

**ANNUAL STATEMENT**

**OF THE**

**COSE Health and Wellness Trust**

**TO THE**

**Insurance Department**

**OF THE**

**STATE OF**

Ohio

FOR THE YEAR ENDED  
DECEMBER 31, 2022

HEALTH

**2022**



**HEALTH ANNUAL STATEMENT**  
 FOR THE YEAR ENDED DECEMBER 31, 2022  
 OF THE CONDITION AND AFFAIRS OF THE  
**COSE Health and Wellness Trust**

NAIC Group Code 0000 0000 NAIC Company Code 00122 Employer's ID Number 81-6240902  
 (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: 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, Cleveland, OH, US 44115-1355  
 (Street and Number) (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, 216-592-2200  
 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1240 Huron Road E., Ste. 200, Cleveland, OH, US 44115-1355  
 (Street and Number or P.O. Box) (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, 216-592-2200  
 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.cosemewa.com

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

**OFFICERS**

Chairman Timothy Maynard Reynolds Vice Chairman Robert Richard Nicolay III  
 Plan Administrator John Luteran Secretary James Frederick Harmon

**OTHER**

**DIRECTORS OR TRUSTEES**

Martha Judith Lanning Laura Lynn McPhee Michael Reed Canty  
Jeffery Raymund Gwinnell

State of Ohio SS  
 County of Cuyahoga

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.....

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**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) .....	13,934,770		13,934,770	7,465,648
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 (\$ .....94,462 , Schedule E - Part 1), cash equivalents (\$ ..... 10,102,477 , Schedule E - Part 2) and short-term investments (\$ ..... 224,150 , Schedule DA) .....	10,421,090		10,421,090	13,901,586
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) .....	24,355,859	0	24,355,859	21,367,234
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	107,859		107,859	38,946
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	445,049		445,049	151,320
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	501,673		501,673	66,299
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....	24,718,839		24,718,839	26,313,921
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 (\$ ..... 22,772 ) and other amounts receivable .....	289,759	266,987	22,772	158,322
25. Aggregate write-ins for other than invested assets .....	60,605	60,605	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	50,479,642	327,592	50,152,050	48,096,043
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	50,479,642	327,592	50,152,050	48,096,043
<b>DETAILS OF WRITE-INS</b>				
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 .....	45,105	45,105	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)	60,605	60,605	0	0

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... 34,866,000 reinsurance ceded) .....	10,268,001		10,268,001	11,056,574
2. Accrued medical incentive pool and bonus amounts .....			0	0
3. Unpaid claims adjustment expenses.....	1,549,600		1,549,600	1,496,000
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.....	2,806,183		2,806,183	2,200,268
9. General expenses due or accrued.....	210,503		210,503	171,902
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... 65,024 on realized capital gains (losses)) .....	65,024		65,024	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable.....	21,339,239		21,339,239	20,207,144
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).....	36,238,551	0	36,238,551	35,131,887
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	5,833,336	6,666,668
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	8,080,163	6,297,487
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	13,913,499	12,964,155
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	50,152,050	48,096,043
<b>DETAILS OF WRITE-INS</b>				
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	733,754	728,848
2. Net premium income ( including \$ ..... non-health premium income) .....	XXX	66,813,727	64,533,441
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	0	
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX	0	
5. Risk revenue .....	XXX	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	66,813,727	64,533,441
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		186,747,930	191,426,965
10. Other professional services .....		12,616,257	12,116,073
11. Outside referrals .....		560,398	621,008
12. Emergency room and out-of-area .....		42,858,328	37,529,564
13. Prescription drugs .....		51,197,967	50,480,857
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		0	
16. Subtotal (Lines 9 to 15) .....	0	293,980,879	292,174,467
<b>Less:</b>			
17. Net reinsurance recoveries .....		266,951,922	264,545,974
18. Total hospital and medical (Lines 16 minus 17) .....	0	27,028,958	27,628,493
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$ .....0 cost containment expenses ....		53,600	68,000
21. General administrative expenses .....		38,068,483	36,906,124
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	65,151,040	64,602,617
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	1,662,687	(69,175)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		527,950	239,534
26. Net realized capital gains (losses) less capital gains tax of \$ .....		3,097	19,910
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	531,047	259,444
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	2,193,734	190,269
31. Federal and foreign income taxes incurred .....	XXX	201,000	78,686
32. Net income (loss) (Lines 30 minus 31)	XXX	1,992,734	111,583
<b>DETAILS OF WRITE-INS</b>			
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
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year.....	12,964,155	13,638,229
34. Net income or (loss) from Line 32 .....	1,992,734	111,583
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 .....	(210,058)	(4,461)
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	(833,332)	(833,332)
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) .....	949,344	(674,074)
49. Capital and surplus end of reporting period (Line 33 plus 48)	13,913,499	12,964,155
<b>DETAILS OF WRITE-INS</b>		
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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**CASH FLOW**

	1	2
	Current Year	Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	69,853,091	61,461,221
2. Net investment income .....	442,728	185,725
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	70,295,820	61,646,945
5. Benefit and loss related payments .....	28,542,663	23,895,992
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7. Commissions, expenses paid and aggregate write-ins for deductions .....	38,056,106	36,864,927
8. Dividends paid to policyholders .....		
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	135,976	79,658
10. Total (Lines 5 through 9) .....	66,734,745	60,840,576
11. Net cash from operations (Line 4 minus Line 10) .....	3,561,075	806,369
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	3,501,280	3,168,210
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) .....	3,501,280	3,168,210
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	9,924,771	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) .....	9,924,771	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) .....	(6,423,490)	3,168,210
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	(833,332)	(833,332)
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) .....	215,251	(125,262)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(618,081)	(958,594)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(3,480,497)	3,015,985
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	13,901,586	10,885,601
19.2 End of year (Line 18 plus Line 19.1) .....	10,421,090	13,901,586

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

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust  
**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	66,813,727	66,813,727								
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)	66,813,727	66,813,727	0	0	0	0	0	0	0	0
8. Hospital/medical benefits	186,747,930	186,747,930								XXX
9. Other professional services	12,616,257	12,616,257								XXX
10. Outside referrals	560,398	560,398								XXX
11. Emergency room and out-of-area	42,858,328	42,858,328								XXX
12. Prescription drugs	51,197,967	51,197,967								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)	293,980,879	293,980,879	0	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries	266,951,922	266,951,922								XXX
17. Total medical and hospital (Lines 15 minus 16)	27,028,958	27,028,958	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	53,600	53,600								
20. General administrative expenses	38,068,483	38,068,483								
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)	65,151,040	65,151,040	0	0	0	0	0	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	1,662,687	1,662,687	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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**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) individual .....				0
2. Comprehensive (hospital and medical) group .....	335,460,941		268,647,214	66,813,727
3. Medicare Supplement .....				0
4. Dental only .....				0
5. Vision only .....				0
6. Federal Employees Health Benefits Plan .....	0			0
7. Title XVIII - Medicare .....	0			0
8. Title XIX - Medicaid .....	0			0
9. Credit A&H .....				0
10. Disability Income .....				0
11. Long-Term Care .....				0
12. Other health .....				0
13. Health subtotal (Lines 1 through 12) .....	335,460,941	0	268,647,214	66,813,727
14. Life .....	0			0
15. Property/casualty .....	0			0
16. Totals (Lines 13 to 15)	335,460,941	0	268,647,214	66,813,727

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 - CLAIMS INCURRED DURING THE YEAR**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Dental Only	6 Vision Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Payments during the year:														
1.1 Direct .....	294,769,452		294,769,452											
1.2 Reinsurance assumed .....	0													
1.3 Reinsurance ceded .....	266,951,922		266,951,922											
1.4 Net .....	27,817,531	0	27,817,531	0	0	0	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 .....	10,268,001	0	10,268,001	0	0	0	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net .....	10,268,001	0	10,268,001	0	0	0	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	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year .....	0													
6. Net health care 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 .....	11,056,574		11,056,574	0	0	0	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed .....	0			0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded .....	0			0	0	0	0	0	0	0	0	0	0	0
8.4 Net .....	11,056,574	0	11,056,574	0	0	0	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct .....	0													
9.2 Reinsurance assumed .....	0													
9.3 Reinsurance ceded .....	0													
9.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year .....	0													
11. Amounts recoverable from reinsurers December 31, prior year .....	0													
12. Incurred Benefits:														
12.1 Direct .....	293,980,879	0	293,980,879	0	0	0	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded .....	266,951,922	0	266,951,922	0	0	0	0	0	0	0	0	0	0	0
12.4 Net .....	27,028,958	0	27,028,958	0	0	0	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	0	0	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	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	0	0	0	0
2. Incurred but Unreported:														
2.1 Direct .....	10,268,001		10,268,001											
2.2 Reinsurance assumed .....	0													
2.3 Reinsurance ceded .....	0													
2.4 Net .....	10,268,001	0	10,268,001	0	0	0	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	0	0	0	0
4. TOTALS:														
4.1 Direct .....	10,268,001	0	10,268,001	0	0	0	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net .....	10,268,001	0	10,268,001	0	0	0	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**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 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....					0	
2. Comprehensive (hospital and medical) group .....	10,717,851	17,099,680	93,623	10,174,378	10,811,474	11,056,574
3. Medicare Supplement .....					0	0
4. Dental Only .....					0	0
5. Vision Only .....					0	0
6. Federal Employees Health Benefits Plan .....					0	0
7. Title XVIII - Medicare .....					0	0
8. Title XIX - Medicaid .....					0	0
9. Credit A&H .....					0	
10. Disability Income .....					0	
11. Long-Term Care .....					0	
12. Other health .....					0	0
13. Health subtotal (Lines 1 to 12) .....	10,717,851	17,099,680	93,623	10,174,378	10,811,474	11,056,574
14. Health care receivables (a) .....					0	0
15. Other non-health .....					0	0
16. Medical incentive pools and bonus amounts .....					0	0
17. Totals (Lines 13 - 14 + 15 + 16)	10,717,851	17,099,680	93,623	10,174,378	10,811,474	11,056,574

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior .....	5,652	5,731	5,731	5,732	5,732
2. 2018 .....	87,027	103,844	103,844	103,862	103,862
3. 2019 .....	XXX	190,516	275,571	302,125	302,125
4. 2020 .....	XXX	XXX	20,450	23,928	24,142
5. 2021 .....	XXX	XXX	XXX	19,628	23,027
6. 2022 .....	XXX	XXX	XXX	XXX	24,205

**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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior .....	5,862	5,731	5,731	5,731	5,731
2. 2018 .....	103,948	104,391	104,391	104,391	104,391
3. 2019 .....	XXX	225,934	226,336	226,442	226,442
4. 2020 .....	XXX	XXX	24,056	24,098	30,427
5. 2021 .....	XXX	XXX	XXX	27,628	33,327
6. 2022 .....	XXX	XXX	XXX	XXX	27,029

**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. 2018 .....	133,703	103,862		0.0	103,862	77.7		691	104,553	78.2
2. 2019 .....	255,796	302,125		0.0	302,125	118.1		674	302,799	118.4
3. 2020 .....	69,977	30,427		0.0	30,427	43.5	7	64	30,498	43.6
4. 2021 .....	64,533	33,327		0.0	33,327	51.6	63	68	33,458	51.8
5. 2022 .....	66,814	27,029		0.0	27,029	40.5	10,198	54	37,281	55.8

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior .....	5,652	5,731	5,731	5,732	5,732
2. 2018 .....	87,027	103,844	103,844	103,862	103,862
3. 2019 .....	XXX	190,516	275,571	302,125	302,125
4. 2020 .....	XXX	XXX	20,450	23,928	24,142
5. 2021 .....	XXX	XXX	XXX	19,628	23,027
6. 2022 .....	XXX	XXX	XXX	XXX	24,205

**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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior .....	5,862	5,731	5,731	5,731	5,731
2. 2018 .....	103,948	104,391	104,391	104,391	104,391
3. 2019 .....	XXX	225,934	226,336	226,442	226,442
4. 2020 .....	XXX	XXX	24,056	24,098	30,427
5. 2021 .....	XXX	XXX	XXX	27,628	33,327
6. 2022 .....	XXX	XXX	XXX	XXX	27,029

**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. 2018 .....	133,703	103,862	0	0.0	103,862	77.7	0	691	104,553	78.2
2. 2019 .....	255,796	302,125	0	0.0	302,125	118.1	0	674	302,799	118.4
3. 2020 .....	69,977	30,427	0	0.0	30,427	43.5	7	64	30,498	43.6
4. 2021 .....	64,533	33,327	0	0.0	33,327	51.6	63	68	33,458	51.8
5. 2022 .....	66,814	27,029	0	0.0	27,029	40.5	10,198	54	37,281	55.8

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## UNDERWRITING AND INVESTMENT EXHIBIT

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

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Dental Only	6 Vision Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
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)													
<b>NONE</b>													
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)													

