



# HEALTH ANNUAL STATEMENT

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

## RiverLink Health

NAIC Group Code 4807 4807 NAIC Company Code 15499 Employer's ID Number 46-4380824  
(Current) (Prior)

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: Other

Is HMO Federally Qualified? Yes [  ] No [  ]

Incorporated/Organized 12/18/2013 Commenced Business 01/01/2015

Statutory Home Office 10496 Montgomery Road, Suite 212, Cincinnati, OH, US 45242  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 33820 Weyerhaeuser Way S  
(Street and Number)  
Federal Way, WA, US 98001, 763-321-3631  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 33820 Weyerhaeuser Way S, Federal Way, WA, US 98001  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 33820 Weyerhaeuser Way S  
(Street and Number)  
Federal Way, WA, US 98001, 763-321-3631  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.RiverLinkHealth.com

Statutory Statement Contact Thuy Le, 253-517-4340  
(Name) (Area Code) (Telephone Number)  
thuy.le501@commonspirit.org, 253-517-4385  
(E-mail Address) (FAX Number)

### OFFICERS

CEO/President Mark Fred Bjornson  
Treasurer Charles William Hanson

### OTHER

### DIRECTORS OR TRUSTEES

Mark Fred Bjornson Charles William Hanson Gregory Porter Moore

State of \_\_\_\_\_ SS  
County of \_\_\_\_\_

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

Mark Fred Bjornson  
CEO/President

Charles William Hanson  
Treasurer

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE RiverLink Health

**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						
0199999. Total Pharmaceutical Rebate Receivables	0	0	0	0	0	0
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed				85,639	85,639	
0299999. Total Claim Overpayment Receivables	0	0	0	85,639	85,639	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	0	0	0	85,639	85,639	0

**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 Health Care Receivables from Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	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		
1. Pharmaceutical rebate receivables .....					0	0
2. Claim overpayment receivables .....			85,639		85,639	85,639
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)	0	0	85,639	0	85,639	85,639

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

**N O N E**

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
<b>Capitation Payments:</b>						
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
<b>Other Payments:</b>						
5. Fee-for-service .....	0	0.0	XXX	XXX		
6. Contractual fee payments .....	(845)	100.0	XXX	XXX		(845)
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 .....	(845)	100.0	XXX	XXX	0	(845)
13. TOTAL (Line 4 plus Line 12)	(845)	100%	XXX	XXX	0	(845)

**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
<b>NONE</b>					
9999999 Totals			XXX	XXX	XXX

Exhibit 8 - Furniture and Equipment Owned

**N O N E**



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE RiverLink Health

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

RiverLink Health

2. Cincinnati, OH

NAIC Group Code	4807	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Ohio		2021							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year .....	0											
2. First Quarter .....	0											
3. Second Quarter .....	0											
4. Third Quarter .....	0											
5. Current Year	0											
6. Current Year Member Months	0											
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	0											
8. Non-Physician .....	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b) .....	0											
13. Life Premiums Direct .....	0											
14. Property/Casualty Premiums Written .....	0											
15. Health Premiums Earned .....	0											
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services.....	(845)							(845)				
18. Amount Incurred for Provision of Health Care Services	(845)							(845)				

(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 \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE RiverLink Health

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

RiverLink Health

2. Cincinnati, OH

NAIC Group Code	4807	BUSINESS IN THE STATE OF	(LOCATION)								
			Grand Total		DURING THE YEAR			2021		NAIC Company Code	15499
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>											
1. Prior Year	0	0	0	0	0	0	0	0	0	0	
2. First Quarter	0	0	0	0	0	0	0	0	0	0	
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	
5. Current Year	0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	0	0	0	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	0	0	0	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	(845)	0	0	0	0	0	0	(845)	0	0	
18. Amount Incurred for Provision of Health Care Services	(845)	0	0	0	0	0	0	(845)	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

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Schedule S - Part 1 - Section 2

