURY NOTE 2.25% 4/30/2021		04/30/2021	Matured		200,000	200,000	204,516	200,420	0	(420)	0	(420)	0	200,000	0	0	0	2,250	04/30/2021
912828-S7-6	US TREASURY NOTES 1.125% 7/31/2021		07/31/2021	Matured		150,000	150,000	146,971	149,529	0	471	0	471	0	150,000	0	0	0	1,688	07/31/2021
0599999. Subtotal - Bonds - U.S. Governments						350,000	350,000	351,487	349,950	0	50	0	50	0	350,000	0	0	0	3,938	XXX
3130AA-BG-2	FEDERAL HOME LOAN BANK 1.875% DUE 11/29/		11/29/2021	Matured		150,000	150,000	146,528	149,130	0	870	0	870	0	150,000	0	0	0	2,813	11/29/2021
3135G0-Q8-9	FEDERAL NATL MTG ASSN, 1.375% DUE 10/07/		10/07/2021	Matured		1,200,000	1,200,000	1,152,616	1,188,864	0	11,137	0	11,137	0	1,200,000	0	0	0	16,500	10/07/2021
3199999. Subtotal - Bonds - U.S. Special Revenues						1,350,000	1,350,000	1,299,144	1,337,993	0	12,007	0	12,007	0	1,350,000	0	0	0	19,313	XXX
084664-BQ-3	BERKSHIRE HATHAWAY FIN, 4.25%, DUE 01/15		01/15/2021	Matured		200,000	200,000	205,316	200,090	0	(90)	0	(90)	0	200,000	0	0	0	4,250	01/15/2021
149123-BV-2	CATERPILLAR INC SR UNSEC 3.9% 5/27/2021		05/27/2021	Matured		150,000	150,000	160,638	151,188	0	(1,188)	0	(1,188)	0	150,000	0	0	0	2,925	05/27/2021
166764-BG-4	CHEVRON CORP CALL 2.1% 5/16/2021		05/16/2021	Matured		250,000	250,000	251,305	250,104	0	(104)	0	(104)	0	250,000	0	0	0	2,625	05/16/2021
191216-BE-9	COCA-COLA CO/THE UNSC 3.2% 11/1/2023		04/05/2021	Called		268,210	250,000	248,300	248,980	0	93	0	93	0	249,072	0	19,910	19,910	3,400	11/01/2023
68389X-BA-2	ORACLE CORP SER NOTE UNSC 2.8% 7/8/2021		07/08/2021	Matured		250,000	250,000	257,468	251,040	0	(1,040)	0	(1,040)	0	250,000	0	0	0	7,000	07/08/2021
931142-EJ-8	WALMART INC., 3.125%, DUE 6/23/2021		06/23/2021	Matured		250,000	250,000	250,393	250,071	0	(71)	0	(71)	0	250,000	0	0	0	3,906	06/23/2021
25468P-CL-8	WALT DISNEY CO SR UNSEC 3.75% 6/01/2021		06/01/2021	Matured		100,000	100,000	106,649	100,761	0	(761)	0	(761)	0	100,000	0	0	0	1,875	06/01/2021
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						1,468,210	1,450,000	1,480,068	1,452,234	0	(3,162)	0	(3,162)	0	1,449,072	0	19,910	19,910	25,981	XXX
8399997. Total - Bonds - Part 4						3,168,210	3,150,000	3,130,699	3,140,177	0	8,895	0	8,895	0	3,149,072	0	19,910	19,910	49,231	XXX
8399998. Total - Bonds - Part 5																				XXX
8399999. Total - Bonds						3,168,210	3,150,000	3,130,699	3,140,177	0	8,895	0	8,895	0	3,149,072	0	19,910	19,910	49,231	XXX
8999997. Total - Preferred Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8999998. Total - Preferred Stocks - Part 5							XXX													XXX
8999999. Total - Preferred Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9799997. Total - Common Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9799998. Total - Common Stocks - Part 5							XXX													XXX
9799999. Total - Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9899999. Total - Preferred and Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9999999 - Totals						3,168,210	XXX	3,130,699	3,140,177	0	8,895	0	8,895	0	3,149,072	0	19,910	19,910	49,231	XXX

Schedule D - Part 5 - Long Term Bonds and Stocks Acquired and Fully Disposed Of

N O N E

Schedule D-Part 6-Section 1-Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

N O N E

Schedule D - Part 6 - Section 2

N O N E

Schedule DA - Part 1 - Short-Term Investments Owned

N O N E

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

N O N E

Schedule DB - Part A - Section 2 - Options, Caps, Floors, Collars, Swaps and Forwards Terminated

N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open

N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

N O N E

Schedule DB - Part B - Section 2 - Futures Contracts Terminated

N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees as of December 31 of Current Year

N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

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 *
PNC Bank ..... Cleveland	.....	.....0.250	9,140	.....	456,056	XXX
0199998 Deposits in ... depositories which do not exceed the allowable limit in any one depository (See instructions) - open depositories	XXX	XXX				XXX
0199999. Totals - Open Depositories	XXX	XXX	9,140	0	456,056	XXX
0299998 Deposits in ... depositories which do not exceed the allowable limit in any one depository (See instructions) - suspended depositories	XXX	XXX				XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	9,140	0	456,056	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX		XXX
0599999 Total - Cash	XXX	XXX	9,140	0	456,056	XXX

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

1. January	1,695,660	4. April	1,210,587	7. July	1,143,453	10. October	3,382,396
2. February	434,725	5. May	1,260,811	8. August	688,377	11. November	4,272,402
3. March	700,423	6. June	847,247	9. September	965,577	12. December	456,056

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
0599999. Total - U.S. Government Bonds						0	0	0
1099999. Total - All Other Government Bonds						0	0	0
1799999. Total - U.S. States, Territories and Possessions Bonds						0	0	0
2499999. Total - U.S. Political Subdivisions Bonds						0	0	0
3199999. Total - U.S. Special Revenues Bonds						0	0	0
3899999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds						0	0	0
4899999. Total - Hybrid Securities						0	0	0
5599999. Total - Parent, Subsidiaries and Affiliates Bonds						0	0	0
6599999. Subtotal - Unaffiliated Bank Loans						0	0	0
7699999. Total - Issuer Obligations						0	0	0
7799999. Total - Residential Mortgage-Backed Securities						0	0	0
7899999. Total - Commercial Mortgage-Backed Securities						0	0	0
7999999. Total - Other Loan-Backed and Structured Securities						0	0	0
8099999. Total - SVO Identified Funds						0	0	0
8199999. Total - Affiliated Bank Loans						0	0	0
8299999. Total - Unaffiliated Bank Loans						0	0	0
8399999. Total Bonds						0	0	0
	PNC Bank Money Market		05/11/2017	0.300		5,006,322		3,805
	PNC Investments Money Market		08/21/2017	0.300		8,439,208	218	1,845
8499999. Subtotal - Sweep Accounts						13,445,531	218	5,649
9999999 - Total Cash Equivalents						13,445,531	218	5,649

1.