(a) Includes \$ ..... premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust  
**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
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 .....			15,120		15,120
5. Certifications and accreditation fees .....			1,000		1,000
6. Auditing, actuarial and other consulting services ...			295,799		295,799
7. Traveling expenses .....					0
8. Marketing and advertising .....					0
9. Postage, express and telephone .....			53		53
10. Printing and office supplies .....			525		525
11. Occupancy, depreciation and amortization .....					0
12. Equipment .....					0
13. Cost or depreciation of EDP equipment and software .....			9,195		9,195
14. Outsourced services including EDP, claims, and other services .....			37,277,270		37,277,270
15. Boards, bureaus and association fees .....					0
16. Insurance, except on real estate .....			179,010		179,010
17. Collection and bank service charges .....			52,512		52,512
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 .....			30,158		30,158
23.2 State premium taxes .....			29,000		29,000
23.3 Regulatory authority licenses and fees .....			178,840		178,840
23.4 Payroll taxes .....					0
23.5 Other (excluding federal income and real estate taxes) .....					0
24. Investment expenses not included elsewhere .....				(19,805)	(19,805)
25. Aggregate write-ins for expenses .....	0	53,600	0	0	53,600
26. Total expenses incurred (Lines 1 to 25) .....	0	53,600	38,068,483	(19,805)	38,102,277
27. Less expenses unpaid December 31, current year .....		1,549,600	210,503		1,760,103
28. Add expenses unpaid December 31, prior year ....		1,496,000	171,902		1,667,902
29. Amounts receivable relating to uninsured plans, prior year .....					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	0	38,029,881	(19,805)	38,010,075
<b>DETAILS OF WRITE-INS</b>					
2501. Claims Adjustment Expense .....		53,600			53,600
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	53,600	0	0	53,600

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) 108,719	173,464
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 171,547	103,686
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) 224,305	230,995
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	504,570	508,145
11. Investment expenses		(g) (19,805)
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)		(19,805)
17. Net investment income (Line 10 minus Line 16)		527,950
<b>DETAILS OF WRITE-INS</b>		
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 \$ 49,885 accrual of discount less \$ 7,350 amortization of premium and less \$ 61,946 paid for accrued interest on purchases.
- (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 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	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	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					
1.2 Other bonds (unaffiliated)	3,097	0	3,097	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	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	0	0	0	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	3,097	0	3,097	0	0
<b>DETAILS OF WRITE-INS</b>					
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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**EXHIBIT OF NON-ADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			0
2.2 Common stocks .....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale .....			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....			0
6. Contract loans .....			0
7. Derivatives (Schedule DB) .....			0
8. Other invested assets (Schedule BA) .....			0
9. Receivables for securities .....			0
10. Securities lending reinvested collateral assets (Schedule DL) .....			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
14. Investment income due and accrued .....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due ..			0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....			0
16.2 Funds held by or deposited with reinsured companies .....			0
16.3 Other amounts receivable under reinsurance contracts .....			0
17. Amounts receivable relating to uninsured plans .....			0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0
18.2 Net deferred tax asset .....			0
19. Guaranty funds receivable or on deposit .....			0
20. Electronic data processing equipment and software .....			0
21. Furniture and equipment, including health care delivery assets .....			0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0
23. Receivable from parent, subsidiaries and affiliates .....			0
24. Health care and other amounts receivable .....	266,987	58,339	(208,648)
25. Aggregate write-ins for other than invested assets .....	60,605	59,195	(1,410)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	327,592	117,534	(210,058)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0
28. Total (Lines 26 and 27)	327,592	117,534	(210,058)
<b>DETAILS OF WRITE-INS</b>			
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 .....	45,105	43,695	(1,410)
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)	60,605	59,195	(1,410)

**EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....						
2. Provider Service Organizations .....	60,462	60,175	61,537	61,695	60,912	733,754
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	60,462	60,175	61,537	61,695	60,912	733,754
<b>DETAILS OF WRITE-INS</b>						
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:						
Goldstein Group Communications .....	15,544					15,544
Hapco Inc .....	11,276					11,276
0299997. Group subscriber subtotal	26,821	0	0	0	0	26,821
0299998. Premiums due and unpaid not individually listed	132,895					132,895
0299999. Total group	159,715	0	0	0	0	159,715
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities						
.....						
.....						
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.....						
.....						
.....						
.....						
.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	159,715	0	0	0	0	159,715



**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 .....	216,661	1,563,326		289,759	216,661	216,661
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)	216,661	1,563,326	0	289,759	216,661	216,661

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



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 .....	404,343	0.1	XXX	XXX	404,343	
6. Contractual fee payments .....	287,976,450	99.9	XXX	XXX	287,976,450	
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 .....	288,380,793	100.0	XXX	XXX	288,380,793	0
13. TOTAL (Line 4 plus Line 12)	288,380,793	100%	XXX	XXX	288,380,793	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
<b>NONE</b>					
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 #	2022	2021
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 1,992,734	\$ 111,583
(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	\$ 1,992,734	\$ 111,583
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 13,913,499	\$ 12,964,155
(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	\$ 13,913,499	\$ 12,964,155

## 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**

Not applicable

**NOTE 4 Discontinued Operations**

Not applicable

**NOTE 5 Investments**

## A. Mortgage Loans, including Mezzanine Real Estate Loans

Not applicable

## B. Debt Restructuring

Not applicable

## C. Reverse Mortgages

Not applicable

## D. Loan-Backed Securities

Not applicable

## E. Dollar Repurchase Agreements and/or Securities Lending Transactions

Not applicable

## F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not applicable

## G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not applicable

## H. Repurchase Agreements Transactions Accounted for as a Sale

Not applicable

## I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

Not applicable

## J. Real Estate

Not applicable

## K. Low Income Housing tax Credits (LIHTC)

Not applicable

## L. Restricted Assets

**NOTES TO FINANCIAL STATEMENTS**

Not applicable

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

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

Asset Type	Percent Share
(1) Cash	1.0%
(2) Cash Equivalents	96.9%
(3) Short-Term Investments	2.1%
(4) Total	100.0%

**NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies**  
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) 12/31/2021	(3) (Col. 1 - 2) Change
1. Current Income Tax			
(a) Federal	\$ 201,000	\$ 78,686	\$ 122,314
(b) Foreign			\$ -
(c) Subtotal (1a+1b)	\$ 201,000	\$ 78,686	\$ 122,314
(d) Federal income tax on net capital gains			\$ -
(e) Utilization of capital loss carry-forwards			\$ -
(f) Other			\$ -
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	\$ 201,000	\$ 78,686	\$ 122,314
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			\$ -
(99) Subtotal (sum of 2a1 through 2a13)	\$ -	\$ -	\$ -
(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			\$ -
(99) Subtotal (2e1+2e2+2e3+2e4)	\$ -	\$ -	\$ -

**NOTES TO FINANCIAL STATEMENTS**

(f) Statutory valuation allowance adjustment				\$	-	
(g) Nonadmitted				\$	-	
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$	-	\$	-	\$	-
(i) Admitted deferred tax assets (2d + 2h)	\$	-	\$	-	\$	-
<b>3. Deferred Tax Liabilities:</b>						
(a) Ordinary:						
(1) Investments				\$	-	
(2) Fixed assets				\$	-	
(3) Deferred and uncollected premium				\$	-	
(4) Policyholder reserves				\$	-	
(5) Other				\$	-	
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$	-	\$	-	\$	-
(b) Capital:						
(1) Investments				\$	-	
(2) Real estate				\$	-	
(3) Other				\$	-	
(99) Subtotal (3b1+3b2+3b3)	\$	-	\$	-	\$	-
(c) Deferred tax liabilities (3a99 + 3b99)	\$	-	\$	-	\$	-
<b>4. Net deferred tax assets/liabilities (2i - 3c)</b>	\$	-	\$	-	\$	-

D. Not applicable

E. Not applicable

F. Not applicable

G. Not applicable

H. Repatriation Transition Tax (RTT)  
Not applicable

I. Alternative Minimum Tax (AMT) Credit  
Not applicable

	Amount
(1) Gross AMT Credit Recognized as:	
a. Current year recoverable	
b. Deferred tax asset (DTA)	
(2) Beginning Balance of AMT Credit Carryforward	\$ -
(3) Amounts Recovered	
(4) Adjustments	
(5) Ending Balance of AMT Credit Carryforward (5=2-3-4)	\$ -
(6) Reduction for Sequestration	
(7) Nonadmitted by Reporting Entity	
(8) Reporting Entity Ending Balance (8=5-6-7)	\$ -

**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.

J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is

K. The Company issued the following surplus debentures or similar obligations:

1	2	3	4	5	6	7	8
Item Number	Date Issued	Interest Rate	Original Issue Amount of Note	Is Surplus Note Holder a Related Party (Y/N)	Carrying Value of Note Prior Year	Carrying Value of Note Current Year*	Unapproved Interest And/Or Principal
	10/02/2019	0.000%	\$ 7,000,000	No	\$ 6,222,224	\$ 5,444,448	
	10/01/2019	0.000%	\$ 500,000	No	\$ 444,444	\$ 388,888	
<b>Total</b>	XXX	XXX	<b>\$ 7,500,000</b>	XXX	<b>\$ 6,666,668</b>	<b>\$ 5,833,336</b>	<b>\$ -</b>

\* Total should agree with Page 3, Line 29.

1	9	10	11	12	13	14
Item Number	Current Year Interest Expense Recognized	Life-To-Date Interest Expense Recognized	Current Year Interest Offset Percentage (not including amounts paid to a 3rd party liquidity provider)	Current Year Principal Paid	Life-To-Date Principal Paid	Date of Maturity
				\$ 777,776	\$ 1,555,552	12/31/2029
				\$ 55,556	\$ 111,112	12/31/2029
<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	XXX	<b>\$ 833,332</b>	<b>\$ 1,666,664</b>	XXX

**NOTES TO FINANCIAL STATEMENTS**

1	15	16	17	18	19
Item Number	Are Surplus Note Payments Contractually Linked? (Y/N)	Surplus Note Payments Subject to Administrative Offsetting Provisions? (Y/N)	Were Surplus Note Proceeds Used to Purchase an Asset Directly From the Holder of the Surplus Note? (Y/N)	Is Asset Issuer a Related Party (Y/N)	Type of Assets Received Upon Issuance
	Yes	No	No	No	Cash
	Yes	No	No	Yes	Cash
Total	XXX	XXX	XXX	XXX	XXX

1	20	21	22
Item Number	Principal Amount of Assets Received Upon Issuance	Book/Adjusted Carry Value of Assets	Is Liquidity Source a Related Party to the Surplus Note Issuer? (Y/N)
	\$ 7,000,000	\$ 7,000,000	No
	\$ 500,000	\$ 500,000	No
Total	\$ 7,500,000	\$ 7,500,000	XXX

L. The impact of any restatement due to prior quasi-reorganizations is as follows:  
Not Applicable

**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.  
(3) The Trust restated or reported no assets or liabilities at fair value as of December 31st, 2022.

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	\$ 7,594,995	\$ 7,821,072	\$ 7,594,995				
US Special Revenue Bonds	\$ 2,245,374	\$ 2,262,969		\$ 2,245,374			
Industrial and Miscellaneous Bonds	\$ 3,773,695	\$ 3,850,729		\$ 3,773,695			

D. Not Practicable to Estimate Fair Value

Type or Class of Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation

**NOTE 21 Other Items**

Not applicable

**NOTE 22 Events Subsequent**

Type I – Recognized Subsequent Events:

**NOTES TO FINANCIAL STATEMENTS**

Subsequent events have been considered thru March 29th, 2023 for these statutory financial statements which are to be issued on March 31st, 2023. There were no events occurring subsequent to the end of the year that merited recognition or disclosure in these statements.

Type II – Nonrecognized Subsequent Events:  
Not applicable

**NOTE 23 Reinsurance**

- A. Ceded Reinsurance Report  
During 2022, the Trust has been subject to a quota share reinsurance agreement with Medical Mutual of Ohio to cede 90% of the Trust's health business.

**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	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$ -	\$ -	\$ -	\$ -	\$ -
(2) Medical loss ratio rebates paid	\$ -	\$ -	\$ -	\$ -	\$ -
(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		
	1	2	3	4	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)	
					5	6	7	8			
	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	\$ -	\$ -

**NOTES TO FINANCIAL STATEMENTS**

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	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	
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					
	1	2	3	4	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)				
					5	6	7	8						
	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.

**NOTES TO FINANCIAL STATEMENTS**

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**

The Trust's outside Actuary continues to analyze reserves on a monthly basis, and Management continues to exercise a conservative approach to the Trust's reserves. Reserves for December 31st, 2022, were \$38.086million. As of December 31st, 2022, \$27.818million has been paid for claims in the current year, and \$10.268million reserve (IBNR) attributable to insured events for the current year incurred in future periods. A reserve of \$11.057million was established in 2021 for the prior year claims. Claims paid in 2022 associated with this reserve were \$10.811million. 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 2022 \$1,853,084 Pharmacy Rebates paid by Third Party Provider \$1,563,325 Pharmacy Rebate Receivables \$289,759

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
12/31/2022	\$ 485				
09/30/2022	\$ 476	\$ 463			
06/30/2022	\$ 448	\$ 499	\$ 378	\$ 11	
03/31/2022	\$ 401	\$ 470	\$ 367		
12/31/2021	\$ 397	\$ 389	\$ 377	\$ 5	\$ 3
09/30/2021	\$ 389	\$ 397	\$ 347	\$ 4	\$ 20
06/30/2021	\$ 370	\$ 384	\$ 372		\$ 6
03/31/2021	\$ 384	\$ 363	\$ 355	\$ 5	

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, 2022.