**NONE**

Schedule S - Part 2

**NONE**

Schedule S - Part 3 - Section 2

**NONE**

Schedule S - Part 4

**NONE**

Schedule S - Part 4 - Bank Footnote

**NONE**

Schedule S - Part 5

**NONE**

Schedule S - Part 5 - Bank Footnote

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE RiverLink Health

**SCHEDULE S - PART 6**

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

	1 2021	2 2020	3 2019	4 2018	5 2017
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	0	0	0	0	0
2. Title XVIII - Medicare .....	0	0	0	28	35
3. Title XIX - Medicaid .....	0	0	0	0	0
4. Commissions and reinsurance expense allowance .....					
5. Total hospital and medical expenses .....			0	0	14
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....	0	0	0	0	0
8. Reinsurance recoverable on paid losses .....	0	0	0	0	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 .....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....	0	0	0	0	0
14. Letters of credit (L) .....	0	0	0	0	0
15. Trust agreements (T) .....	0	0	0	0	0
16. Other (O) .....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....			0	0	0
18. Funds deposited by and withheld from (F) .....			0	0	0
19. Letters of credit (L) .....			0	0	0
20. Trust agreements (T) .....			0	0	0
21. Other (O) .....			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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	5,296,175		5,296,175
2. Accident and health premiums due and unpaid (Line 15) .....	0		0
3. Amounts recoverable from reinsurers (Line 16.1) .....	0		0
4. Net credit for ceded reinsurance .....	XXX	0	0
5. All other admitted assets (Balance) .....	36,119		36,119
6. Total assets (Line 28)	5,332,294	0	5,332,294
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	0		0
8. Accrued medical incentive pool and bonus payments (Line 2) .....	0		0
9. Premiums received in advance (Line 8) .....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) .....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....	0		0
14. All other liabilities (Balance) .....	3,817		3,817
15. Total liabilities (Line 24) .....	3,817	0	3,817
16. Total capital and surplus (Line 33) .....	5,328,478	XXX	5,328,478
17. Total liabilities, capital and surplus (Line 34)	5,332,295	0	5,332,295
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	0		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	0		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	0		

**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.	Direct Business Only					Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
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 Other Alien	OT					
59. Total						

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE RiverLink Health

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
			46-1224037				QualChoice Health Plan Services, Inc	CO	UDP	QualChoice Health, Inc	Ownership	100.000	CommonSpirit Health (f/k/a Catholic Health Initiatives)	NO	
4807	Catholic Hlth Initiatives Grp	12909	42-1720801				Soundpath Health	WA	IA	QualChoice Health Plan Services, Inc	Ownership	100.000	QualChoice Health, Inc /Catholic Health Initiatives	NO	
4807	Catholic Hlth Initiatives Grp	15488	46-4368223				HeartlandPlains Health	NE	IA	QualChoice Health Plan Services, Inc	Ownership	100.000	QualChoice Health, Inc /Catholic Health Initiatives	NO	
4807	Catholic Hlth Initiatives Grp	15499	46-4380824				RiverLink Health	OH	RE	QualChoice Health Plan Services, Inc	Ownership	100.000	QualChoice Health, Inc /Catholic Health Initiatives	NO	
4807	Catholic Hlth Initiatives Grp	15752	47-3451750				HarvestPlains Health of Iowa	IA	IA	QualChoice Health Plan Services, Inc	Ownership	100.000	QualChoice Health, Inc /Catholic Health Initiatives	NO	

**NONE**

Asterisk	
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Schedule Y - Part 2

**NONE**

Schedule Y - Part 3

**NONE**

# 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
<b>MARCH FILING</b>	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	YES
2. Will an actuarial opinion be filed by March 1? .....	WAIVED
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? .....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? .....	YES
<b>APRIL FILING</b>	
5. Will Management's Discussion and Analysis be filed by April 1? .....	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? .....	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....	YES
<b>JUNE FILING</b>	
8. Will an audited financial report be filed by June 1? .....	WAIVED
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	WAIVED

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.

<b>MARCH FILING</b>	
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? .....	YES
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? .....	NO
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
<b>APRIL FILING</b>	
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? .....	YES
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? .....	YES
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? .....	YES

<b>AUGUST FILING</b>	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	NO
10. Explanations:	
11.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
24.	

Bar Codes:

2. Actuarial Opinion [Document Identifier 440]	
8. Audited Financial Report [Document Identifier 220]	
9. Accountants Letter of Qualifications [Document Identifier 221]	
10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
11. Life Supplement [Document Identifier 205]	
13. Participating Opinion for Exhibit 5 [Document Identifier 371]	
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]	
17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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



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



24. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]