Line Number — Book/Adjusted Carrying Value by NAIC Designation Category Footnote:

1A	1A	$ 0	1B	$ 0	1C	$ 0	1D	$ 0	1E	$ 0	1F	$ 0	1G $ 0
1B	2A	$ 0	2B	$ 0	2C	$ 0							
1C	3A	$ 0	3B	$ 0	3C	$ 0							
1D	4A	$ 0	4B	$ 0	4C	$ 0							
1E	5A	$ 0	5B	$ 0	5C	$ 0							
1F	6	$ 0											

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

States, Etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1. Alabama AL						
2. Alaska AK						
3. Arizona AZ						
4. Arkansas AR						
5. California CA						
6. Colorado CO						
7. Connecticut CT						
8. Delaware DE						
9. District of Columbia DC						
10. Florida FL						
11. Georgia GA						
12. Hawaii HI						
13. Idaho ID						
14. Illinois IL						
15. Indiana IN						
16. Iowa IA						
17. Kansas KS						
18. Kentucky KY						
19. Louisiana LA						
20. Maine ME						
21. Maryland MD						
22. Massachusetts MA						
23. Michigan MI						
24. Minnesota MN						
25. Mississippi MS						
26. Missouri MO						
27. Montana MT						
28. Nebraska NE						
29. Nevada NV						
30. New Hampshire NH						
31. New Jersey NJ						
32. New Mexico NM						
33. New York NY						
34. North Carolina NC						
35. North Dakota ND						
36. Ohio OH						
37. Oklahoma OK						
38. Oregon OR						
39. Pennsylvania PA						
40. Rhode Island RI						
41. South Carolina SC						
42. South Dakota SD						
43. Tennessee TN						
44. Texas TX						
45. Utah UT						
46. Vermont VT						
47. Virginia VA						
48. Washington WA						
49. West Virginia WV						
50. Wisconsin WI						
51. Wyoming WY						
52. American Samoa AS						
53. Guam GU						
54. Puerto Rico PR						
55. U.S. Virgin Islands VI						
56. Northern Mariana Islands MP						
57. Canada CAN						
58. Aggregate Alien and Other OT	XXX	XXX				
59. Subtotal	XXX	XXX				
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	XXX				
5899. Totals (Lines 5801 thru 5803 plus 5898)(Line 58 above)	XXX	XXX				

NONE

SUPPLEMENT FOR THE YEAR 2021 OF THE COSE Health and Wellness Trust

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

For The Year Ended December 31, 2021

(To Be Filed By April 1)

NAIC Group Code 0000 FOR THE STATE OF Ohio NAIC Company Code 00122

	1 Direct Premiums Written	2 Direct Premiums Earned	3 Assumed Premiums Earned	4 Ceded Premiums Earned	5 Net Premiums Earned (2+3-4)	6 Direct Incurred Claims Amount	7 Assumed Incurred Claims Amount	8 Ceded Incurred Claims Amount	9 Net Incurred Claims Amount (6+7-8)	10 Change in Contract Reserves	11 Loss Ratio (6+10)/2	12 Number of Policies or Certificates as of Dec. 31	13 Number of Covered Lives as of Dec. 31	14 Member Months
A. INDIVIDUAL BUSINESS														
1. Comprehensive major medical					0				0		0.0			
2.1 Short-Term Medical - 6 Months or Less					0				0		0.0			
2.2 Short-Term Medical - Over 6 Months					0				0		0.0			
2.3 Subtotal Short-Term Medical (2.1+2.2)	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
3. Other Medical (Non-Comprehensive)					0				0		0.0			
4. Specified/Named Disease					0				0		0.0			
5. Limited Benefit					0				0		0.0			
6. Student					0				0		0.0			
7. Accident Only or AD&D					0				0		0.0			
8. Disability Income - Short - Term					0				0		0.0			
9. Disability Income - Long - Term					0				0		0.0			
10. Long-Term Care					0				0		0.0			
11. Medicare Supplement (Medigap)					0				0		0.0			
12. Dental					0				0		0.0			
13. State Children's Health Insurance Program					0				0		0.0			
14. Medicare					0				0		0.0			
15. Medicaid					0				0		0.0			
16. Medicare Part D - Stand-Alone					0				0		0.0			
17. Vision					0				0		0.0			
18. Other Individual Business					0				0		0.0			
19. Grand Total Individual	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
B. GROUP BUSINESS														
Comprehensive Major Medical														
1.1 Single Employer - Small Employer	321,250,203	321,250,203		256,716,761	64,533,441	292,174,467		264,545,974	27,628,493		90.9	31,543	60,462	728,848
1.2 Single Employer - Other Employer					0				0		0.0			
1.3 Single Employer - Subtotal	321,250,203	321,250,203	0	256,716,761	64,533,441	292,174,467	0	264,545,974	27,628,493	0	90.9	31,543	60,462	728,848
2. Multiple Employer Assns and Trusts					0				0		0.0			
3. Other Associations and Discretionary Trusts					0				0		0.0			
4. Other Comprehensive Major Medical					0				0		0.0			
5. Comprehensive/Major Medical Subtotal	321,250,203	321,250,203	0	256,716,761	64,533,441	292,174,467	0	264,545,974	27,628,493	0	90.9	31,543	60,462	728,848
Other Medical (Non-Comprehensive)														
6. Specified/Named Disease					0				0		0.0			
7. Limited Benefit					0				0		0.0			
8. Student					0				0		0.0			
9. Accident Only or AD&D					0				0		0.0			
10. Disability Income - Short-Term					0				0		0.0			
11. Disability Income - Long-Term					0				0		0.0			
12. Long-Term Care					0				0		0.0			
13. Medicare Supplement (Medigap)					0				0		0.0			
14. Federal Employees Health Benefits Plan					0				0		0.0			
15. Tricare					0				0		0.0			
16. Dental					0				0		0.0			
17. Medicare					0				0		0.0			
18. Medicare Part D - Stand-Alone					0				0		0.0			
19. Vision					0				0		0.0			
20. Other Group Care					0				0		0.0			
21. Grand Total Group Business	321,250,203	321,250,203	0	256,716,761	64,533,441	292,174,467	0	264,545,974	27,628,493	0	90.9	31,543	60,462	728,848
C. OTHER BUSINESS														
1. Credit (Individual and Group)					0				0		0.0			
2. Stop Loss/Excess Loss					0				0		0.0			
3. Administrative Services Only	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
4. Administrative Services Contracts	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
5. Grand Total Other Business	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
D. TOTAL BUSINESS														
1. Total Non U.S. Policy Forms					0				0		0.0			
2. Grand Total Individual, Group and Other Business	321,250,203	321,250,203	0	256,716,761	64,533,441	292,174,467	0	264,545,974	27,628,493	0	90.9	31,543	60,462	728,848

SUPPLEMENT FOR THE YEAR 2021 OF THE COSE Health and Wellness Trust

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

For The Year Ended December 31, 2021

(To Be Filed By April 1)