**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. .... 12/31/2020
- 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. .... 05/25/2022
- 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). .... 05/25/2022
- 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 [ X ] No [ ] N/A [ ]
- 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, government, manager or attorney-in-fact).

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**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 depository institution holding company? ..... 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?  
.....
- 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 [ X ] N/A [ ]
- 10.6 If the response to 10.5 is no or n/a, please explain  
Trustees perform the role of the 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?  
Lewis & Ellis, Inc.  
11225 College Boulevard Ste 320  
Overland Park, KS 66210-2798 .....
- 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 or is likely to conflict with the official duties of such person? ..... Yes [ X ] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers.....\$ .....
  - 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 [ X ]  
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 [ ]
- 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 [ X ]
- 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 St., Cleveland, OH 44114 .....

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**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	2	3
	Statement (Admitted Value)	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds .....	14,158,920	13,837,394	(321,526)
31.2 Preferred stocks .....	0		0
31.3 Totals	14,158,920	13,837,394	(321,526)

31.4 Describe the sources or methods utilized in determining the fair values:

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

38.1 Does the reporting entity directly hold cryptocurrencies? ..... Yes [ ] No [ X ]

38.2 If the response to 38.1 is yes, on what schedule are they reported?  
 .....

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? ..... Yes [ ] No [ X ]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?  
 39.21 Held directly ..... Yes [ ] No [ ]  
 39.22 Immediately converted to U.S. dollars ..... Yes [ ] No [ ]

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums

### OTHER

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

40.2 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

41.1 Amount of payments for legal expenses, if any? ..... \$ ..... 15,120

41.2 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 .....	15,120

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

42.2 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 .....	66,813,727	64,533,441
2.2 Premium Denominator .....	66,813,727	64,533,441
2.3 Premium Ratio (2.1/2.2) .....	1.000	1.000
2.4 Reserve Numerator .....	10,268,001	11,056,574
2.5 Reserve Denominator .....	10,268,001	11,056,574
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 ..... 69,932

8.2 Number of providers at end of reporting year ..... 72,201

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. ....
- 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 ]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**FIVE-YEAR HISTORICAL DATA**

	1 2022	2 2021	3 2020	4 2019	5 2018
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	50,152,050	48,096,043	43,911,990	59,975,526	42,373,540
2. Total liabilities (Page 3, Line 24) .....	36,238,551	35,131,887	30,273,761	39,313,715	30,824,355
3. Statutory minimum capital and surplus requirement .....	500,000	500,000	500,000	5,000,000	5,000,000
4. Total capital and surplus (Page 3, Line 33) .....	13,913,499	12,964,155	13,638,229	20,661,811	11,549,185
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	66,813,727	64,533,441	69,977,205	255,795,734	133,702,677
6. Total medical and hospital expenses (Line 18) .....	27,028,958	27,628,493	24,056,245	225,934,196	103,948,122
7. Claims adjustment expenses (Line 20) .....	53,600	68,000	64,000	673,469	445,843
8. Total administrative expenses (Line 21) .....	38,068,483	36,906,124	41,600,562	40,394,418	19,883,273
9. Net underwriting gain (loss) (Line 24) .....	1,662,687	(69,175)	4,256,398	(567,741)	(1,213,169)
10. Net investment gain (loss) (Line 27) .....	531,047	259,444	495,962	1,173,399	511,022
11. Total other income (Lines 28 plus 29) .....	0	0	0	0	0
12. Net income or (loss) (Line 32) .....	1,992,734	111,583	4,502,616	126,709	(900,114)
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11) .....	3,561,075	806,369	(14,228,322)	(3,640,303)	22,634,775
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital .....	13,913,499	12,964,155	13,638,229	20,661,811	11,549,185
15. Authorized control level risk-based capital .....	1,661,946	1,686,849	1,604,272	9,548,078	4,618,787
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	60,912	60,462	61,431	62,247	37,175
17. Total members months (Column 6, Line 7) .....	733,754	728,848	744,357	700,170	360,850
<b>Operating Percentage</b> (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) .....	40.5	42.8	34.4	88.3	77.7
20. Cost containment expenses .....	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses .....	0.1	0.1	0.1	0.3	0.3
22. Total underwriting deductions (Line 23) .....	97.5	100.1	93.9	100.2	100.9
23. Total underwriting gain (loss) (Line 24) .....	2.5	(0.1)	6.1	(0.2)	(0.9)
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5) .....	10,811,474	7,860,847	32,601,199	17,073,430	5,730,806
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)] .....	11,056,574	7,429,722	35,907,561	17,385,451	6,116,369
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
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	0
30. Affiliated mortgage loans on real estate .....	0	0	0	0	0
31. All other affiliated .....	0	0	0	0	0
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.	0	0	0	0	0

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: .....



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

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

REPORT FOR: 1. CORPORATION

COSE Health and Wellness Trust

2. Cleveland, OH

NAIC Group Code	0000	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Ohio		2022										NAIC Company Code	
		Ohio		2022										00122	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
<b>Total Members at end of:</b>															
1. Prior Year .....	60,462		60,462												
2. First Quarter .....	60,175		60,175												
3. Second Quarter .....	61,537		61,537												
4. Third Quarter .....	61,695		61,695												
5. Current Year	60,912		60,912												
6. Current Year Member Months	733,754		733,754												
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....	340,957		340,957												
8. Non-Physician .....	281,602		281,602												
9. Total	622,559	0	622,559	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	12,006		12,006												
11. Number of Inpatient Admissions	3,097		3,097												
12. Health Premiums Written (b) .....	335,460,941		335,460,941												
13. Life Premiums Direct .....	0														
14. Property/Casualty Premiums Written .....	0														
15. Health Premiums Earned .....	66,813,727		66,813,727												
16. Property/Casualty Premiums Earned	0														
17. Amount Paid for Provision of Health Care Services .....	288,380,793		288,380,793												
18. Amount Incurred for Provision of Health Care Services	293,980,879		293,980,879												

(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 2022 OF THE COSE Health and Wellness Trust

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

REPORT FOR: 1. CORPORATION

COSE Health and Wellness Trust

2. Cleveland, OH

NAIC Group Code	0000	BUSINESS IN THE STATE OF		Grand Total	DURING THE YEAR										(LOCATION)		
		Comprehensive (Hospital & Medical)			4	5	6	7	8	9	10	11	12	13	14	NAIC Company Code	00122
		2	3														
Total	Individual	Group															
<b>Total Members at end of:</b>																	
1. Prior Year	60,462	0	60,462	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. First Quarter	60,175	0	60,175	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Second Quarter	61,537	0	61,537	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Third Quarter	61,695	0	61,695	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Current Year	60,912	0	60,912	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	733,754	0	733,754	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>																	
7. Physician	340,957	0	340,957	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	281,602	0	281,602	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total	622,559	0	622,559	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	12,006	0	12,006	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	3,097	0	3,097	0	0	0	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	335,460,941	0	335,460,941	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	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	0	0	0	0	0	0	
15. Health Premiums Earned	66,813,727	0	66,813,727	0	0	0	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	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	288,380,793	0	288,380,793	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	293,980,879	0	293,980,879	0	0	0	0	0	0	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

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance 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 Domi- ciliary Juris- diction	6 Type of Reinsur- ance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
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		01/01/2022	Medical Mutual of Ohio	OH	QA/G	CMM	250,969,591						
29076		01/01/2022	Medical Mutual of Ohio	OH	SSL/G	CMM	17,097,174						
29076		01/01/2022	Medical Mutual of Ohio	OH	ASL/G	CMM	580,449						
0899999			General Account - Authorized U.S. Non-Affiliates				268,647,214	0	0	0	0	0	0
1099999			Total General Account - Authorized Non-Affiliates				268,647,214	0	0	0	0	0	0
1199999			Total General Account Authorized				268,647,214	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				268,647,214	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)				268,647,214	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				268,647,214	0	0	0	0	0	0

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 2022 OF THE COSE Health and Wellness Trust

**SCHEDULE S - PART 6**

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

	1 2022	2 2021	3 2020	4 2019	5 2018
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	268,647	256,717	239,090	23,168	11,610
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>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....	34,866	33,580	31,768	34,100	13,763
8. Reinsurance recoverable on paid losses .....	502	66	76	60	156
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) .....	24,355,859		24,355,859
2. Accident and health premiums due and unpaid (Line 15) .....	445,049		445,049
3. Amounts recoverable from reinsurers (Line 16.1) .....	501,673	(501,673)	0
4. Net credit for ceded reinsurance .....	XXX	501,673	501,673
5. All other admitted assets (Balance) .....	24,849,469		24,849,469
6. Total assets (Line 28)	50,152,050	0	50,152,050
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	10,268,001		10,268,001
8. Accrued medical incentive pool and bonus payments (Line 2) .....	0		0
9. Premiums received in advance (Line 8) .....	2,806,183		2,806,183
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) .....	23,164,366		23,164,366
15. Total liabilities (Line 24) .....	36,238,551	0	36,238,551
16. Total capital and surplus (Line 33) .....	13,913,499	XXX	13,913,499
17. Total liabilities, capital and surplus (Line 34)	50,152,050	0	50,152,050
<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 .....	501,673		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	501,673		
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	501,673		

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust  
**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	335,460,941							335,460,941	
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		335,460,941	0	0	0	0	0	0	335,460,941	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX									0	
61. Totals (Direct Business)	XXX		335,460,941	0	0	0	0	0	0	335,460,941	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:

- |  |   |  |    |
|--|---|--|----|
| 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....                    | 1 | 4. Q - Qualified - Qualified or accredited reinsurer.....                  | 0  |
| 2. R - Registered - Non-domiciled RRGs.....  | 0 | 5. N - None of the above - Not allowed to write business in the state..... | 56 |
| 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state..... | 0 |  |    |

(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

**NONE**

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

**NONE**

Schedule Y - Part 1A - Explanations

**NONE**

Schedule Y - Part 2

**NONE**

Schedule Y - Part 3

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

**REQUIRED FILINGS**

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? .....	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?.....	WAIVED
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? .....	SEE EXPLANATION
<b>APRIL FILING</b>	
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
<b>JUNE FILING</b>	
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

**SUPPLEMENTAL FILINGS**

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?.....	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?.....	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

**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? .....	WAIVED
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? .....	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. By 3/31/2023
2. By 3/31/2023
4. By 3/31/2023
8. By 6/30/2023
9. By 6/30/2023
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.
- 23.

Bar Codes:

3. Risk-based Capital Report [Document Identifier 390]	
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]	
13. Participating Opinion for Exhibit 5 [Document Identifier 371]	
14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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]



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]



21. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]



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



**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**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 .....	7,821,072	32.112	7,821,072		7,821,072	32.112
1.02 All other governments .....		0.000			0	0.000
1.03 U.S. states, territories and possessions, etc. guaranteed .....		0.000			0	0.000
1.04 U.S. political subdivisions of states, territories, and possessions, guaranteed .....		0.000			0	0.000
1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed .....	2,262,969	9.291	2,262,969		2,262,969	9.291
1.06 Industrial and miscellaneous .....	3,850,729	15.810	3,850,729		3,850,729	15.810
1.07 Hybrid securities .....		0.000			0	0.000
1.08 Parent, subsidiaries and affiliates .....		0.000			0	0.000
1.09 SVO identified funds .....		0.000			0	0.000
1.10 Unaffiliated bank loans .....		0.000			0	0.000
1.11 Unaffiliated certificates of deposit .....		0.000			0	0.000
1.12 Total long-term bonds .....	13,934,770	57.213	13,934,770	0	13,934,770	57.213
2. Preferred stocks (Schedule D, Part 2, Section 1):						
2.01 Industrial and miscellaneous (Unaffiliated) .....		0.000			0	0.000
2.02 Parent, subsidiaries and affiliates .....		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 Exchange traded funds .....		0.000			0	0.000
3.09 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) .....	94,462	0.388	94,462		94,462	0.388
6.02 Cash equivalents (Schedule E, Part 2) .....	10,102,477	41.479	10,102,477		10,102,477	41.479
6.03 Short-term investments (Schedule DA) .....	224,150	0.920	224,150		224,150	0.920
6.04 Total cash, cash equivalents and short-term investments .....	10,421,090	42.787	10,421,090	0	10,421,090	42.787
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	24,355,859	100.000	24,355,859	0	24,355,859	100.000

Schedule A - Verification - Real Estate

**N O N E**

Schedule B - Verification - Mortgage Loans

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust  
**SCHEDULE BA - VERIFICATION BETWEEN YEARS**  
 Other Long-Term Invested Assets

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) .....	

