

**QUARTERLY STATEMENT**

**OF THE**

**COSE Health and Wellness Trust**

**TO THE**

**Insurance Department**

**OF THE**

**STATE OF**

**Ohio**

**FOR THE QUARTER ENDED  
SEPTEMBER 30, 2024**

**HEALTH**

**2024**



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2024

OF THE CONDITION AND AFFAIRS OF THE

COSE Health and Wellness Trust

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

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

Country of Domicile United States of America

Licensed as business type: Health

Is HMO Federally Qualified? Yes [ ] No [ ]

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

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

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

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

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

Internet Website Address www.cosemewa.com

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

OFFICERS

Chairman Robert Richard Nicolay III

Plan Administrator John Luteran

Vice Chairman

Secretary James Frederick Harmon

OTHER

DIRECTORS OR TRUSTEES

Martha Judith Lanning

Jeffery Raymond Gwinnell

Laura Lynn McPhee

Timothy Maynard Reynolds

Michael Reed Canty

State of Ohio

County of Cuyahoga

SS:

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

Robert Richard Nicolay III  
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.....

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE COSE Health and Wellness Trust

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	15,600,919		15,600,919	14,915,924
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens.....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ ..... 181,994 ), cash equivalents (\$ ..... 17,184,044 ) and short-term investments (\$ ..... ) .....	17,366,038		17,366,038	8,194,304
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....			0	0
8. Other invested assets .....			0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	32,966,957	0	32,966,957	23,110,228
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	115,482		115,482	136,686
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	611,820		611,820	888,547
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 .....	560,208		560,208	1,061,539
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....	96,192,124		96,192,124	50,889,615
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 (\$ ..... 980,369 ) and other amounts receivable .....	980,369		980,369	336,366
25. Aggregate write-ins for other than invested assets .....	106,768	106,768	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	131,533,728	106,768	131,426,961	76,422,979
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	131,533,728	106,768	131,426,961	76,422,979
DETAILS OF WRITE-INS				
1101. Prepaid Business Insurance .....			0	0
1102. Prepaid State Certification Fee .....			0	0
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid Business Insurance .....	85,018	85,018	0	0
2502. Prepaid State Certification Fee .....			0	0
2503. Prepaid State Domestic Assessment Fee .....	21,750	21,750	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	106,768	106,768	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... 35,910,000 reinsurance ceded) .....	12,750,609		12,750,609	10,990,410
2. Accrued medical incentive pool and bonus amounts .....			0	0
3. Unpaid claims adjustment expenses .....	1,596,000		1,596,000	1,544,000
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 reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....	2,044,355		2,044,355	2,528,734
9. General expenses due or accrued .....	52,055		52,055	201,236
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....	175,600		175,600	100
10.2 Net deferred tax liability .....			0	0
11. Ceded reinsurance premiums payable .....	95,624,441		95,624,441	45,260,826
12. Amounts withheld or retained for the account of others.....			0	0
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....			0	0
16. Derivatives .....			0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	0	0	0	0
24. Total liabilities (Lines 1 to 23) .....	112,243,059	0	112,243,059	60,525,305
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	4,375,005	5,000,004
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	14,808,896	10,897,670
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	19,183,901	15,897,674
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	131,426,961	76,422,979
DETAILS OF WRITE-INS				
2301. ....				
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	0
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	XXX	577,086	551,043	741,447
2. Net premium income ( including \$ ..... non-health premium income).....	XXX	55,377,569	51,460,675	69,199,376
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	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	55,377,569	51,460,675	69,199,376
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		152,213,119	146,536,307	202,951,150
10. Other professional services .....		8,254,232	7,967,963	11,490,807
11. Outside referrals .....		1,028,121	796,078	1,160,764
12. Emergency room and out-of-area .....		31,480,489	33,102,979	43,056,485
13. Prescription drugs .....		44,309,724	41,106,670	60,178,311
14. Aggregate write-ins for other hospital and medical .....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....				0
16. Subtotal (Lines 9 to 15) .....	0	237,285,686	229,509,997	318,837,518
<b>Less:</b>				
17. Net reinsurance recoveries .....		215,896,583	209,367,921	290,722,390
18. Total hospital and medical (Lines 16 minus 17) .....	0	21,389,103	20,142,076	28,115,128
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$ ..... cost containment expenses .....		52,000	(89,600)	(5,600)
21. General administrative expenses .....		30,928,512	29,073,441	39,167,551
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .				0
23. Total underwriting deductions (Lines 18 through 22).....	0	52,369,615	49,125,917	67,277,079
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	3,007,954	2,334,757	1,922,297
25. Net investment income earned .....		1,278,497	996,908	1,344,593
26. Net realized capital gains (losses) less capital gains tax of \$ .....			(7,154)	(7,154)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	1,278,497	989,755	1,337,439
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	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	4,286,451	3,324,512	3,259,736
31. Federal and foreign income taxes incurred .....	XXX	501,699	393,480	536,580
32. Net income (loss) (Lines 30 minus 31)	XXX	3,784,752	2,931,032	2,723,157
<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	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	15,897,674	13,913,499	13,913,499
34. Net income or (loss) from Line 32 .....	3,784,752	2,931,032	2,723,157
35. Change in valuation basis of aggregate policy and claim reserves .....			
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 .....	126,474	(25,560)	94,351
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	(624,999)	(624,999)	(833,332)
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in .....			0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in .....	0	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	0
48. Net change in capital & surplus (Lines 34 to 47) .....	3,286,227	2,280,474	1,984,175
49. Capital and surplus end of reporting period (Line 33 plus 48)	19,183,902	16,193,973	15,897,674
DETAILS OF WRITE-INS			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	60,231,022	53,628,653	66,229,239
2. Net investment income .....	1,209,198	926,907	1,244,470
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	61,440,220	54,555,560	67,473,709
5. Benefit and loss related payments .....	19,596,240	20,127,712	28,174,530
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	31,077,693	29,227,239	39,176,819
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	326,199	456,804	601,504
10. Total (Lines 5 through 9) .....	51,000,131	49,811,755	67,952,852
11. Net cash from operations (Line 4 minus Line 10) .....	10,440,090	4,743,805	(479,143)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	3,075,000	3,843,241	4,793,241
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	3,075,000	3,843,241	4,793,241
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	3,669,493	4,761,478	5,710,253
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	3,669,493	4,761,478	5,710,253
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(594,493)	(918,237)	(917,012)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	(624,999)	(624,999)	(833,332)
16.2 Capital and paid in surplus, less treasury stock .....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied) .....	(48,864)	(45,952)	2,702
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	(673,863)	(670,951)	(830,631)
<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) .	9,171,734	3,154,617	(2,226,785)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	8,194,304	10,421,090	10,421,090
19.2 End of period (Line 18 plus Line 19.1)	17,366,038	13,575,707	8,194,304