NAIC Group Code 0000 FOR THE STATE OF Grand Total NAIC Company Code 00122

	1 Direct Premiums Written	2 Direct Premiums Earned	3 Assumed Premiums Earned	4 Ceded Premiums Earned	5 Net Premiums Earned (2+3-4)	6 Direct Incurred Claims Amount	7 Assumed Incurred Claims Amount	8 Ceded Incurred Claims Amount	9 Net Incurred Claims Amount (6+7-8)	10 Change in Contract Reserves	11 Loss Ratio (6+10)/2	12 Number of Policies or Certificates as of Dec. 31	13 Number of Covered Lives as of Dec. 31	14 Member Months
A. INDIVIDUAL BUSINESS														
1. Comprehensive major medical	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
2.1 Short-Term Medical - 6 Months or Less	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
2.2 Short-Term Medical - Over 6 Months	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
2.3 Subtotal Short-Term Medical (2.1+2.2)	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
3. Other Medical (Non-Comprehensive)	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
4. Specified/Named Disease	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
5. Limited Benefit	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
6. Student	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
7. Accident Only or AD&D	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
8. Disability Income - Short - Term	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
9. Disability Income - Long - Term	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
10. Long-Term Care	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
11. Medicare Supplement (Medigap)	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
12. Dental	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
13. State Children's Health Insurance Program	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
14. Medicare	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
15. Medicaid	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
16. Medicare Part D - Stand-Alone	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
17. Vision	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
18. Other Individual Business	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
19. Grand Total Individual	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
B. GROUP BUSINESS														
Comprehensive Major Medical														
1.1 Single Employer - Small Employer	321,250,203	321,250,203	0	256,716,761	64,533,441	292,174,467	0	264,545,974	27,628,493	0	90.9	31,543	60,462	728,848
1.2 Single Employer - Other Employer	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
1.3 Single Employer - Subtotal	321,250,203	321,250,203	0	256,716,761	64,533,441	292,174,467	0	264,545,974	27,628,493	0	90.9	31,543	60,462	728,848
2. Multiple Employer Assns and Trusts	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
3. Other Associations and Discretionary Trusts	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
4. Other Comprehensive Major Medical	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
5. Comprehensive/Major Medical Subtotal	321,250,203	321,250,203	0	256,716,761	64,533,441	292,174,467	0	264,545,974	27,628,493	0	90.9	31,543	60,462	728,848
Other Medical (Non-Comprehensive)														
6. Specified/Named Disease	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
7. Limited Benefit	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
8. Student	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
9. Accident Only or AD&D	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
10. Disability Income - Short-Term	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
11. Disability Income - Long-Term	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
12. Long-Term Care	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
13. Medicare Supplement (Medigap)	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
14. Federal Employees Health Benefits Plan	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
15. Tricare	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
16. Dental	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
17. Medicare	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
18. Medicare Part D - Stand-Alone	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
19. Vision	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
20. Other Group Care	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
21. Grand Total Group Business	321,250,203	321,250,203	0	256,716,761	64,533,441	292,174,467	0	264,545,974	27,628,493	0	90.9	31,543	60,462	728,848
C. OTHER BUSINESS														
1. Credit (Individual and Group)	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
2. Stop Loss/Excess Loss	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
3. Administrative Services Only	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
4. Administrative Services Contracts	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
5. Grand Total Other Business	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
D. TOTAL BUSINESS														
1. Total Non U.S. Policy Forms	0	0	0	0	0	0	0	0	0	0	0.0	0	0	0
2. Grand Total Individual, Group and Other Business	321,250,203	321,250,203	0	256,716,761	64,533,441	292,174,467	0	264,545,974	27,628,493	0	90.9	31,543	60,462	728,848

SUPPLEMENT FOR THE YEAR 2021 OF THE COSE Health and Wellness Trust

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at https://content.naic.org/sites/default/files/inline-files/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION COSE Health and Wellness Trust 2. 1240 Huron Road E., Ste. 200 Cleveland, OH 44115-1355 (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2021 NAIC Company Code 00122

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	0	321,250,203	0	0	0	0	0	0	0	0	0	0	321,250,203	XXX	321,250,203
1.2 Federal high risk pools													0	XXX	0
1.3 State high risk pools													0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	0	321,250,203	0	0	0	0	0	0	0	0	0	0	321,250,203	XXX	321,250,203
1.5 Federal taxes and federal assessments													0		0
1.6 State insurance, premium and other taxes (Similar local taxes of $)													0		0
1.6a Community Benefit Expenditures (informational only)													0		0
1.7 Regulatory authority licenses and fees													0		0
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	0	321,250,203	0	0	0	0	0	0	0	0	0	0	321,250,203	XXX	321,250,203
1.9 Net Assumed less Ceded reinsurance premiums earned	0	(256,716,761)	0	0	0	0	0	0	0	0	0	0	(256,716,761)	XXX	(256,716,761)
1.10 Other Adjustments due to MLR calculations - Premiums													0	XXX	0
1.11 Risk Revenue													0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	0	64,533,441	0	0	0	0	0	0	0	0	0	0	64,533,441	XXX	64,533,441
2. Claims:															
2.1 Incurred claims excluding prescription drugs		241,693,610											241,693,610	XXX	241,693,610
2.2 Prescription drugs		52,013,857											52,013,857	XXX	52,013,857
2.3 Pharmaceutical rebates		1,533,000											1,533,000	XXX	1,533,000
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)													0	XXX	0
3. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	0	0	0	0	0	0	0	0				0		0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	0	292,174,467	0	0	0	0	0	0	0	0	0	0	292,174,467	XXX	292,174,467
5.1 Net Assumed less Ceded reinsurance claims incurred	0	(264,545,974)	0	0	0	0	0	0	0	0	0	0	(264,545,974)	XXX	(264,545,974)
5.2 Other Adjustments due to MLR calculations - Claims													0	XXX	0
5.3 Rebates paid										XXX	XXX		0	XXX	0
5.4 Estimated rebates unpaid prior year										XXX	XXX		0	XXX	0
5.5 Estimated rebates unpaid current year										XXX	XXX		0	XXX	0
5.6 Fee for service and co-pay revenue													0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	0	27,628,493	0	0	0	0	0	0	0	0	0	0	27,628,493	XXX	27,628,493
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	0	0	0	0	0	0	0	0	0				0		0
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0				0		0
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0				0		0
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0				0		0
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0				0		0
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.000	0.909	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6													0		0
8.2 All other claims adjustment expenses		68,000											68,000		68,000
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	0	68,000	0	0	0	0	0	0	0	0	0	0	68,000	0	68,000
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2021 OF THE COSE Health and Wellness Trust

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR													
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9	10	11	12	13	14	15
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits													0		0
10.2 Agents and brokers fees and commissions													0		0
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)													0		0
10.4 Other general and administrative expenses		36,906,124											36,906,124		36,906,124
10.4a Community Benefit Expenditures (informational only)													0		0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	36,906,124	0	0	0	0	0	0	0	0	0	0	36,906,124	0	36,906,124
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	(69,175)	0	0	0	0	0	0	0	0	0	0	(69,175)	XXX	(69,175)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(69,175)	XXX	(69,175)
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)													0		0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies		31,543											31,543		31,543
2. Number of Covered Lives		60,462											60,462		60,462
3. Number of Groups	XXX	7,881		XXX									7,881		7,881
4. Member Months		728,848											728,848		728,848

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [X] If yes, show the amount of premiums and claims included. Premiums $ ..... Claims $ .....

216-2.OH

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium 3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received 6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2021 OF THE COSE Health and Wellness Trust

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION COSE Health and Wellness Trust 2. 1240 Huron Road E., Ste. 200 Cleveland, OH 44115-1355 (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2021 NAIC Company Code 00122

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written		321,250,203											321,250,203
1.2 Unearned premium prior year													0
1.3 Unearned premium current year													0
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits													0
1.6 Reserve for rate credits current year													0
1.7 Reserve for rate credits prior year													0
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.9 Premium balances written off													0
1.10 Group conversion charge													0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	0	321,250,203	0	0	0	0	0	0	0	0	0	0	321,250,203
1.12 Assumed premiums earned from non-affiliates													0
1.13 Net Assumed less Ceded premiums earned from affiliates													0
1.14 Ceded premiums earned to non-affiliates		256,716,761											256,716,761
1.15 Other Adjustments due to MLR calculation - Premiums													0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	0	64,533,441	0	0	0	0	0	0	0	0	0	0	64,533,441
2. Direct Claims Incurred:													
2.1 Paid claims during the year		286,659,610											286,659,610
2.2 Direct claim liability current year		44,636,924											44,636,924
2.3 Direct claim liability prior year		39,122,067											39,122,067
2.4 Direct claim reserves current year													0
2.5 Direct claim reserves prior year													0
2.6 Direct contract reserves current year													0
2.7 Direct contract reserves prior year													0
2.8 Paid rate credits													0
2.9 Reserve for rate credits current year													0
2.10 Reserve for rate credits prior year													0
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11a Paid medical incentive pools and bonuses current year													0
2.11b Accrued medical incentive pools and bonuses current year													0
2.11c Accrued medical incentive pools and bonuses prior year													0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12a Healthcare receivables current year													0
2.12b Healthcare receivables prior year													0
2.13 Group conversion charge													0
2.14 Multi-option coverage blended rate adjustment													0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	0	292,174,467	0	0	0	0	0	0	0	0	0	0	292,174,467
2.16 Assumed incurred claims from non-affiliates													0
2.17 Net assumed less ceded incurred claims from affiliates													0
2.18 Ceded incurred claims to non-affiliates		264,545,974											264,545,974
2.19 Other adjustments due to MLR calculation - Claims													0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	0	27,628,493	0	0	0	0	0	0	0	0	0	0	27,628,493
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)													0