**NONE**

**SCHEDULE D - VERIFICATION BETWEEN YEARS**  
 Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year .....	7,465,648
2.	Cost of bonds and stocks acquired, Part 3, Column 7 .....	9,924,771
3.	Accrual of discount .....	49,885
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
5.	Total gain (loss) on disposals, Part 4, Column 19 .....	3,097
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7 .....	3,501,280
7.	Deduct amortization of premium .....	7,350
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
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
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) .....	13,934,770
12.	Deduct total nonadmitted amounts .....	0
13.	Statement value at end of current period (Line 11 minus Line 12) .....	13,934,770

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**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
<b>BONDS</b>					
Governments (Including all obligations guaranteed by governments)	1. United States .....	7,821,072	7,594,995	7,808,766	7,875,000
	2. Canada .....				
	3. Other Countries				
	4. Totals	7,821,072	7,594,995	7,808,766	7,875,000
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals				
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals				
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	2,262,969	2,245,374	2,227,038	2,275,000
Industrial and Miscellaneous, SVO Identified Funds, Unaffiliated Bank Loans, Unaffiliated Certificates of Deposit and Hybrid Securities (unaffiliated)	8. United States .....	3,850,729	3,773,695	3,809,236	3,850,000
	9. Canada .....				
	10. Other Countries				
	11. Totals	3,850,729	3,773,695	3,809,236	3,850,000
Parent, Subsidiaries and Affiliates	12. Totals				
	13. Total Bonds	13,934,770	13,614,064	13,845,040	14,000,000
<b>PREFERRED STOCKS</b>					
Industrial and Miscellaneous (unaffiliated)	14. United States .....				
	15. Canada .....				
	16. Other Countries				
	17. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	18. Totals				
	19. Total Preferred Stocks	0	0	0	
<b>COMMON STOCKS</b>					
Industrial and Miscellaneous (unaffiliated), Mutual Funds, Unit Investment Trusts, Closed-End Funds and Exchange Traded Funds	20. United States .....				
	21. Canada .....				
	22. Other Countries				
	23. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	24. Totals				
	25. Total Common Stocks	0	0	0	
	26. Total Stocks	0	0	0	
	27. Total Bonds and Stocks	13,934,770	13,614,064	13,845,040	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**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 12.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>1. U.S. Governments</b>												
1.1 NAIC 1	872,173	7,173,049	0	0	0	XXX	8,045,223	56.8	1,150,188	15.4	8,045,223	0
1.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.7 Totals	872,173	7,173,049	0	0	0	XXX	8,045,223	56.8	1,150,188	15.4	8,045,223	0
<b>2. All Other Governments</b>												
2.1 NAIC 1	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>3. U.S. States, Territories and Possessions etc., Guaranteed</b>												
3.1 NAIC 1	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed</b>												
4.1 NAIC 1	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>5. U.S. Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed</b>												
5.1 NAIC 1	2,023,674	239,295	0	0	0	XXX	2,262,969	16.0	2,811,489	37.7	2,262,969	0
5.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.7 Totals	2,023,674	239,295	0	0	0	XXX	2,262,969	16.0	2,811,489	37.7	2,262,969	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**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 12.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>6. Industrial &amp; Miscellaneous (Unaffiliated)</b>												
6.1 NAIC 1	1,972,759	1,727,256	0	0	0	XXX	3,700,015	26.1	3,256,692	43.6	3,700,015	0
6.2 NAIC 2	0	150,714	0	0	0	XXX	150,714	1.1	247,278	3.3	150,714	0
6.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.7 Totals	1,972,759	1,877,970	0	0	0	XXX	3,850,729	27.2	3,503,970	46.9	3,850,729	0
<b>7. Hybrid Securities</b>												
7.1 NAIC 1	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>8. Parent, Subsidiaries and Affiliates</b>												
8.1 NAIC 1	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>9. SVO Identified Funds</b>												
9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
9.7 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
<b>10. Unaffiliated Bank Loans</b>												
10.1 NAIC 1	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>11. Unaffiliated Certificates of Deposit</b>												
11.1 NAIC 1	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.7 Totals	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**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 12.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>12. Total Bonds Current Year</b>												
12.1 NAIC 1	(d) 4,868,606	9,139,601	0	0	0	0	14,008,206	98.9	XXX	XXX	14,008,206	0
12.2 NAIC 2	(d) 0	150,714	0	0	0	0	150,714	1.1	XXX	XXX	150,714	0
12.3 NAIC 3	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
12.4 NAIC 4	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
12.5 NAIC 5	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
12.6 NAIC 6	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
12.7 Totals	4,868,606	9,290,314	0	0	0	0	(b) 14,158,920	100.0	XXX	XXX	14,158,920	0
12.8 Line 12.7 as a % of Col. 7	34.4	65.6	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
<b>13. Total Bonds Prior Year</b>												
13.1 NAIC 1	3,240,184	3,978,185	0	0	0	0	XXX	XXX	7,218,369	96.7	7,218,369	0
13.2 NAIC 2	247,278	0	0	0	0	0	XXX	XXX	247,278	3.3	247,278	0
13.3 NAIC 3	0	0	0	0	0	0	XXX	XXX	0	0.0	0	0
13.4 NAIC 4	0	0	0	0	0	0	XXX	XXX	0	0.0	0	0
13.5 NAIC 5	0	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0	0
13.6 NAIC 6	0	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0	0
13.7 Totals	3,487,463	3,978,185	0	0	0	0	XXX	XXX	(b) 7,465,648	100.0	7,465,648	0
13.8 Line 13.7 as a % of Col. 9	46.7	53.3	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
<b>14. Total Publicly Traded Bonds</b>												
14.1 NAIC 1	4,868,606	9,139,601	0	0	0	0	14,008,206	98.9	7,218,369	96.7	14,008,206	XXX
14.2 NAIC 2	0	150,714	0	0	0	0	150,714	1.1	247,278	3.3	150,714	XXX
14.3 NAIC 3	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
14.4 NAIC 4	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
14.5 NAIC 5	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
14.6 NAIC 6	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
14.7 Totals	4,868,606	9,290,314	0	0	0	0	14,158,920	100.0	7,465,648	100.0	14,158,920	XXX
14.8 Line 14.7 as a % of Col. 7	34.4	65.6	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
14.9 Line 14.7 as a % of Line 12.7, Col. 7, Section 12	34.4	65.6	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
<b>15. Total Privately Placed Bonds</b>												
15.1 NAIC 1	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
15.2 NAIC 2	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
15.3 NAIC 3	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
15.4 NAIC 4	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
15.5 NAIC 5	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
15.6 NAIC 6	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
15.7 Totals	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
15.8 Line 15.7 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
15.9 Line 15.7 as a % of Line 12.7, Col. 7, Section 12	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 \$ .....224,150 ; NAIC 2 \$ ..... ; NAIC 3 \$ ..... ; NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**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 12.09	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
<b>1. U.S. Governments</b>												
1.01 Issuer Obligations .....	872,173	7,173,049	0	0	0	XXX	8,045,223	56.8	1,150,188	15.4	8,045,223	0
1.02 Residential Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.03 Commercial Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.04 Other Loan-Backed and Structured Securities ...	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.05 Totals	872,173	7,173,049	0	0	0	XXX	8,045,223	56.8	1,150,188	15.4	8,045,223	0
<b>2. All Other Governments</b>												
2.01 Issuer Obligations .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.02 Residential Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.03 Commercial Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.04 Other Loan-Backed and Structured Securities ...	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.05 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>3. U.S. States, Territories and Possessions, Guaranteed</b>												
3.01 Issuer Obligations .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.02 Residential Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.03 Commercial Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.04 Other Loan-Backed and Structured Securities ...	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.05 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed</b>												
4.01 Issuer Obligations .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.02 Residential Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.03 Commercial Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.04 Other Loan-Backed and Structured Securities ...	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.05 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>5. U.S. Special Revenue &amp; Special Assessment Obligations etc., Non-Guaranteed</b>												
5.01 Issuer Obligations .....	2,023,674	239,295	0	0	0	XXX	2,262,969	16.0	2,811,489	37.7	2,262,969	0
5.02 Residential Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.03 Commercial Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.04 Other Loan-Backed and Structured Securities ...	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.05 Totals	2,023,674	239,295	0	0	0	XXX	2,262,969	16.0	2,811,489	37.7	2,262,969	0
<b>6. Industrial and Miscellaneous</b>												
6.01 Issuer Obligations .....	1,972,759	1,877,970	0	0	0	XXX	3,850,729	27.2	3,503,970	46.9	3,850,729	0
6.02 Residential Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.03 Commercial Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.04 Other Loan-Backed and Structured Securities ...	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.05 Totals	1,972,759	1,877,970	0	0	0	XXX	3,850,729	27.2	3,503,970	46.9	3,850,729	0
<b>7. Hybrid Securities</b>												
7.01 Issuer Obligations .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.02 Residential Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.03 Commercial Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.04 Other Loan-Backed and Structured Securities ...	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.05 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>8. Parent, Subsidiaries and Affiliates</b>												
8.01 Issuer Obligations .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.02 Residential Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.03 Commercial Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.04 Other Loan-Backed and Structured Securities ...	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.05 Affiliated Bank Loans - Issued .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.06 Affiliated Bank Loans - Acquired .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.07 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**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 12.09	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
<b>9. SVO Identified Funds</b>												
9.01 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0	0	0
<b>10. Unaffiliated Bank Loans</b>												
10.01 Unaffiliated Bank Loans - Issued	0	0	0	0	0	XXX	0	0.0		0.0	0	0
10.02 Unaffiliated Bank Loans - Acquired	0	0	0	0	0	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
<b>11. Unaffiliated Certificates of Deposit</b>												
11.01 Totals	0	0	0	0	0	XXX	0	0.0	XXX	XXX		0
<b>12. Total Bonds Current Year</b>												
12.01 Issuer Obligations	4,868,606	9,290,314	0	0	0	XXX	14,158,920	100.0	XXX	XXX	14,158,920	0
12.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
12.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
12.04 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
12.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX	0	0
12.06 Affiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
12.07 Unaffiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
12.08 Unaffiliated Certificates of Deposit	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
12.09 Totals	4,868,606	9,290,314	0	0	0	0	14,158,920	100.0	XXX	XXX	14,158,920	0
12.10 Line 12.09 as a % of Col. 7	34.4	65.6	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
<b>13. Total Bonds Prior Year</b>												
13.01 Issuer Obligations	3,487,463	3,978,185	0	0	0	XXX	XXX	XXX	7,465,648	100.0	7,465,648	0
13.02 Residential Mortgage-Backed Securities						XXX	XXX	XXX	0	0.0	0	0
13.03 Commercial Mortgage-Backed Securities						XXX	XXX	XXX	0	0.0	0	0
13.04 Other Loan-Backed and Structured Securities						XXX	XXX	XXX	0	0.0	0	0
13.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX	0	0
13.06 Affiliated Bank Loans						XXX	XXX	XXX	0	0.0	0	0
13.07 Unaffiliated Bank Loans						XXX	XXX	XXX	0	0.0	0	0
13.08 Unaffiliated Certificates of Deposit	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13.09 Totals	3,487,463	3,978,185	0	0	0	0	7,465,648	XXX	7,465,648	100.0	7,465,648	0
13.10 Line 13.09 as a % of Col. 9	46.7	53.3	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
<b>14. Total Publicly Traded Bonds</b>												
14.01 Issuer Obligations	4,868,606	9,290,314	0	0	0	XXX	14,158,920	100.0	7,465,648	100.0	14,158,920	XXX
14.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
14.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
14.04 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
14.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0	0	XXX
14.06 Affiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
14.07 Unaffiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
14.08 Unaffiliated Certificates of Deposit	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	XXX
14.09 Totals	4,868,606	9,290,314	0	0	0	0	14,158,920	100.0	7,465,648	100.0	14,158,920	XXX
14.10 Line 14.09 as a % of Col. 7	34.4	65.6	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
14.11 Line 14.09 as a % of Line 12.09, Col. 7, Section 12	34.4	65.6	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
<b>15. Total Privately Placed Bonds</b>												
15.01 Issuer Obligations	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
15.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
15.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
15.04 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
15.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0	XXX	0
15.06 Affiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
15.07 Unaffiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
15.08 Unaffiliated Certificates of Deposit	0	0	0	0	0	XXX	0	0.0	XXX	XXX	XXX	0
15.09 Totals	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
15.10 Line 15.09 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
15.11 Line 15.09 as a % of Line 12.09, Col. 7, Section 12	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**SCHEDULE DA - VERIFICATION BETWEEN YEARS**

Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year .....	0				
2. Cost of short-term investments acquired .....	223,532	223,532	0	0	0
3. Accrual of discount .....	618	618	0	0	0
4. Unrealized valuation increase (decrease) .....	0	0	0	0	0
5. Total gain (loss) on disposals .....	0	0	0	0	0
6. Deduct consideration received on disposals .....	0	0	0	0	0
7. Deduct amortization of premium .....	0	0	0	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0	0	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0	0	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	224,150	224,150	0	0	0
11. Deduct total nonadmitted amounts .....	0	0	0	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	224,150	224,150	0	0	0

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

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**

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust  
**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 .....	13,445,531	0	13,445,531	0
2. Cost of cash equivalents acquired .....	0	0	0	0
3. Accrual of discount .....	0	0	0	0
4. Unrealized valuation increase (decrease) .....	0	0	0	0
5. Total gain (loss) on disposals .....	(3,343,054)	0	(3,343,054)	0
6. Deduct consideration received on disposals .....	0	0	0	0
7. Deduct amortization of premium .....	0	0	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	10,102,477	0	10,102,477	0
11. Deduct total nonadmitted amounts .....	0	0	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	10,102,477	0	10,102,477	0