(a) Column 13, Line 1.1 includes direct written premium of $ ..... for stand-alone dental and $ ..... for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2021 OF THE COSE Health and Wellness Trust

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION COSE Health and Wellness Trust 2. 1240 Huron Road E., Ste. 200 Cleveland, OH 44115-1355 (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2021 NAIC Company Code 00122

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ ..... for affiliated services)						0				0
	1.2 Outsourced Services						0				0
	1.3 EDP Equipment and Software (incl $ ..... for affiliated services)						0				0
	1.4 Other Equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	1.5 Accreditation and Certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
	1.6 Other Expenses (incl $ ..... for affiliated services)						0				0
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	0	0	0	0	0	0	0	0	0	0
	1.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	1.10 Total (1.7 to 1.9)	0	0	0	0	0	0	0	0	0	0
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0				0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ ..... for affiliated services)						0				0
	2.2 Outsourced Services						0			36,183,683	36,183,683
	2.3 EDP Equipment and Software (incl $ ..... for affiliated services)						0			9,071	9,071
	2.4 Other Equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	2.5 Accreditation and Certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0			1,000	1,000
	2.6 Other Expenses (incl $ ..... for affiliated services)						0		68,000	455,110	523,110
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	0	0	0	0	0	0	0	68,000	36,648,864	36,716,864
	2.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	217,362	217,362
	2.10 Total (2.7 to 2.9)	0	0	0	0	0	0	0	68,000	36,866,227	36,934,227
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0				0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ ..... for affiliated services)						0				0
	3.2 Outsourced Services						0				0
	3.3 EDP Equipment and Software (incl $ ..... for affiliated services)						0				0
	3.4 Other Equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	3.5 Accreditation and Certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
	3.6 Other Expenses (incl $ ..... for affiliated services)						0				0
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	0	0	0	0	0	0	0	0	0	0
	3.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	3.10 Total (3.7 to 3.9)	0	0	0	0	0	0	0	0	0	0
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0				0

SUPPLEMENT FOR THE YEAR 2021 OF THE COSE Health and Wellness Trust

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ ..... for affiliated services)						0				0
	4.2 Outsourced Services						0				0
	4.3 EDP Equipment and Software (incl $ ..... for affiliated services)						0				0
	4.4 Other Equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	4.5 Accreditation and Certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
	4.6 Other Expenses (incl $ ..... for affiliated services)						0				0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0				0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ ..... for affiliated services)						0				0
	5.2 Outsourced Services						0				0
	5.3 EDP Equipment and Software (incl $ ..... for affiliated services)						0				0
	5.4 Other Equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	5.5 Accreditation and Certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
	5.6 Other Expenses (incl $ ..... for affiliated services)						0				0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0				0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ ..... for affiliated services)						0				0
	6.2 Outsourced Services						0				0
	6.3 EDP Equipment and Software (incl $ ..... for affiliated services)						0				0
	6.4 Other Equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	6.5 Accreditation and Certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
	6.6 Other Expenses (incl $ ..... for affiliated services)						0				0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0				0

SUPPLEMENT FOR THE YEAR 2021 OF THE COSE Health and Wellness Trust

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ ..... for affiliated services)						0				0
	7.2 Outsourced Services						0				0
	7.3 EDP Equipment and Software (incl $ ..... for affiliated services)						0				0
	7.4 Other Equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	7.5 Accreditation and Certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
	7.6 Other Expenses (incl $ ..... for affiliated services)						0				0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0				0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ ..... for affiliated services)						0				0
	8.2 Outsourced Services						0				0
	8.3 EDP Equipment and Software (incl $ ..... for affiliated services)						0				0
	8.4 Other Equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	8.5 Accreditation and Certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
	8.6 Other Expenses (incl $ ..... for affiliated services)						0				0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0				0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ ..... for affiliated services)						0				0
	9.2 Outsourced Services						0				0
	9.3 EDP Equipment and Software (incl $ ..... for affiliated services)						0				0
	9.4 Other Equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	9.5 Accreditation and Certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
	9.6 Other Expenses (incl $ ..... for affiliated services)						0				0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0				0

SUPPLEMENT FOR THE YEAR 2021 OF THE COSE Health and Wellness Trust

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at https://content.naic.org/sites/default/files/inline-files/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION COSE Health and Wellness Trust 2. 1240 Huron Road E., Ste. 200 Cleveland, OH 44115-1355 (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2021 NAIC Company Code 00122

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	0	321,250,203	0	0	0	0	0	0	0	0	0	0	321,250,203	XXX	321,250,203
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	0	321,250,203	0	0	0	0	0	0	0	0	0	0	321,250,203	XXX	321,250,203
1.5 Federal taxes and federal assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6 State insurance, premium and other taxes (Similar local taxes of $ 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	0	321,250,203	0	0	0	0	0	0	0	0	0	0	321,250,203	XXX	321,250,203
1.9 Net Assumed less Ceded reinsurance premiums earned	0	(256,716,761)	0	0	0	0	0	0	0	0	0	0	(256,716,761)	XXX	(256,716,761)
1.10 Other Adjustments due to MLR calculations - Premiums	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	0	64,533,441	0	0	0	0	0	0	0	0	0	0	64,533,441	XXX	64,533,441
2. Claims:															
2.1 Incurred claims excluding prescription drugs	0	241,693,610	0	0	0	0	0	0	0	0	0	0	241,693,610	XXX	241,693,610
2.2 Prescription drugs	0	52,013,857	0	0	0	0	0	0	0	0	0	0	52,013,857	XXX	52,013,857
2.3 Pharmaceutical rebates	0	1,533,000	0	0	0	0	0	0	0	0	0	0	1,533,000	XXX	1,533,000
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
3. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	0	292,174,467	0	0	0	0	0	0	0	0	0	0	292,174,467	XXX	292,174,467
5.1 Net Assumed less Ceded reinsurance claims incurred	0	(264,545,974)	0	0	0	0	0	0	0	0	0	0	(264,545,974)	XXX	(264,545,974)
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	0	27,628,493	0	0	0	0	0	0	0	0	0	0	27,628,493	XXX	27,628,493
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.000	0.909	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.2 All other claims adjustment expenses	0	68,000	0	0	0	0	0	0	0	0	0	0	68,000	0	68,000
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	0	68,000	0	0	0	0	0	0	0	0	0	0	68,000	0	68,000
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2021 OF THE COSE Health and Wellness Trust

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9			Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA			
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business		Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.2 Agents and brokers fees and commissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.4 Other general and administrative expenses	0	36,906,124	0	0	0	0	0	0	0	0	0	0	36,906,124	0	36,906,124
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	36,906,124	0	0	0	0	0	0	0	0	0	0	36,906,124	0	36,906,124
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	(69,175)	0	0	0	0	0	0	0	0	0	0	(69,175)	XXX	(69,175)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(69,175)	XXX	(69,175)
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	0	31,543	0	0	0	0	0	0	0	0	0	0	31,543	0	31,543
2. Number of Covered Lives	0	60,462	0	0	0	0	0	0	0	0	0	0	60,462	0	60,462
3. Number of Groups	XXX	7,881	0	XXX	0	0	0	0	0	0	0	0	7,881	0	7,881
4. Member Months	0	728,848	0	0	0	0	0	0	0	0	0	0	728,848	0	728,848

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.GT

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium 3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received 6.2 Rate credits or policy experience refunds paid				