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

Schedule A - Part 1 - Real Estate Owned

**NONE**

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

**NONE**

Schedule A - Part 3 - Real Estate Disposed

**NONE**

Schedule B - Part 1 - Mortgage Loans Owned

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**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	C o d e	F o r e i g n	B o n d C h a r	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 (Amor-tization) 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
912828-4M-9	US Treasury Note, 2.875%, Due 4/30/2025	..SD..			..1.A FE	501,681	..96.7700	483,850	500,000	501,498	..0	..(363)	..0	..0	..2.875	..2.741	AO	..2,396	7,188	05/31/2022	04/30/2025
912828-4M-9	US Treasury Note, 2.875%, Due 4/30/2025	..SD..			..1.A FE	505,157	..96.7700	483,850	500,000	503,984	..0	..(1,173)	..0	..0	..2.875	..2.741	AO	..2,396	14,375	05/31/2022	04/30/2025
912828-6X-3	US Treasury Note, 2.125%, Due 5/31/2026	..SD..	6		..1.A FE	244,864	..93.5700	233,925	250,000	245,707	..0	..843	..0	..0	..2.125	..2.654	MN	..443	5,313	04/13/2022	05/31/2026
912828-5T-3	US Treasury Note, 2.625%, Due 12/31/2025	..SD..	6		..1.A FE	250,206	..95.6250	239,063	250,000	250,172	..0	..(34)	..0	..0	..2.625	..2.601	JD	..0	3,281	04/13/2022	12/31/2025
912828-3P-3	US Treasury Notes, 2.25%, Due 12/31/2024	..SD..	6		..1.A FE	496,622	..95.8360	479,180	500,000	497,492	..0	..870	..0	..0	..2.250	..2.509	JD	..0	5,625	04/13/2022	12/31/2024
912828-WJ-5	US Treasury Notes, 2.5%, Due 5/15/2024	..SD..	6		..1.A FE	501,388	..97.0630	485,315	500,000	500,918	..0	..(470)	..0	..0	..2.500	..2.362	MN	..1,597	12,500	04/13/2022	05/15/2024
912828-5N-6	USA Treasury Notes, 2.875%, Due 11/30/2	..SD..			..1.A FE	400,891	..96.2190	384,876	400,000	400,744	..0	..(147)	..0	..0	..2.875	..2.808	MN	..985	5,750	05/31/2022	11/30/2025
912828-6Q-0	USA Treasury Note 2.375% Due 2/29/2024	..SD..			..1.A FE	269,371	..97.3950	267,836	275,000	270,470	..0	..1,099	..0	..0	..2.375	..3.828	FA	..2,201	..0	09/13/2022	02/29/2024
912828-D5-6	USA Treasury Note 2.375% Due 8/15/2024	..SD..			..1.A FE	194,867	..96.4840	192,968	200,000	195,620	..0	..753	..0	..0	..2.375	..3.771	FA	..1,781	..0	09/13/2022	08/15/2024
912828-5Z-9	USA Treasury Note 2.50% Due 1/31/2024	..SD..			..1.A FE	245,566	..97.6370	244,093	250,000	246,479	..0	..913	..0	..0	..2.500	..3.827	JJ	..2,599	..0	09/13/2022	01/31/2024
912828-XZ-8	USA Treasury Note 2.75% Due 6/30/2025	..SD..			..1.A FE	292,031	..96.3360	289,008	300,000	292,861	..0	..830	..0	..0	..2.750	..3.756	JD	..0	..0	09/13/2022	06/30/2025
912828-Y7-9	USA Treasury Note 2.875% Due 7/31/2025	..SD..			..1.A FE	292,816	..96.6060	289,818	300,000	293,517	..0	..700	..0	..0	..2.875	..3.757	JJ	..3,586	..0	09/13/2022	07/31/2025
912828-5D-8	USA Treasury Note 2.875% Due 9/30/2023	..SD..			..1.A FE	247,520	..98.7580	246,895	250,000	248,237	..0	..718	..0	..0	..2.875	..3.831	MS	..1,827	3,594	09/13/2022	09/30/2023
912828-W7-1	USA Treasury Note, 2.125%, Due 03/31/202	..SD..			..1.A FE	394,704	..96.8750	387,500	400,000	396,022	..0	..1,318	..0	..0	..2.125	..2.938	MS	..2,148	4,250	07/29/2022	03/31/2024
912828-2Y-5	USA Treasury Note, 2.125%, Due 9/30/2024	..SD..	6		..1.A FE	197,758	..95.9650	191,930	200,000	198,382	..0	..624	..0	..0	..2.125	..2.600	MS	..1,063	2,125	04/14/2022	09/30/2024
912828-3D-0	USA Treasury Notes 2.25%, Due 10/31/2024	..SD..			..1.A FE	495,157	..96.0470	480,235	500,000	496,303	..0	..1,146	..0	..0	..2.250	..2.665	AO	..1,896	5,625	05/31/2022	10/31/2024
912828-K7-4	USA Treasury Notes, 2.0%, Due 8/15/2025	..SD..	6		..1.A FE	491,212	..94.4260	472,130	500,000	493,036	..0	..1,824	..0	..0	..2.000	..2.552	FA	..3,778	5,000	04/13/2022	08/15/2025
912828-XX-3	USA Treasury Notes, 2.00%, Due 6/30/2024	..SD..			..1.A FE	587,173	..96.1760	577,056	600,000	589,576	..0	..2,403	..0	..0	..2.000	..3.806	JD	..0	..0	09/13/2022	06/30/2024
912828-4F-4	USA Treasury Notes, 2.625%, Due 3/31/202	..SD..			..1.A FE	397,751	..96.3440	385,376	400,000	398,135	..0	..384	..0	..0	..2.625	..2.839	MS	..2,654	5,250	07/29/2022	03/31/2025
912828-5P-1	USA Treasury Notes, 2.875%, Due 11/30/202	..SD..			..1.A FE	399,657	..98.3670	393,468	400,000	399,785	..0	..128	..0	..0	..2.875	..2.933	MN	..985	5,750	07/29/2022	11/30/2025
912828-5C-0	USA Treasury Notes, 3.00%, Due 9/30/2025	..SD..			..1.A FE	402,376	..96.6560	386,624	400,000	402,134	..0	..282	..0	..0	..3.000	..2.796	MS	..3,050	6,000	07/29/2022	09/30/2025
0019999999	Subtotal - Bonds - U.S. Governments - Issuer Obligations					7,808,766	XXX	7,594,995	7,875,000	7,821,072	0	12,126	0	0	XXX	XXX	XXX	35,383	91,625	XXX	XXX
0109999999	Total - U.S. Government Bonds					7,808,766	XXX	7,594,995	7,875,000	7,821,072	0	12,126	0	0	XXX	XXX	XXX	35,383	91,625	XXX	XXX
0309999999	Total - All Other Government Bonds					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
0509999999	Total - U.S. States, Territories and Possessions Bonds					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
0709999999	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	..SD..			..1.A FE	990,201	..99.1560	991,560	1,000,000	998,977	..0	..2,132	..0	..0	..2.750	..3.070	JD	..917	27,500	09/25/2018	06/19/2023
313560-T9-4	FEDERAL NATL MTG ASSN NTS, 2.375% DUE 1/	..SD..			..1.A FE	1,000,727	..99.9150	1,024,129	1,025,000	1,024,697	..0	..5,805	..0	..0	..2.375	..3.045	JJ	..10,955	24,344	09/25/2018	01/19/2023
313560-3U-5	Federal NatlMTG Assn 0.625% Due 4/22/202	..SD..	6		..1.A FE	236,110	..91.8740	229,685	250,000	239,295	..0	..3,185	..0	..0	..0.625	..2.547	AO	..299	1,563	04/13/2022	04/22/2025
0819999999	Subtotal - Bonds - U.S. Special Revenues - Issuer Obligations					2,227,038	XXX	2,245,374	2,275,000	2,262,969	0	11,122	0	0	XXX	XXX	XXX	12,171	53,406	XXX	XXX
0909999999	Total - U.S. Special Revenues Bonds					2,227,038	XXX	2,245,374	2,275,000	2,262,969	0	11,122	0	0	XXX	XXX	XXX	12,171	53,406	XXX	XXX
88579Y-AR-2	3M Company, 3.00%, Due 8/7/2025	..SD..	6		..1.E FE	150,603	..95.8330	143,750	150,000	150,497	..0	..(106)	..0	..0	..3.000	..2.866	FA	..1,800	2,250	05/31/2022	08/07/2025
02665W-EA-5	American Honda Finance, 1.5% Due 1/13/20	..SD..			..1.G FE	96,174	..93.5590	93,559	100,000	96,998	..0	..824	..0	..0	..1.500	..3.033	JJ	..700	750	05/31/2022	01/13/2025
031162-BV-1	Angen Inc 3.625%, Due 5/22/2024	..SD..			..2.A FE	150,920	..98.0240	147,036	150,000	150,714	..0	..(206)	..0	..0	..3.625	..3.271	MN	..589	2,719	07/29/2022	05/22/2024
037833-B6-4	Apple Inc, 3.20%, Due 05/13/2025	..SD..	6		..1.A FE	50,577	..96.6180	48,309	50,000	50,448	..0	..(128)	..0	..0	..3.200	..2.805	MN	..213	1,600	04/13/2022	05/13/2025
037833-AK-6	Apple Inc, 2.4% Due 05/03/2023	..SD..			..1.A FE	240,383	..99.2000	248,000	250,000	249,278	..0	..2,071	..0	..0	..2.400	..3.258	MN	..967	6,000	06/13/2018	05/03/2023
06051G-FS-3	Bank of America Corp, 3.875%, Due 8/01/2	..SD..	6		..1.F FE	102,111	..97.3390	97,339	100,000	101,677	..0	..(434)	..0	..0	..3.875	..3.196	FMAN	..646	1,938	04/13/2022	08/01/2025
084670-BR-8	Berkshire Hathaway Inc., 2.75% Due 3/15/	..SD..	2		..1.A FE	293,115	..99.5720	298,716	300,000	299,672	..0	..1,527	..0	..0	..2.750	..3.275	MS	..2,429	8,250	06/13/2018	03/15/2023
110122-BB-3	Bristol-Myers Squibb, 3.25%, Due 2/27/20	..SD..			..1.F FE	100,522	..95.1790	95,179	100,000	100,477	..0	..(45)	..0	..0	..3.250	..3.126	FA	..1,119	1,625	08/03/2022	02/27/2027
14913R-2H-9	Caterpillar Fin Serv., 80%, Due 11/13/20	..SD..			..1.F FE	92,937	..89.6950	89,695	100,000	94,270	..0	..1,333	..0	..0	..0.800	..2.897	MN	..107	800	04/13/2022	11/13/2025
14913R-2V-8	Caterpillar Finl Service, 3.40%, Due 5/1	..SD..			..1.F FE	100,689	..97.1720	97,172	100,000	100,590	..0	..(99)	..0	..0	..3.400	..3.138	MN	..453	1,700	07/29/2022	05/13/2025
19416Q-EG-1	Colgate-Palmolive, 3.25%, Due 3/15/2024	..SD..	6		..1.D FE	50,818	..98.3310	49,166	50,000	50,521	..0	..(297)	..0	..0	..3.250	..2.371	MJSD	..72	813	04/13/2022	03/15/2024
30231G-AR-3	Exxon Mobil Corp., 2.726% Due 3/1/2023,	..SD..	2		..1.A FE	293,586	..99.6940	299,082	300,000	299,749	..0	..1,434	..0	..0	..2.726	..2.371	MS	..2,726	8,178	06/13/2018	03/01/2023
38141G-VM-3	Goldman Sachs Grp, 4.0%, Due 3/3/2024	..SD..	6		..1.F FE	101,855	..98.7350	98,735	100,000	101,172	..0	..(683)	..0	..0	..4.000	..2.979	MJSD	..311	2,000	04/13/2022	03/03/2024

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**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	C o d e	F o r e i g n	B o n d C h a r	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
459200-HU-8	IBM Corp, 3.625%, Due 2/12/2024	..SD.		6	..1.G FE	101,553	..98.5070	98,507	100,000	100,961	..0	(592)	..0	..0	..3.625	..2.745	FMAN	..493	..1,813	..04/13/2022	..02/12/2024
478160-BH-6	JOHNSON & JOHNSON UNSC, 3.375%, DUE 12/5	..SD.			..1.A FE	304,050	..98.5210	295,563	300,000	300,744	..0	(783)	..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/	..SD.		2	..1.A FE	263,546	..99.6320	273,988	275,000	274,537	..0	2,704	..0	..0	..2.050	..3.061	MS	..1,879	..5,638	..09/20/2018	..03/01/2023
24422E-UE-7	John Deere Capital Crp, 3.45%, Due 03/13	..SD.			..1.F FE	75,159	..97.3360	73,002	75,000	75,135	..0	(24)	..0	..0	..3.450	..3.363	MS	..776	..1,294	..08/09/2022	..03/13/2025
594918-AT-1	MICROSOFT CORP, 2.375%, CALL, DUE 5/1/20	..SD.		2	..1.A FE	241,160	..99.2860	248,215	250,000	249,310	..0	2,010	..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	..SD.			..1.A FE	293,682	..99.2540	297,762	300,000	299,469	..0	1,348	..0	..0	..2.800	..3.266	MN	..1,003	..8,400	..06/13/2018	..05/18/2023
617446-8C-6	Morgan Stanley, 4.0%, Due 7/23/2025	..SD.			..1.E FE	151,734	..97.6490	146,474	150,000	151,503	..0	(231)	..0	..0	..4.000	..3.586	JJ	..2,633	..0	..08/01/2022	..07/23/2025
717081-DM-2	Pfizer Inc, 3.4%, Due 5/15/2024	..SD.		6	..1.F FE	50,954	..98.0330	49,017	50,000	50,635	..0	(318)	..0	..0	..3.400	..2.451	MN	..217	..1,700	..04/13/2022	..05/15/2024
87612E-BD-7	Target Corp., 3.5% Due 7/1/2024	..SD.		6	..1.F FE	202,752	..97.9450	195,890	200,000	202,076	..0	(676)	..0	..0	..3.500	..2.789	JJ	..3,500	..3,500	..06/01/2022	..07/01/2024
254687-FN-1	Walt Disney Company, 3.35%, Due 3/24/202	..SD.			..1.F FE	150,585	..96.8590	145,289	150,000	150,495	..0	(90)	..0	..0	..3.350	..3.194	MS	..1,354	..2,513	..07/29/2022	..03/24/2025
94974B-GP-9	Wells Fargo & Company, 3.55%, Due 9/29/2	..SD.			..1.E FE	149,774	..96.1680	144,252	150,000	149,800	..0	27	..0	..0	..3.550	..3.600	MS	..1,361	..2,663	..08/01/2022	..09/29/2025
1019999999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations					3,809,236	XXX	3,773,695	3,850,000	3,850,729	0	8,566	0	0	XXX	XXX	XXX	27,071	82,203	XXX	XXX
1109999999	Total - Industrial and Miscellaneous (Unaffiliated) Bonds					3,809,236	XXX	3,773,695	3,850,000	3,850,729	0	8,566	0	0	XXX	XXX	XXX	27,071	82,203	XXX	XXX
1309999999	Total - Hybrid Securities					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
1509999999	Total - Parent, Subsidiaries and Affiliates Bonds					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
1909999999	Subtotal - Bonds - Unaffiliated Bank Loans					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2419999999	Total - Issuer Obligations					13,845,040	XXX	13,614,064	14,000,000	13,934,770	0	31,814	0	0	XXX	XXX	XXX	74,625	227,234	XXX	XXX
2429999999	Total - Residential Mortgage-Backed Securities					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2439999999	Total - Commercial Mortgage-Backed Securities					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2449999999	Total - Other Loan-Backed and Structured Securities					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2459999999	Total - SVO Identified Funds					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2469999999	Total - Affiliated Bank Loans					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2479999999	Total - Unaffiliated Bank Loans					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2489999999	Total - Unaffiliated Certificates of Deposit					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2509999999	Total Bonds					13,845,040	XXX	13,614,064	14,000,000	13,934,770	0	31,814	0	0	XXX	XXX	XXX	74,625	227,234	XXX	XXX

1. Line Book/Adjusted Carrying Value by NAIC Designation Category Footnote:

Line Number	1A	2A	3A	4A	5A	6	1B	2B	3B	4B	5B	1C	2C	3C	4C	5C	1D	1E	1F	1G
	12,107,248	150,714	0	0	0	0	0	0	0	0	0	50,521	451,801	976,527	197,959					

E10.1

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**

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**SCHEDULE D - PART 3**

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends
912828-4M-9	US Treasury Note, 2.875%, Due 4/30/2025		05/31/2022	Purchased		1,007,018	1,000,000	7,830
912828-6X-3	US Treasury Note, 2.125%, Due 5/31/2026		04/13/2022	Purchased		244,864	250,000	1,970
912828-5T-3	US Treasury Note, 2.625%, Due 12/31/2025		04/13/2022	Purchased		250,206	250,000	1,885
912828-3P-3	US Treasury Notes, 2.25%, Due 12/31/2024		04/13/2022	Purchased		496,622	500,000	3,232
912828-WJ-5	US Treasury Notes, 2.5%, Due 5/15/2024		04/13/2022	Purchased		501,388	500,000	5,180
912828-5N-6	USA Treasury Notes, 2.875%, Due 11/30/2		05/31/2022	Purchased		400,891	400,000	31
912828-6G-0	USA Treasury Note 2.375% Due 2/29/2024		09/13/2022	Purchased		269,371	275,000	253
912828-D5-6	USA Treasury Note 2.375% Due 8/15/2024		09/13/2022	Purchased		194,867	200,000	387
912828-5Z-9	USA Treasury Note 2.50% Due 1/31/2024		09/13/2022	Purchased		245,566	250,000	764
912828-XZ-8	USA Treasury Note 2.75% Due 6/30/2025		09/13/2022	Purchased		292,031	300,000	1,704
912828-Y7-9	USA Treasury Note 2.875% Due 7/31/2025		09/13/2022	Purchased		292,816	300,000	1,055
912828-5D-8	USA Treasury Note 2.875% Due 9/30/2023		09/13/2022	Purchased		247,520	250,000	3,280
912828-W7-1	USA Treasury Note, 2.125%, Due 03/31/202		07/29/2022	Purchased		394,704	400,000	2,857
912828-2Y-5	USA Treasury Note, 2.125%, Due 9/30/2024		04/14/2022	Purchased		197,758	200,000	209
912828-3D-0	USA Treasury Notes 2.25%, Due 10/31/2024		05/31/2022	Purchased		495,157	500,000	978
912828-K7-4	USA Treasury Notes, 2.0%, Due 8/15/2025		04/13/2022	Purchased		491,212	500,000	1,602
912828-XX-3	USA Treasury Notes, 2.00%, Due 6/30/2024		09/13/2022	Purchased		587,173	600,000	1,522
912828-4F-4	USA Treasury Notes, 2.625%, Due 3/31/202		07/29/2022	Purchased		397,751	400,000	3,529
912828-5P-1	USA Treasury Notes, 2.875%, Due 11/30/20		07/29/2022	Purchased		399,657	400,000	1,948
912828-5C-0	USA Treasury Notes, 3.00%, Due 9/30/2025		07/29/2022	Purchased		402,376	400,000	4,033
<b>0109999999. Subtotal - Bonds - U.S. Governments</b>						<b>7,808,946</b>	<b>7,875,000</b>	<b>44,248</b>
313590-3U-5	Federal NatlMTG Assn 0.625% Due 4/22/202		04/13/2022	Purchased		236,110	250,000	747
<b>0909999999. Subtotal - Bonds - U.S. Special Revenues</b>						<b>236,110</b>	<b>250,000</b>	<b>747</b>
88579Y-AR-2	3M Company, 3.00%, Due 8/7/2025		05/31/2022	Purchased		150,603	150,000	1,438
02665W-EA-5	American Honda Finance, 1.5% Due 1/13/20		05/31/2022	Purchased		96,174	100,000	579
031162-BV-1	Amgen Inc 3.625%, Due 5/22/2024		07/29/2022	Purchased		150,920	150,000	1,057
037833-BG-4	Apple Inc, 3.20%, Due 05/13/2025		04/13/2022	Purchased		50,577	50,000	689
06051G-FS-3	Bank of America Corp, 3.875%, Due 8/01/2		04/13/2022	Purchased		102,111	100,000	829
110122-BB-3	Bristol-Myers Squibb, 3.25%, Due 2/27/20		08/03/2022	Purchased		100,522	100,000	1,426
14913R-2H-9	Caterpillar Fin Serv, .80%, Due 11/13/20		04/13/2022	Purchased		92,937	100,000	344
14913R-2V-8	Caterpillar Finl Service, 3.40%, Due 5/1		07/29/2022	Purchased		100,689	100,000	746
19416Q-EG-1	Colgate-Palmolive, 3.25%, Due 3/15/2024		04/13/2022	Purchased		50,818	50,000	149
38141G-VM-3	Goldman Sachs Grp, 4.0%, Due 3/3/2024		04/13/2022	Purchased		101,855	100,000	500
459200-HU-8	IBM Corp, 3.625%, Due 2/12/2024		04/13/2022	Purchased		101,553	100,000	665
24422E-JE-7	John Deere Capital Crp, 3.45%, Due 03/13		08/09/2022	Purchased		75,159	75,000	1,064
617446-8C-6	Morgan Stanley, 4.0%, Due 7/23/2025		08/01/2022	Purchased		151,734	150,000	167
717081-DM-2	Pfizer Inc, 3.4%, Due 5/15/2024		04/13/2022	Purchased		50,954	50,000	723
87612E-BD-7	Target Corp., 3.5% Due 7/1/2024		06/01/2022	Purchased		202,752	200,000	2,956
254687-FN-1	Walt Disney Company, 3.35%, Due 3/24/202		07/29/2022	Purchased		150,585	150,000	1,787
94974B-GP-9	Wells Fargo & Company, 3.55%, Due 9/29/2		08/01/2022	Purchased		149,774	150,000	1,834
<b>1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						<b>1,879,715</b>	<b>1,875,000</b>	<b>16,951</b>
<b>2509999997. Total - Bonds - Part 3</b>						<b>9,924,771</b>	<b>10,000,000</b>	<b>61,946</b>
<b>2509999998. Total - Bonds - Part 5</b>								
<b>2509999999. Total - Bonds</b>						<b>9,924,771</b>	<b>10,000,000</b>	<b>61,946</b>
<b>4509999997. Total - Preferred Stocks - Part 3</b>						<b>0</b>	<b>XXX</b>	<b>0</b>
<b>4509999998. Total - Preferred Stocks - Part 5</b>							<b>XXX</b>	
<b>4509999999. Total - Preferred Stocks</b>						<b>0</b>	<b>XXX</b>	<b>0</b>
<b>5989999997. Total - Common Stocks - Part 3</b>						<b>0</b>	<b>XXX</b>	<b>0</b>
<b>5989999998. Total - Common Stocks - Part 5</b>							<b>XXX</b>	
<b>5989999999. Total - Common Stocks</b>						<b>0</b>	<b>XXX</b>	<b>0</b>
<b>5999999999. Total - Preferred and Common Stocks</b>						<b>0</b>	<b>XXX</b>	<b>0</b>
<b>6009999999 - Totals</b>						<b>9,924,771</b>	<b>XXX</b>	<b>61,946</b>

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**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 Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ Decrease	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in 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 Contractual Maturity Date		
912828-XR-6	US TREASURY NOTE 1.75% 5/31/2022		05/31/2022	Matured		425,000	425,000	424,785	424,979	0	21	0	21	0	425,000	0	0	0	7,438	05/31/2022		
912828-W5-5	US TREASURY NOTE 1.875% 2/28/2022		02/28/2022	Matured		300,000	300,000	301,864	300,078	0	(78)	0	(78)	0	300,000	0	0	0	2,813	02/28/2022		
912828-W8-9	US TREASURY NOTE 1.875% 3/31/2022		03/31/2022	Matured		425,000	425,000	427,375	425,132	0	(132)	0	(132)	0	425,000	0	0	0	3,984	03/31/2022		
<b>0109999999. Subtotal - Bonds - U.S. Governments</b>						1,150,000	1,150,000	1,154,023	1,150,188	0	(188)	0	(188)	0	1,150,000	0	0	0	14,234	XXX		
313560-T7-8	FEDERAL NATL MTG ASSN, 2.00% DUE 10/05/2		10/05/2022	Matured		800,000	800,000	777,072	795,752	0	4,248	0	4,248	0	800,000	0	0	0	16,000	10/05/2022		
<b>0909999999. Subtotal - Bonds - U.S. Special Revenues</b>						800,000	800,000	777,072	795,752	0	4,248	0	4,248	0	800,000	0	0	0	16,000	XXX		
00206R-BN-1	AT&T 2.625% Due 12/1/2022 Call 9/1/22		05/11/2022	Purchased		251,280	250,000	237,623	247,278	0	1,060	0	1,060	0	248,339	0	2,941	2,941	2,917	12/01/2022		
02665W-CA-7	American Honda Finance 2.6% Due 11/16/20		11/16/2022	Matured		250,000	250,000	243,800	248,698	0	1,302	0	1,302	0	250,000	0	0	0	6,500	11/16/2022		
478160-CD-4	JOHNSON & JOHNSON, 2.25%, DUE 3/3/2022		03/03/2022	Matured		300,000	300,000	291,936	299,570	0	430	0	430	0	300,000	0	0	0	3,375	03/03/2022		
584918-BA-1	MICROSOFT CORP, 2.375%, CALL, DUE 02/12/		01/12/2022	Called		250,000	250,000	244,115	249,788	0	57	0	57	0	249,844	0	156	156	2,474	02/12/2022		
92826C-AG-7	VISA Inc, 2.15%, Due 9/15/2022		09/15/2022	Matured		250,000	250,000	239,758	249,199	0	1,801	0	1,801	0	250,000	0	0	0	5,375	09/15/2022		
931142-DU-4	WAL-MART STORES, 2.35%, CALL, DUE 12/15/		12/15/2022	Matured		250,000	250,000	241,553	247,988	0	2,012	0	2,012	0	250,000	0	0	0	5,875	12/15/2022		
<b>1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						1,551,280	1,550,000	1,498,784	1,541,522	0	6,662	0	6,662	0	1,548,183	0	3,097	3,097	26,516	XXX		
<b>2509999997. Total - Bonds - Part 4</b>						3,501,280	3,500,000	3,429,878	3,487,463	0	10,721	0	10,721	0	3,498,183	0	3,097	3,097	56,750	XXX		
<b>2509999998. Total - Bonds - Part 5</b>									0											XXX		
<b>2509999999. Total - Bonds</b>						3,501,280	3,500,000	3,429,878	3,487,463	0	10,721	0	10,721	0	3,498,183	0	3,097	3,097	56,750	XXX		
<b>4509999997. Total - Preferred Stocks - Part 4</b>						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	
<b>4509999998. Total - Preferred Stocks - Part 5</b>							XXX		0												XXX	
<b>4509999999. Total - Preferred Stocks</b>						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	
<b>5989999997. Total - Common Stocks - Part 4</b>						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	
<b>5989999998. Total - Common Stocks - Part 5</b>							XXX		0												XXX	
<b>5989999999. Total - Common Stocks</b>						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
<b>5999999999. Total - Preferred and Common Stocks</b>						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
<b>6009999999 - Totals</b>						3,501,280	XXX	3,429,878	3,487,463	0	10,721	0	10,721	0	3,498,183	0	3,097	3,097	56,750	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**