NONE

SUPPLEMENT FOR THE YEAR 2021 OF THE COSE Health and Wellness Trust

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION COSE Health and Wellness Trust 2. 1240 Huron Road E., Ste. 200 Cleveland, OH 44115-1355 (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2021 NAIC Company Code 00122

	Business Subject to MLR									10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9				
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	0	321,250,203	0	0	0	0	0	0	0	0	0	0	321,250,203
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Unearned premium current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.9 Premium balances written off	0	0	0	0	0	0	0	0	0	0	0	0	0
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	0	321,250,203	0	0	0	0	0	0	0	0	0	0	321,250,203
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.14 Ceded premiums earned to non-affiliates	0	256,716,761	0	0	0	0	0	0	0	0	0	0	256,716,761
1.15 Other Adjustments due to MLR calculation - Premiums	0	0	0	0	0	0	0	0	0	0	0	0	0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	0	64,533,441	0	0	0	0	0	0	0	0	0	0	64,533,441
2. Direct Claims Incurred:													
2.1 Paid claims during the year	0	286,659,610	0	0	0	0	0	0	0	0	0	0	286,659,610
2.2 Direct claim liability current year	0	44,636,924	0	0	0	0	0	0	0	0	0	0	44,636,924
2.3 Direct claim liability prior year	0	39,122,067	0	0	0	0	0	0	0	0	0	0	39,122,067
2.4 Direct claim reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Direct claim reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.8 Paid rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11a Paid medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11b Accrued medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11c Accrued medical incentive pools and bonuses prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12a Healthcare receivables current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12b Healthcare receivables prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	0	292,174,467	0	0	0	0	0	0	0	0	0	0	292,174,467
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	264,545,974	0	0	0	0	0	0	0	0	0	0	264,545,974
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	0	27,628,493	0	0	0	0	0	0	0	0	0	0	27,628,493
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Column 13, Line 1.1 includes direct written premium of $ 0 for stand-alone dental and $ 0 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2021 OF THE COSE Health and Wellness Trust

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION COSE Health and Wellness Trust 2. 1240 Huron Road E., Ste. 200 Cleveland, OH 44115-1355 (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2021 NAIC Company Code 00122

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	1.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	1.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	0	0	0	0	0	0	0	0	0	0
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	1.10 Total (1.7 to 1.9)	0	0	0	0	0	0	0	0	0	0
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.2 Outsourced Services	0	0	0	0	0	0	0	0	36,183,683	36,183,683
	2.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	9,071	9,071
	2.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	1,000	1,000
	2.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	68,000	455,110	523,110
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	0	0	0	0	0	0	0	68,000	36,648,864	36,716,864
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	217,362	217,362
	2.10 Total (2.7 to 2.9)	0	0	0	0	0	0	0	68,000	36,866,227	36,934,227
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	3.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	3.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	0	0	0	0	0	0	0	0	0	0
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	3.10 Total (3.7 to 3.9)	0	0	0	0	0	0	0	0	0	0
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2021 OF THE COSE Health and Wellness Trust

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2021 OF THE COSE Health and Wellness Trust

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

Supplemental Health Care Exhibit's Expense Allocation Report - Description of Allocation Methodology

N O N E

Supplemental Health Care Exhibit's Expense Allocation Report - Desc of Quality Improvement Expenses

N O N E

Accountant's Letter of Qualifications

Management's Report of Internal Control Over Financial Reporting

Relief from the five-year rotation requirement for lead audit partner

Relief from the one-year cooling off period for independent CPA

Relief from the Requirements for Audit Committees

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For The Year Ended December 31, 2021
(To Be Filed by April 1)

Of The COSE Health and Wellness Trust

ADDRESS (City, State and Zip Code) Cleveland , OH 44115-1355

NAIC Group Code 0000 NAIC Company Code 00122 Federal Employer's Identification Number (FEIN) 81-6240902

The Investment Risks Interrogatories are to be filed by April 1. They are also to be included with the Audited Statutory Financial Statements.

Answer the following interrogatories by reporting the applicable U.S. dollar amounts and percentages of the reporting entity's total admitted assets held in that category of investments.

1. Reporting entity's total admitted assets as reported on Page 2 of this annual statement. $ 48,096,043

2. Ten largest exposures to a single issuer/borrower/investment.

	1 Issuer	2 Description of Exposure	3 Amount	4 Percentage of Total Admitted Assets
2.01	Johnson & Johnson	Bonds	$ 872,930	1.8 %
2.02	Microsoft Corp	Bonds	$ 497,089	1.0 %
2.03	Exxon Mobil Corp	Bonds	$ 298,315	0.6 %
2.04	Berkshire Hathaway	Bonds	$ 298,145	0.6 %
2.05	Merck & Co.	Bonds	$ 298,121	0.6 %
2.06	American Honda	Bonds	$ 248,698	0.5 %
2.07	VISA Inc.	Bonds	$ 248,199	0.5 %
2.08	Wal-Mart Stores	Bonds	$ 247,988	0.5 %
2.09	AT&T Corp	Bonds	$ 247,278	0.5 %
2.10	Apple Inc.	Bonds	$ 247,206	0.5 %

3. Amounts and percentages of the reporting entity's total admitted assets held in bonds and preferred stocks by NAIC designation.

	Bonds	1	2		Preferred Stocks	3	4
3.01	NAIC-1	$ 7,218,369	15.0 %	3.07	P/RP-1	$	0.0 %
3.02	NAIC-2	$ 247,278	0.5 %	3.08	P/RP-2	$	0.0 %
3.03	NAIC-3	$ 0	0.0 %	3.09	P/RP-3	$	0.0 %
3.04	NAIC-4	$ 0	0.0 %	3.10	P/RP-4	$	0.0 %
3.05	NAIC-5	$ 0	0.0 %	3.11	P/RP-5	$	0.0 %
3.06	NAIC-6	$ 0	0.0 %	3.12	P/RP-6	$	0.0 %

4. Assets held in foreign investments:

4.01 Are assets held in foreign investments less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [X]

If response to 4.01 above is yes, responses are not required for interrogatories 5 - 10.

4.02	Total admitted assets held in foreign investments	$	0.0 %
4.03	Foreign-currency-denominated investments	$	0.0 %
4.04	Insurance liabilities denominated in that same foreign currency	$	0.0 %

5. Aggregate foreign investment exposure categorized by NAIC sovereign designation:

		1	2
5.01	Countries designated NAIC-1	$	0.0 %
5.02	Countries designated NAIC-2	$	0.0 %
5.03	Countries designated NAIC-3 or below	$	0.0 %

6. Largest foreign investment exposures by country, categorized by the country's NAIC sovereign designation:

		1	2
	Countries designated NAIC - 1:		
6.01	Country 1:	$	0.0 %
6.02	Country 2:	$	0.0 %
	Countries designated NAIC - 2:		
6.03	Country 1:	$	0.0 %
6.04	Country 2:	$	0.0 %
	Countries designated NAIC - 3 or below:		
6.05	Country 1:	$	0.0 %
6.06	Country 2:	$	0.0 %

		1	2
7.	Aggregate unhedged foreign currency exposure	$	0.0 %

8. Aggregate unhedged foreign currency exposure categorized by NAIC sovereign designation:

		1	2
8.01	Countries designated NAIC-1	$	0.0 %
8.02	Countries designated NAIC-2	$	0.0 %
8.03	Countries designated NAIC-3 or below	$	0.0 %

9. Largest unhedged foreign currency exposures by country, categorized by the country's NAIC sovereign designation:

		1	2
	Countries designated NAIC - 1:		
9.01	Country 1:	$	0.0 %
9.02	Country 2:	$	0.0 %
	Countries designated NAIC - 2:		
9.03	Country 1:	$	0.0 %
9.04	Country 2:	$	0.0 %
	Countries designated NAIC - 3 or below:		
9.05	Country 1:	$	0.0 %
9.06	Country 2:	$	0.0 %

10. Ten largest non-sovereign (i.e. non-governmental) foreign issues:

	1 Issuer	2 NAIC Designation	3	4
10.01			$	0.0 %
10.02			$	0.0 %
10.03			$	0.0 %
10.04			$	0.0 %
10.05			$	0.0 %
10.06			$	0.0 %
10.07			$	0.0 %
10.08			$	0.0 %
10.09			$	0.0 %
10.10			$	0.0 %

11. Amounts and percentages of the reporting entity's total admitted assets held in Canadian investments and unhedged Canadian currency exposure:

11.01 Are assets held in Canadian investments less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ ] No [X]

If response to 11.01 is yes, detail is not required for the remainder of interrogatory 11.