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**SCHEDULE DA - PART 1**

Showing All SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1	Codes		4	5	6	7	Change in Book/Adjusted Carrying Value				12	13	Interest					20	
	2	3					8	9	10	11			14	15	16	17	18		19
Description	Code	For- eign	Date Acquired	Name of Vendor	Maturity Date	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other- Than- Temporary Impairment Recognized	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Par Value	Actual Cost	Amount Due and Accrued Dec. 31 of Current Year on Bond Not in Default	Non- Admitted Due and Accrued	Rate of	Effective Rate of	When Paid	Amount Received During Year	Paid for Accrued Interest
USA Treasury Note 2.75 Due 5/31/2023 .....	SD.....		09/13/2022	Purchased .....	05/31/2023	224,150	0	618	0	0	225,000	223,532	527	0	2.750	3.670	MN	3,094	1,792
0019999999. Subtotal - Bonds - U.S. Governments - Issuer Obligations						224,150	0	618	0	0	225,000	223,532	527	0	XXX	XXX	XXX	3,094	1,792
0109999999. Total - U.S. Government Bonds						224,150	0	618	0	0	225,000	223,532	527	0	XXX	XXX	XXX	3,094	1,792
0309999999. Total - All Other Government Bonds						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
0509999999. Total - U.S. States, Territories and Possessions Bonds						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
0709999999. Total - U.S. Political Subdivisions Bonds						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
0909999999. Total - U.S. Special Revenues Bonds						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
1109999999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
1309999999. Total - Hybrid Securities						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
1509999999. Total - Parent, Subsidiaries and Affiliates Bonds						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
1909999999. Subtotal - Unaffiliated Bank Loans						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
2419999999. Total - Issuer Obligations						224,150	0	618	0	0	225,000	223,532	527	0	XXX	XXX	XXX	3,094	1,792
2429999999. Total - Residential Mortgage-Backed Securities						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
2439999999. Total - Commercial Mortgage-Backed Securities						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
2449999999. Total - Other Loan-Backed and Structured Securities						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
2459999999. Total - SVO Identified Funds						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
2469999999. Total - Affiliated Bank Loans						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
2479999999. Total - Unaffiliated Bank Loans						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
2509999999. Total Bonds						224,150	0	618	0	0	225,000	223,532	527	0	XXX	XXX	XXX	3,094	1,792
7109999999. Total - Parent, Subsidiaries and Affiliates						0	0	0	0	0	XXX	0	0	0	XXX	XXX	XXX	0	0
7709999999 - Totals						224,150	0	618	0	0	XXX	223,532	527	0	XXX	XXX	XXX	3,094	1,792

1. Line Book/Adjusted Carrying Value by NAIC Designation Category Footnote:  
 Number  
 1A 1A ...\$ 224,150 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 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**



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**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
0109999999	Total - U.S. Government Bonds					0	0	0
0309999999	Total - All Other Government Bonds					0	0	0
0509999999	Total - U.S. States, Territories and Possessions Bonds					0	0	0
0709999999	Total - U.S. Political Subdivisions Bonds					0	0	0
0909999999	Total - U.S. Special Revenues Bonds					0	0	0
1109999999	Total - Industrial and Miscellaneous (Unaffiliated) Bonds					0	0	0
1309999999	Total - Hybrid Securities					0	0	0
1509999999	Total - Parent, Subsidiaries and Affiliates Bonds					0	0	0
1909999999	Subtotal - Unaffiliated Bank Loans					0	0	0
2419999999	Total - Issuer Obligations					0	0	0
2429999999	Total - Residential Mortgage-Backed Securities					0	0	0
2439999999	Total - Commercial Mortgage-Backed Securities					0	0	0
2449999999	Total - Other Loan-Backed and Structured Securities					0	0	0
2459999999	Total - SVO Identified Funds					0	0	0
2469999999	Total - Affiliated Bank Loans					0	0	0
2479999999	Total - Unaffiliated Bank Loans					0	0	0
2509999999	Total Bonds					0	0	0
	PNC Money Market		05/11/2017	1.380		50,552		92,212
	PNC Sweep Account		11/01/2022	3.696		8,024,201	3,430	88,103
	PNC Investments Money Market		08/21/2017	4.160		2,027,725	6,355	31,933
8109999999	Subtotal - Sweep Accounts					10,102,477	9,784	212,247
8609999999	Total Cash Equivalents					10,102,477	9,784	212,247

1. Line Book/Adjusted Carrying Value by NAIC Designation Category Footnote:

Line Number	1A	1B	1C	1D	1E	1F	1G
1A	0	0	0	0	0	0	0
1B	0	0	0	0	0	0	0
1C	0	0	0	0	0	0	0
1D	0	0	0	0	0	0	0
1E	0	0	0	0	0	0	0
1F	0	0	0	0	0	0	0

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

**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 2022 OF THE COSE Health and Wellness Trust  
**ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR**

For The Year Ended December 31, 2022  
 (To Be Filed By April 1)

NAIC Group Code 0000.....

FOR THE STATE OF Ohio

NAIC Company Code 00122.....

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Direct Premiums Written	Direct Premiums Earned	Assumed Premiums Earned	Ceded Premiums Earned	Net Premiums Earned (2+3-4)	Direct Incurred Claims Amount	Assumed Incurred Claims Amount	Ceded Incurred Claims Amount	Net Incurred Claims Amount (6+7-8)	Change in Contract Reserves	Loss Ratio (6+10)/2	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
<b>A. INDIVIDUAL BUSINESS</b>														
1. Comprehensive major medical					.0				.0		.0			
2.1 Short-Term Medical - 6 Months or Less					.0				.0		.0			
2.2 Short-Term Medical - Over 6 Months					.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
3. Other Medical (Non-Comprehensive)					.0				.0		.0			
4. Specified/Named Disease					.0				.0		.0			
5. Limited Benefit					.0				.0		.0			
6. Student					.0				.0		.0			
7. Accident Only or AD&D					.0				.0		.0			
8. Disability Income - Short - Term					.0				.0		.0			
9. Disability Income - Long - Term					.0				.0		.0			
10. Long-Term Care					.0				.0		.0			
11. Medicare Supplement (Medigap)					.0				.0		.0			
12. Dental					.0				.0		.0			
13. State Children's Health Insurance Program					.0				.0		.0			
14. Medicare					.0				.0		.0			
15. Medicaid					.0				.0		.0			
16. Medicare Part D - Stand-Alone					.0				.0		.0			
17. Vision					.0				.0		.0			
18. Other Individual Business					.0				.0		.0			
19. Grand Total Individual	0	0	0	0	.0	0	0	0	.0	0	.0	0	0	0
<b>B. GROUP BUSINESS</b>														
Comprehensive Major Medical														
1.1 Single Employer - Small Employer	335,460,941	335,460,941		268,647,214	66,813,727	293,980,879		266,951,922	27,028,958		87.6	31,962	60,912	733,754
1.2 Single Employer - Other Employer					0				0		0			
1.3 Single Employer - Subtotal	335,460,941	335,460,941	0	268,647,214	66,813,727	293,980,879	0	266,951,922	27,028,958	0	87.6	31,962	60,912	733,754
2. Multiple Employer Assns and Trusts					.0				.0		.0			
3. Other Associations and Discretionary Trusts					.0				.0		.0			
4. Other Comprehensive Major Medical					.0				.0		.0			
5. Comprehensive/Major Medical Subtotal	335,460,941	335,460,941	0	268,647,214	66,813,727	293,980,879	0	266,951,922	27,028,958	0	87.6	31,962	60,912	733,754
Other Medical (Non-Comprehensive)														
6. Specified/Named Disease					.0				.0		.0			
7. Limited Benefit					.0				.0		.0			
8. Student					.0				.0		.0			
9. Accident Only or AD&D					.0				.0		.0			
10. Disability Income - Short-Term					.0				.0		.0			
11. Disability Income - Long-Term					.0				.0		.0			
12. Long-Term Care					.0				.0		.0			
13. Medicare Supplement (Medigap)					.0				.0		.0			
14. Federal Employees Health Benefits Plan					.0				.0		.0			
15. Tricare					.0				.0		.0			
16. Dental					.0				.0		.0			
17. Medicare					.0				.0		.0			
18. Medicare Part D - Stand-Alone					.0				.0		.0			
19. Vision					.0				.0		.0			
20. Other Group Care					.0				.0		.0			
21. Grand Total Group Business	335,460,941	335,460,941	0	268,647,214	66,813,727	293,980,879	0	266,951,922	27,028,958	0	87.6	31,962	60,912	733,754
<b>C. OTHER BUSINESS</b>														
1. Credit (Individual and Group)					.0				.0		.0			
2. Stop Loss/Excess Loss					.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
<b>D. TOTAL BUSINESS</b>														
1. Total Non U.S. Policy Forms					.0				.0		.0			
2. Grand Total Individual, Group and Other Business	335,460,941	335,460,941	0	268,647,214	66,813,727	293,980,879	0	266,951,922	27,028,958	0	87.6	31,962	60,912	733,754

210.0H



SUPPLEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust  
**ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR**

For The Year Ended December 31, 2022  
 (To Be Filed By April 1)

NAIC Group Code 0000.....

FOR THE STATE OF Grand Total

NAIC Company Code 00122.....

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Direct Premiums Written	Direct Premiums Earned	Assumed Premiums Earned	Ceded Premiums Earned	Net Premiums Earned (2+3-4)	Direct Incurred Claims Amount	Assumed Incurred Claims Amount	Ceded Incurred Claims Amount	Net Incurred Claims Amount (6+7-8)	Change in Contract Reserves	Loss Ratio (6+10)/2	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
<b>A. INDIVIDUAL BUSINESS</b>														
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>B. GROUP BUSINESS</b>														
Comprehensive Major Medical														
1.1 Single Employer - Small Employer	335,460,941	335,460,941	0	268,647,214	66,813,727	293,980,879	0	266,951,922	27,028,958	0	87.6	31,962	60,912	733,754
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	335,460,941	335,460,941	0	268,647,214	66,813,727	293,980,879	0	266,951,922	27,028,958	0	87.6	31,962	60,912	733,754
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	335,460,941	335,460,941	0	268,647,214	66,813,727	293,980,879	0	266,951,922	27,028,958	0	87.6	31,962	60,912	733,754
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	335,460,941	335,460,941	0	268,647,214	66,813,727	293,980,879	0	266,951,922	27,028,958	0	87.6	31,962	60,912	733,754
<b>C. OTHER BUSINESS</b>														
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	XXX	XXX	XXX
4. Administrative Services Contracts	XXX	XXX	XXX	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
<b>D. TOTAL BUSINESS</b>														
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	335,460,941	335,460,941	0	268,647,214	66,813,727	293,980,879	0	266,951,922	27,028,958	0	87.6	31,962	60,912	733,754

210.GT



SUPPLEMENT FOR THE YEAR 2022 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

Table with columns: NAIC Group Code (0000), BUSINESS IN THE STATE OF (Ohio), DURING THE YEAR (2022), NAIC Company Code (00122), and 15 sub-columns for Business Subject to MLR (Comprehensive Health Coverage, Mini-Med Plans, Expatriate Plans, Student Health Plans, Government Business, Other Health Business, Medicare Advantage, Subtotal, Uninsured Plans, Total). Rows include Premiums, Claims, Medical Loss Ratio, and Claims Adjustment Expenses.