		1	2
11.02	Total admitted assets held in Canadian investments	$	0.0 %
11.03	Canadian-currency-denominated investments	$	0.0 %
11.04	Canadian-denominated insurance liabilities	$	0.0 %
11.05	Unhedged Canadian currency exposure	$	0.0 %

12. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments with contractual sales restrictions:

12.01 Are assets held in investments with contractual sales restrictions less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ ] No [X]

If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.

	1	2	3
12.02	Aggregate statement value of investments with contractual sales restrictions	$	0.0 %
	Largest three investments with contractual sales restrictions:		
12.03		$	0.0 %
12.04		$	0.0 %
12.05		$	0.0 %

13. Amounts and percentages of admitted assets held in the ten largest equity interests:

13.01 Are assets held in equity interests less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ ] No [X]

If response to 13.01 above is yes, responses are not required for the remainder of Interrogatory 13.

	1 Issuer	2	3
13.02		$	0.0 %
13.03		$	0.0 %
13.04		$	0.0 %
13.05		$	0.0 %
13.06		$	0.0 %
13.07		$	0.0 %
13.08		$	0.0 %
13.09		$	0.0 %
13.10		$	0.0 %
13.11		$	0.0 %

14. Amounts and percentages of the reporting entity's total admitted assets held in nonaffiliated, privately placed equities:

14.01 Are assets held in nonaffiliated, privately placed equities less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ ] No [X]

If response to 14.01 above is yes, responses are not required for 14.02 through 14.05.

	1	2	3
14.02	Aggregate statement value of investments held in nonaffiliated, privately placed equities	$	0.0 %
	Largest three investments held in nonaffiliated, privately placed equities:		
14.03		$	0.0 %
14.04		$	0.0 %
14.05		$	0.0 %

Ten largest fund managers:

	1 Fund Manager	2 Total Invested	3 Diversified	4 Nondiversified
14.06		$ 0	$	$
14.07		$ 0	$	$
14.08		$ 0	$	$
14.09		$ 0	$	$
14.10		$ 0	$	$
14.11		$ 0	$	$
14.12		$ 0	$	$
14.13		$ 0	$	$
14.14		$ 0	$	$
14.15		$ 0	$	$

15. Amounts and percentages of the reporting entity's total admitted assets held in general partnership interests:

15.01 Are assets held in general partnership interests less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ ] No [X]

If response to 15.01 above is yes, responses are not required for the remainder of Interrogatory 15.

	1	2	3
15.02	Aggregate statement value of investments held in general partnership interests	$	0.0 %
	Largest three investments in general partnership interests:		
15.03		$	0.0 %
15.04		$	0.0 %
15.05		$	0.0 %

16. Amounts and percentages of the reporting entity's total admitted assets held in mortgage loans:

16.01 Are mortgage loans reported in Schedule B less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ ] No [X]

If response to 16.01 above is yes, responses are not required for the remainder of Interrogatory 16 and Interrogatory 17.

	1 Type (Residential, Commercial, Agricultural)	2	3
16.02		$	0.0 %
16.03		$	0.0 %
16.04		$	0.0 %
16.05		$	0.0 %
16.06		$	0.0 %
16.07		$	0.0 %
16.08		$	0.0 %
16.09		$	0.0 %
16.10		$	0.0 %
16.11		$	0.0 %

Amount and percentage of the reporting entity's total admitted assets held in the following categories of mortgage loans:

		Loans	
16.12	Construction loans	$	0.0 %
16.13	Mortgage loans over 90 days past due	$	0.0 %
16.14	Mortgage loans in the process of foreclosure	$	0.0 %
16.15	Mortgage loans foreclosed	$	0.0 %
16.16	Restructured mortgage loans	$	0.0 %

17. Aggregate mortgage loans having the following loan-to-value ratios as determined from the most current appraisal as of the annual statement date:

		Residential		Commercial		Agricultural	
	Loan to Value	1	2	3	4	5	6
17.01	above 95%	$	0.0 %	$	0.0 %	$	0.0 %
17.02	91 to 95%	$	0.0 %	$	0.0 %	$	0.0 %
17.03	81 to 90%	$	0.0 %	$	0.0 %	$	0.0 %
17.04	71 to 80%	$	0.0 %	$	0.0 %	$	0.0 %
17.05	below 70%	$	0.0 %	$	0.0 %	$	0.0 %

18. Amounts and percentages of the reporting entity's total admitted assets held in each of the five largest investments in real estate:

18.01 Are assets held in real estate reported less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ ] No [X]

If response to 18.01 above is yes, responses are not required for the remainder of Interrogatory 18.

Largest five investments in any one parcel or group of contiguous parcels of real estate.

	Description 1	2	3
18.02		$	0.0 %
18.03		$	0.0 %
18.04		$	0.0 %
18.05		$	0.0 %
18.06		$	0.0 %

19. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments held in mezzanine real estate loans:

19.01 Are assets held in investments held in mezzanine real estate loans less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ ] No [X]

If response to 19.01 is yes, responses are not required for the remainder of Interrogatory 19.

	1	2	3
19.02	Aggregate statement value of investments held in mezzanine real estate loans:	$	0.0 %
	Largest three investments held in mezzanine real estate loans:		
19.03		$	0.0 %
19.04		$	0.0 %
19.05		$	0.0 %

20. Amounts and percentages of the reporting entity's total admitted assets subject to the following types of agreements:

		At Year End		At End of Each Quarter		
				1st Quarter	2nd Quarter	3rd Quarter
		1	2	3	4	5
20.01	Securities lending agreements (do not include assets held as collateral for such transactions)	$	0.0 %	$	$	$
20.02	Repurchase agreements	$	0.0 %	$	$	$
20.03	Reverse repurchase agreements	$	0.0 %	$	$	$
20.04	Dollar repurchase agreements	$	0.0 %	$	$	$
20.05	Dollar reverse repurchase agreements	$	0.0 %	$	$	$

21. Amounts and percentages of the reporting entity's total admitted assets for warrants not attached to other financial instruments, options, caps, and floors:

		Owned		Written	
		1	2	3	4
21.01	Hedging	$	0.0 %	$	0.0 %
21.02	Income generation	$	0.0 %	$	0.0 %
21.03	Other	$	0.0 %	$	0.0 %

22. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for collars, swaps, and forwards:

		At Year End		At End of Each Quarter		
				1st Quarter	2nd Quarter	3rd Quarter
		1	2	3	4	5
22.01	Hedging	$ 0	0.0 %	$ 0	$ 0	$ 0
22.02	Income generation	$ 0	0.0 %	$ 0	$ 0	$ 0
22.03	Replications	$ 0	0.0 %	$ 0	$ 0	$ 0
22.04	Other	$ 0	0.0 %	$ 0	$ 0	$ 0

23. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for futures contracts:

		At Year End		At End of Each Quarter		
				1st Quarter	2nd Quarter	3rd Quarter
		1	2	3	4	5
23.01	Hedging	$ 0	0.0 %	$ 0	$ 0	$ 0
23.02	Income generation	$	0.0 %	$ 0	$	$
23.03	Replications	$	0.0 %	$ 0	$	$
23.04	Other	$	0.0 %	$ 0	$	$

SUPPLEMENT FOR THE YEAR 2021 OF THE COSE Health and Wellness Trust

LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION ASSESSABLE PREMIUM EXHIBIT - PART 1

FOR THE YEAR ENDED DECEMBER 31, 2021
(To Be Filed by April 1)

OF THE COSE Health and Wellness Trust NAIC COMPANY CODE 00122

DIRECT BUSINESS IN THE STATE OF:

DEVELOPMENT OF ASSESSABLE PREMIUMS, CONSIDERATIONS AND DEPOSITS BEFORE ADDITIONAL ADJUSTMENTS	1 Life Insurance Premiums	2 Allocated Annuity and Other Fund Deposits	3 Accident & Health Premiums	4 Unallocated Annuity and Other Unallocated Fund Deposits
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses				
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to liability account				
2.1 Contract fees for variable contracts with guarantees				
2.2 Reporting entity contributions to employee benefits plans				
2.3 Dividends or refunds applied to purchase paid-up additions and annuities				
2.4 Dividends or refunds applied to shorten endowment or premium paying period				
2.5 Premium and annuity considerations waived under disability or other contract provisions				
2.6 Aggregate write-ins for other considerations, if any				
2.99 Total (Lines 2.1 through 2.6)				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2				
3.99 Total (Lines 3.1 through 3.5)				
4. Transfers between Columns 2 and 4 (Note: allocated governmental retirement plans established under Sections 401, 403(b) or 457 are to be transferred on Line 4.1. Unallocated governmental retirement plans are to be transferred on Line 4.2:				
4.1 Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all ALLOCATED contracts issued to fund both governmental and non-governmental retirement plans (or its trustee) established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, that are included in Column 4, Lines 1, 2.99 and 3.99	XXX		XXX	
4.2 Enter in Column 2, as a positive number, and Column 4 as a negative number, the total of all UNALLOCATED contracts issued to fund ONLY governmental retirement plans (or its trustee) established under Sections 401, 403(b) or 457 of the U.S Internal Revenue Code that are included in Column 4, Lines 1, 2.99 and 3.99.	XXX		XXX	
4.3 Enter in Column 2, as a positive number, and Column 4 as a negative number, the total of all other amounts reported in Column 4, Lines 1, 2.99 and 3.99 that are allocated. (Note: Do NOT include amounts received to fund allocated annuity contracts owned by both non-governmental and governmental retirement plans (or its trustee) established under Section 401, 403(b) or 457 of the U.S. Internal Revenue Code as these amounts are to be included on Line 4.1).	XXX		XXX	
4.4 Enter in Column 4, as a positive number, and Column 2, as a negative number, the total of all amounts reported in Column 2, Lines 1, 2.99, and 3.99 that are unallocated, other than amounts that fund unallocated contracts owned by a governmental retirement plan (or its trustee) established under Section 401, 403(b) or 457 of the U.S. Internal Revenue Code as these amounts should remain in Col. 2	XXX		XXX	
4.99 Total (Lines 4.1 through 4.4)	XXX		XXX	
5. Total (Lines 1 + 2.99 + 3.99 + 4.99)				
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE PRIOR TO ADDITIONAL ADJUSTMENTS IN PART 2. Do not include any amounts more than once in Lines 6 through 9.				
6. Non-guaranteed separate account business in which the premiums are for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder.				
7. Current year amounts received as part of the Federal Home Loan Bank program BUT ONLY IF included in Line 5				
8. Current year amounts received for supplemental contracts and retained asset programs BUT ONLY IF included in Line 5 and if any prior years original premiums were reported as assessable premium				
9. Dividends paid or credited, but only if NOT guaranteed in advance				
ASSESSABLE PREMIUM BASE BEFORE ADDITIONAL ADJUSTMENTS IN PART 2				
10. Current Year Year before Part 2 additional adjustments (Line 5 - 6 - 7 - 8 - 9)				
DETAILS OF WRITE-INS				
2.601.				
2.602.				
2.603.				
2.698. Summary of remaining write-ins for Line 2.6 from overflow page				
2.699. Totals (Lines 2.601 thru 2.603 plus 2.698)(Line 2.6 above)				
3.501.				
3.502.				
3.503.				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page				
3.599. Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)				

NONE

Footnote 1: For purposes of allocating Long Term Care ("LTC") costs involving an insolvent company, please indicate the premium associated with standalone Disability Income ("DI" - include both short and long term) and Long-Term Care business included in Line 10, Column 3. Note DI and LTC premium associated with a rider that is attached to a life or annuity policy should NOT be included.

1a) Disability Income (include both short and long term)	XXX	XXX		XXX
1b) Long-term care	XXX	XXX		XXX

Footnote 2: For purposes of all billed assessment inquiries, please indicate the individual for each state that the guaranty association should contact regarding assessment inquiries (billing, payment, etc.)

Individual Name
Title
Department
Street address
City, State ZIP
Direct phone number
Email address

SUPPLEMENT FOR THE YEAR 2021 OF THE COSE Health and Wellness Trust

LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION ASSESSABLE PREMIUM EXHIBIT - PART 2

FOR THE YEAR ENDED DECEMBER 31, 2021
(To Be Filed by April 1)

OF THE COSE Health and Wellness Trust NAIC COMPANY CODE 00122

DIRECT BUSINESS IN THE STATE OF:

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premiums	4 Unallocated Annuity & Other Unallocated Fund Deposits
11.	Line 10 of the Assessable Premium Exhibit – Part 1				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE					
12.	Premium received for multiple non-group policies of life insurance owned by one owner:				
12.1	Amounts in excess of $1 million		XXX	XXX	XXX
12.2	Amounts in excess of $5 million		XXX	XXX	XXX
13.	Excludable premiums for accident and health contracts:				
13.1	Federal Employees Health Benefit Program	XXX	XXX		XXX
13.2	Medicare Title XVIII (Note Medicare Part D stand alone plans are to be reported separately on Line 13.3)	XXX	XXX		XXX
13.3	Medicare Part D stand alone plans	XXX	XXX		XXX
13.4	Medicaid Title XIX	XXX	XXX		XXX
13.5	Stop loss contracts	XXX	XXX		XXX
13.6	MEWA, ASO, minimum premium group plans to the extent these plans or programs are self-funded or uninsured	XXX	XXX		XXX
13.7	State Children's Health Insurance Program Title XXI	XXX	XXX		XXX
13.99	Total (Lines 13.1 through 13.7)	XXX	XXX		XXX
14.	Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts included in Column 2, Line 11 above that have been received to fund ALLOCATED contracts established under Section 403(b) of the U.S. Internal Revenue Code. Include both governmental and non-governmental plans.	XXX		XXX	
15.	Amounts received from obligations to provide a book value accounting guaranty for defined contribution benefit plan participants by reference to a portfolio of assets that is owned by the benefit plan or its trustee, which in each case is not an affiliate of the member insurer:				
15.1	Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
15.2	Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
15.3	Amounts in excess of $5 million per contract	XXX	XXX	XXX	
15.4	Total (Lines 15.1+ 15.2 + 15.3)	XXX	XXX	XXX	
15.5	Amounts NOT in excess of $10 million per contract (Minnesota only)	XXX	XXX	XXX	
15.6	Amounts in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
16.	Unallocated funding obligations that are NOT issued to or in connection with a government lottery or a specific employee, union, or association of natural persons benefit plans:				
16.1	Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
16.2	All amounts (include amounts reported on Line 16.1)	XXX	XXX	XXX	
16.3	Amounts in excess of $2 million per contract [illegible] are NOT issued [illegible] specific employee, union, or association of na[illegible]persons benefit plans (New Jersey only)	XXX	XXX	XXX	
17.	Unallocated funding obligations issued to or in conne[illegible]on with [illegible]overnment lottery, based on the resident of the owner, or a spec[illegible] emp[illegible] un[illegible] or association of natural persons benefit plans, based on the pri[illegible] plac[illegible] business of the plan sponsor, which are NOT: (a) governmental retirement established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
17.1	Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
17.2	Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
17.3	Amounts in excess of $5 million per contract	XXX	XXX	XXX	
17.4	Total (Lines 17.1+ 17.2 + 17.3)	XXX	XXX	XXX	
17.5	Amounts up to $10 million per contract (Minnesota only)	XXX	XXX	XXX	
18.	Amounts for contracts issued to fund a specific employee, union, or association of natural persons benefit plans, based on the principal place of business of the plan sponsor:				
18.1	Amounts NOT in excess of $2 million per contract for contracts issued to fund a specific employee, union, or association of natural persons benefit plans, based on the principal place of business of the plan sponsor (New Jersey only)	XXX	XXX	XXX	
18.2	Amounts NOT in excess of $5 million per contract for contracts issued to fund a specific employee, union, or association of natural persons benefit plans, based on the principal place of business of the plan sponsor (Iowa only)	XXX	XXX	XXX	
19.	Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts included in Column 2 Line 11 above that have been received to fund UNALLOCATED contracts owned by a governmental retirement benefit plan established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code:				
19.1	Amounts NOT in excess of $1 million per contract	XXX		XXX	
19.2	Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX		XXX	
19.3	Amounts in excess of $5 million per contract	XXX		XXX	
19.4	Total (Lines 19.1+ 19.2 + 19.3)	XXX		XXX	
19.5	Amounts NOT in excess of $10 million per contract (Minnesota only)	XXX	XXX	XXX	
19.6	Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
19.7	Enter in Column 4, as a positive number, all amounts received to fund UNALLOCATED contracts owned by a governmental retirement benefit plan (or its trustee) established under Section 403(b) of the U.S. Internal Revenue Code (Louisiana only)	XXX	XXX	XXX	
19.8	Enter in Column 2, as a positive number, all amounts received to fund UNALLOCATED contracts owned by a governmental deferred compensation plan (or its trustee) established under Section 457 of the U.S. Internal Revenue Code (Kansas only)	XXX		XXX	XXX
20.	Unallocated funding obligations issued to or in connection with benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
20.1	Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
20.2	All amounts (include amounts reported on Line 20.1)	XXX	XXX	XXX	
21.	Aggregate write-ins for other deductions				
22.	ASSESSABLE PREMIUM BASE after adjustments – see state specific formula				
	DETAILS OF WRITE-INS				
2101.					
2102.					
2103.					
2198.	Summary of remaining write-ins for Line 21 from overflow page				
2199.	Totals (Lines 2101 thru 2103 plus 2198)(Line 21 above)				

NONE

OVERFLOW PAGE FOR WRITE-INS

NONE

Long-Term Care Experience Reporting Form 1

N O N E

Long-Term Care Experience Reporting Form 2

N O N E

Long-Term Care Experience Reporting Form 3 - Individual - Part 1

N O N E

Long-Term Care Experience Reporting Form 3 - Individual - Part 2

N O N E

Long-Term Care Experience Reporting Form 3 - Individual - Part 3

N O N E

Long-Term Care Experience Reporting Form 3 - Individual - Part 4

N O N E

Long-Term Care Experience Reporting Form 3 - Group - Part 1

N O N E

Long-Term Care Experience Reporting Form 3 - Group - Part 2

N O N E

Long-Term Care Experience Reporting Form 3 - Group - Part 3

N O N E

Long-Term Care Experience Reporting Form 3 - Group - Part 4

N O N E

Long-Term Care Experience Reporting Form 3 - Summary - Part 1

N O N E

Long-Term Care Experience Reporting Form 3 - Summary - Part 2

N O N E

Long-Term Care Experience Reporting Form 3 - Summary - Part 3

N O N E

Long-Term Care Experience Reporting Form 3 - Summary - Part 4

N O N E

Long-Term Care Experience Reporting Form 3 Footnote

N O N E

Long-Term Care Experience Reporting Form 4

N O N E

SUPPLEMENT FOR THE YEAR 2021 OF THE COSE Health and Wellness Trust

LONG-TERM CARE EXPERIENCE REPORTING FORM 5
EXPERIENCE IN THE STATE OF
STAND-ALONE AND HYBRID PRODUCTS - DIRECT STATE REPORTING ($000 OMITTED)

REPORTING YEAR 2021

(To Be Filed By April 1)

NAIC Group Code 0000 NAIC Company Code 00122

NONE

	1 Number of New Lives Insured	2 Number of Lives In Force Year End	3 Ea[illegible]d Pre[illegible]ms	4 Incur[illegible]C C	5 Inc[illegible]ed Be[illegible]fits Claims	6 Number of Claims Remaining Open	7 Number of Claims Opened	8 Number of New Extended Benefits Claims	9 Accelerated Benefits Available	10 Extended Benefits Available
Stand-Alone LTC										
1. Current					XXX			XXX	XXX	XXX
2. Total Inception-to-Date		XXX			XXX	XXX		XXX	XXX	XXX
LTC Hybrid Policies and Riders										
3. Current (Acceleration Only)					XXX			XXX		XXX
4. Total Inception-to-Date (Acceleration Only)		XXX			XXX	XXX		XXX	XXX	XXX
5. Current (Extended Benefits Policies)										
6. Total Inception-to-Date (Extended Benefits Policies)		XXX				XXX			XXX	XXX

SUPPLEMENT FOR THE YEAR 2021 OF THE COSE Health and Wellness Trust

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
(To Be Filed by March 1)

FOR THE STATE OF Ohio

NAIC Group Code ..... NAIC Company Code .....

ADDRESS (City, State and Zip Code) , ...

Person Completing This Exhibit .....

Title ..... Telephone Number .....

NONE

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
											Incurred Claims				Incurred Claims		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Amount	17 Percent of Premiums Earned	18 Number of Covered Lives

NONE

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(a)(8) for this state.
   2.1 Address: , ...
   2.2 Contact Person and Phone Number: .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: , ...
   3.2 Contact Person and Phone Number: .....
4. Explain any policies identified above as policy type "O". .....

360.OH

SUPPLEMENT FOR THE YEAR 2021 OF THE COSE Health and Wellness Trust

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code 0000 (To Be Filed by March 1) NAIC Company Code 00122

	Individual Coverage		Group Coverage		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	
1.12 Without Reinsurance Coverage		XXX		XXX	
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	
1.2 Supplemental Benefits		XXX		XXX	
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		XXX		XXX	XXX
5.12 Without Reinsurance Coverage		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments		XXX		XXX	XXX
5.2 Supplemental Benefits		XXX		XXX	XXX
6. Total Premiums		XXX		XXX	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage		XXX		XXX	
7.12 Without Reinsurance Coverage		XXX		XXX	
7.2 Supplemental Benefits		XXX		XXX	
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		XXX		XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage		XXX		XXX	XXX
10.12 Without Reinsurance Coverage		XXX		XXX	XXX
10.2 Supplemental Benefits		XXX		XXX	XXX
11. Total Claims		XXX		XXX	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net of Reimbursements Applied	XXX		XXX		
12.2 Reimbursements Received but Not Applied-change	XXX		XXX		
12.3 Reimbursements Receivable-change	XXX		XXX		XXX
12.4 Health Care Receivables-change	XXX		XXX		XXX
13. Aggregate Policy Reserves-change					XXX
14. Expenses Paid		XXX		XXX	
15. Expenses Incurred		XXX		XXX	XXX
16. Underwriting Gain/Loss		XXX		XXX	XXX
17. Cash Flow Results	XXX	XXX	XXX	XXX	

NONE