216-1 OH

SUPPLEMENT FOR THE YEAR 2022 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							
	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	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
10.2 Agents and brokers fees and commissions.....															.0
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....															.0
10.4 Other general and administrative expenses.....		38,068,483													38,068,483
10.4a Community Benefit Expenditures (informational only) .....															.0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	38,068,483	0	0	0	0	0	0	0	0	0	0	0	0	38,068,483
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	1,662,687	0	0	0	0	0	0	0	0	0	0	0	1,662,687	XXX
12. Income from fees of uninsured plans	XXX	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	531,047	XXX
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	201,000	XXX
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,992,734	XXX
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		31,962												31,962	31,962
2. Number of Covered Lives		60,912												60,912	60,912
3. Number of Groups	XXX	8,029		XXX										8,029	8,029
4. Member Months		733,754												733,754	733,754

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 \$ .....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1	2	3	4
	Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
<b>ACA Receivables and Payables</b>				
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				
<b>ACA Receipts and Payments</b>				
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				

216-2.OH

SUPPLEMENT FOR THE YEAR 2022 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

NAIC Group Code	0000	BUSINESS IN THE STATE OF	Ohio	DURING THE YEAR							(LOCATION)			
				2022							NAIC Company Code			
				Business Subject to MLR							00122			
				Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11
1	2	3	4	5	6	7	8	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	335,460,941											335,460,941		
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		
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		
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	335,460,941		0	0	0	0	0	0	0	0	335,460,941		
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		268,647,214										268,647,214		
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	66,813,727		0	0	0	0	0	0	0	0	66,813,727		
2. Direct Claims Incurred:														
2.1 Paid claims during the year		293,483,802										293,483,802		
2.2 Direct claim liability current year		45,134,001										45,134,001		
2.3 Direct claim liability prior year		44,636,924										44,636,924		
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		
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 health care receivables (Lines 2.12a - 2.12b)	0			0	0	0	0	0	0	0	0	0		
2.12a Health care receivables current year												0		
2.12b Health care 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	293,980,879		0	0	0	0	0	0	0	0	293,980,879		
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		266,951,922										266,951,922		
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	27,028,958		0	0	0	0	0	0	0	0	27,028,958		
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.

216-3 OH

SUPPLEMENT FOR THE YEAR 2022 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

NAIC Group Code		0000	BUSINESS IN THE STATE OF		Ohio	DURING THE YEAR		2022		(LOCATION)	NAIC Company Code	00122
All Expenses			Improving Health Care Quality Expenses					Claims Adjustment Expenses		9	10	
			1	2	3	4	5	6	7	8	General	Total
			Improve	Activities to	Improve	Wellness &	HIT	Total	Cost	Other	Administrative	Expenses
			Health	Prevent	Patient Safety	Health	Expenses	(1 to 5)	Containment	Claims	Expenses	(6 to 9)
			Outcomes	Hospital	and Reduce	Promotion			Expenses	Adjustment	Expenses	
				Readmissions	Medical Errors	Activities				Expenses	Expenses	
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	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	0	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			37,277,270	37,277,270
	2.3 EDP Equipment and Software (incl \$ ..... for affiliated services) .....							0			9,195	9,195
	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		53,600	543,019	596,619
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....	0	0	0	0	0	0	0	0	53,600	37,830,484	37,884,084
	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	0	XXX	XXX	237,999	237,999
	2.10 Total (2.7 to 2.9) .....	0	0	0	0	0	0	0	0	53,600	38,068,483	38,122,083
	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	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	0	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

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SUPPLEMENT FOR THE YEAR 2022 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	2	3	4	5	6	7	8	9	10
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	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

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SUPPLEMENT FOR THE YEAR 2022 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		
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
	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
	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
	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
	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
	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
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0			0

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SUPPLEMENT FOR THE YEAR 2022 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

Table with columns: NAIC Group Code (0000), BUSINESS IN THE STATE OF (Grand Total), DURING THE YEAR (2022), and NAIC Company Code (00122). Rows include Premiums (1.1-1.12), Claims (2.1-2.4), Incentives (3), Deductible Fraud (4), Total Incurred Claims (5.0-5.7), Improving Health Care Quality Expenses (6.1-6.6), Preliminary Medical Loss Ratio (7), Claims Adjustment Expenses (8.1-8.3), and Claims Adjustment Expense Ratio (9).

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SUPPLEMENT FOR THE YEAR 2022 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							
	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	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	38,068,483	0	0	0	0	0	0	0	0	0	0	38,068,483	0	38,068,483
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	38,068,483	0	0	0	0	0	0	0	0	0	0	38,068,483	0	38,068,483
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	1,662,687	0	0	0	0	0	0	0	0	0	0	1,662,687	XXX	1,662,687
12. Income from fees of uninsured plans	XXX	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	531,047	XXX	531,047
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	201,000	XXX	201,000
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,992,734	XXX	1,992,734
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	31,962	0	0	0	0	0	0	0	0	0	0	31,962	0	31,962
2. Number of Covered Lives	0	60,912	0	0	0	0	0	0	0	0	0	0	60,912	0	60,912
3. Number of Groups	XXX	8,029	0	XXX	0	0	0	0	0	0	0	0	8,029	0	8,029
4. Member Months	0	733,754	0	0	0	0	0	0	0	0	0	0	733,754	0	733,754

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

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1	2	3	4
	Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
<b>ACA Receivables and Payables</b>				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	0	0	0
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
<b>ACA Receipts and Payments</b>				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	0	0	0	0
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received.....	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2022 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

NAIC Group Code	0000	BUSINESS IN THE STATE OF	Grand Total	Business Subject to MLR							(LOCATION)							
				Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13		
				1	2	3	4	5	6	7	8						NAIC Company Code	00122
				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)
1.	Health Premiums Earned:																	
	1.1 Direct premiums written	0	335,460,941	0	0	0	0	0	0	0	0	0	0	335,460,941				
	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	335,460,941	0	0	0	0	0	0	0	0	0	0	335,460,941				
	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	268,647,214	0	0	0	0	0	0	0	0	0	0	268,647,214				
	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	66,813,727	0	0	0	0	0	0	0	0	0	0	66,813,727				
2.	Direct Claims Incurred:																	
	2.1 Paid claims during the year	0	293,483,802	0	0	0	0	0	0	0	0	0	0	293,483,802				
	2.2 Direct claim liability current year	0	45,134,001	0	0	0	0	0	0	0	0	0	0	45,134,001				
	2.3 Direct claim liability prior year	0	44,636,924	0	0	0	0	0	0	0	0	0	0	44,636,924				
	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 health care receivables (Lines 2.12a - 2.12b)	0	0	0	0	0	0	0	0	0	0	0	0	0				
	2.12a Health care receivables current year	0	0	0	0	0	0	0	0	0	0	0	0	0				
	2.12b Health care 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	293,980,879	0	0	0	0	0	0	0	0	0	0	293,980,879				
	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	266,951,922	0	0	0	0	0	0	0	0	0	0	266,951,922				
	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	27,028,958	0	0	0	0	0	0	0	0	0	0	27,028,958				
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.

216-3-GT

SUPPLEMENT FOR THE YEAR 2022 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

NAIC Group Code		0000	BUSINESS IN THE STATE OF				Grand Total					DURING THE YEAR				2022		(LOCATION) NAIC Company Code		00122		
All Expenses													Improving Health Care Quality Expenses		Claims Adjustment Expenses		9		10			
		1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10	
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	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	0	0	0	0	0	0	0	0	0	0	0
1.2 Outsourced Services .....		0	0	0	0	0	0	0	0	0	0	0	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	0	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	0	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	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6 Other Expenses (incl \$ .....0 for affiliated services) .....		0	0	0	0	0	0	0	0	0	0	0	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	0	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	0	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	XXX	XXX	0	0	0	0	0	0	0	0	0	0	0
1.10 Total (1.7 to 1.9) .....		0	0	0	0	0	0	0	0	0	0	0	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	0	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	0	0	0	0	0	0	0	0	0	0	0
2.2 Outsourced Services .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	37,277,270	37,277,270	0
2.3 EDP Equipment and Software (incl \$ .....0 for affiliated services) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9,195	9,195	0
2.4 Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....		0	0	0	0	0	0	0	0	0	0	0	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	XXX	0	0	0	0	0	0	0	0	0	0	0	0	1,000	1,000	0
2.6 Other Expenses (incl \$ .....0 for affiliated services) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	53,600	543,019	596,619
2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	53,600	37,830,484	37,884,084
2.8 Reimbursements by uninsured plans and fiscal intermediaries .....		0	0	0	0	0	0	0	0	0	0	0	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	XXX	XXX	0	0	0	0	0	0	0	0	237,999	237,999	0
2.10 Total (2.7 to 2.9) .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	53,600	38,068,483	38,122,083
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	0	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	0	0	0	0	0	0	0	0	0	0	0
3.2 Outsourced Services .....		0	0	0	0	0	0	0	0	0	0	0	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	0	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	0	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	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.6 Other Expenses (incl \$ .....0 for affiliated services) .....		0	0	0	0	0	0	0	0	0	0	0	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	0	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	0	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	XXX	XXX	0	0	0	0	0	0	0	0	0	0	0
3.10 Total (3.7 to 3.9) .....		0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0

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SUPPLEMENT FOR THE YEAR 2022 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		
4.	Individual Mini-Med Plans Expenses:									
4.1	Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0
4.2	Outsourced Services .....	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
4.4	Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	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
4.6	Other Expenses (incl \$ .....0 for affiliated services) .....	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
4.8	Reimbursements by uninsured plans and fiscal intermediaries .....	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
4.10	Total (4.7 to 4.9) .....	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
5.	Small Group Mini-Med Plans Expenses:									
5.1	Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0
5.2	Outsourced Services .....	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
5.4	Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	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
5.6	Other Expenses (incl \$ .....0 for affiliated services) .....	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
5.8	Reimbursements by uninsured plans and fiscal intermediaries .....	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
5.10	Total (5.7 to 5.9) .....	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
6.	Large Group Mini-Med Plans Expenses:									
6.1	Salaries (including \$ .....0 for affiliated services) .....	0	0	0	0	0	0	0	0	0
6.2	Outsourced Services .....	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
6.4	Other Equipment (excl. EDP) (incl \$ .....0 for affiliated services) .....	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
6.6	Other Expenses (incl \$ .....0 for affiliated services) .....	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
6.8	Reimbursements by uninsured plans and fiscal intermediaries .....	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
6.10	Total (6.7 to 6.9) .....	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

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SUPPLEMENT FOR THE YEAR 2022 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	2	3	4	5	6	7			8
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	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

216-6.GT

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**



## Audited Financial Information

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## Accountant's Letter of Qualifications

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## **Communication of Internal Control Related Matters Noted in Audit**

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# Management's Report of Internal Control Over Financial Reporting

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

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

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## Relief from the Requirements for Audit Committees

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# SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For The Year Ended December 31, 2022  
(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. \$ 50,152,050

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	\$ 575,280	1.1 %
2.02	Exxon Mobil Corp	Bonds	\$ 299,749	0.6 %
2.03	Apple Inc.	Bonds	\$ 299,726	0.6 %
2.04	Berkshire Hathaway Inc.	Bonds	\$ 299,672	0.6 %
2.05	Merck & Co.	Bonds	\$ 299,469	0.6 %
2.06	Microsoft Corp	Bonds	\$ 293,310	0.6 %
2.07	Target Corp	Bonds	\$ 202,076	0.4 %
2.08	Caterpillar Fin Serv	Bonds	\$ 194,861	0.4 %
2.09	Morgan Stanley	Bonds	\$ 151,503	0.3 %
2.10	Amgen Inc	Bonds	\$ 150,714	0.3 %

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	\$ 14,008,206	27.9 %	3.07	NAIC 1	\$ 0.0 %
3.02	NAIC 2	\$ 150,714	0.3 %	3.08	NAIC 2	\$ 0.0 %
3.03	NAIC 3	\$ 0	0.0 %	3.09	NAIC 3	\$ 0.0 %
3.04	NAIC 4	\$ 0	0.0 %	3.10	NAIC 4	\$ 0.0 %
3.05	NAIC 5	\$ 0	0.0 %	3.11	NAIC 5	\$ 0.0 %
3.06	NAIC 6	\$ 0	0.0 %	3.12	NAIC 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 %

SUPPLEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust

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 %

**SUPPLEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust**

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 [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]
If response to 11.01 is yes, detail is not required for the remainder of interrogatory 11.			
		<u>1</u>	<u>2</u>
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 [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]
If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.			
		<u>1</u>	<u>2</u>
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 [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]
If response to 13.01 above is yes, responses are not required for the remainder of Interrogatory 13.			
		<u>1</u>	<u>2</u>
	<u>Issuer</u>		<u>3</u>
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 %

**SUPPLEMENT FOR THE YEAR 2022 OF THE COSE Health and Wellness Trust**

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.

	<u>1</u>	<u>2</u>	<u>3</u>
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:

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
	<u>Fund Manager</u>	<u>Total Invested</u>	<u>Diversified</u>	<u>Nondiversified</u>
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.

	<u>1</u>	<u>2</u>	<u>3</u>
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 %

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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	2	3
	Type (Residential, Commercial, Agricultural)		
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:

Loan to Value	Residential		Commercial		Agricultural	
	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	2	3
	1		
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 %
19.03	Largest three investments held in mezzanine real estate loans: .....	\$ .....	..... 0.0 %
19.04	.....	\$ .....	..... 0.0 %
19.05	.....	\$ .....	..... 0.0 %

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

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