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	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
Total Members at end of:														
1. Prior Year .....	63,589	0	63,589	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter .....	63,785	0	63,785	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter .....	64,504	0	64,504	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter .....	64,532		64,532											
5. Current Year	64,532		64,532											
6. Current Year Member Months	577,086		577,086											
Total Member Ambulatory Encounters for Period:														
7 Physician .....	272,384		272,384											
8. Non-Physician .....	239,471		239,471											
9. Total	511,855	0	511,855	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	8,317		8,317											
11. Number of Inpatient Admissions	2,309		2,309											
12. Health Premiums Written (a) .....	287,147,433		287,147,433											
13. Life Premiums Direct .....	0													
14. Property/Casualty Premiums Written .....	0													
15. Health Premiums Earned.....	287,147,433		287,147,433											
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services.....	228,395,077		228,395,077											
18. Amount Incurred for Provision of Health Care Services	237,285,686		237,285,686											

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



## CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....					0	0
2. Comprehensive (hospital and medical) group .....	10,159,025	9,469,879	200,857	12,549,752	10,359,882	10,990,410
3. Medicare Supplement .....					0	0
4. Vision only .....					0	0
5. Dental 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	0
10. Disability Income .....					0	0
11. Long-term care .....					0	0
12. Other health .....					0	0
13. Health subtotal (Lines 1 to 12) .....	10,159,025	9,469,879	200,857	12,549,752	10,359,882	10,990,410
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)	10,159,025	9,469,879	200,857	12,549,752	10,359,882	10,990,410

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

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 #		2024		2023
NET INCOME							
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$	3,784,752	\$	2,723,157
(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	\$	3,784,752	\$	2,723,157
SURPLUS							
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$	19,183,901	\$	15,897,674
(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	\$	19,183,901	\$	15,897,674

- B. Use of Estimates in the Preparation of the Financial Statements  
No significant changes
- C. Accounting Policy  
These financial statements have been prepared in accordance with the NAIC Quarterly Statement Instructions and Accounting Practices and Procedures 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  
Not applicable
- M. Working Capital Finance Investments

NOTES TO FINANCIAL STATEMENTS

- 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	99.0%
(3) Short-Term Investments	
(4) Total (Must equal 100%)	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.
- B. Not applicable
- C. The gross, nonadmitted and admitted amounts for interest income due and accrued.

Interest Income Due and Accrued	Amount
1. Gross	\$ 115,482
2. Nonadmitted	
3. Admitted	\$ 115,482

NOTE 8 Derivative Instruments  
Not applicable

NOTE 9 Income Taxes

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

	(1) As of End of Current Period	(2) 12/31/2023	(3) (Col. 1 - 2) Change
1. Current Income Tax			
(a) Federal	\$ 501,699	\$ 536,580	\$ (34,881)
(b) Foreign			\$ -
(c) Subtotal (1a+1b)	\$ 501,699	\$ 536,580	\$ (34,881)
(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)	\$ 501,699	\$ 536,580	\$ (34,881)
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)	\$ -	\$ -	\$ -
(f) Statutory valuation allowance adjustment			\$ -
(g) Nonadmitted			\$ -
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ -	\$ -	\$ -
(i) Admitted deferred tax assets (2d + 2h)	\$ -	\$ -	\$ -
3. Deferred Tax Liabilities:			
(a) Ordinary:			
(1) Investments			\$ -
(2) Fixed assets			\$ -
(3) Deferred and uncollected premium			\$ -
(4) Policyholder reserves			\$ -

NOTES TO FINANCIAL STATEMENTS

(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)				\$	-	\$	-	\$	-
4. Net deferred tax assets/liabilities (2i - 3c)				\$	-	\$	-	\$	-

NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties  
Not applicable

NOTE 11 Debt  
Not applicable

NOTE 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans  
Not applicable

NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations  
A. A Surplus Note Payment occurred 9/24 for \$208,333.

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	\$ 4,666,672	\$ 4,083,340	
	10/02/2019	0.000%	\$ 500,000	No	\$ 333,332	\$ 291,665	
Total	XXX	XXX	\$ 7,500,000	XXX	\$ 5,000,004	\$ 4,375,005	\$ -

\* 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
				\$ 583,332	\$ 2,916,660	12/31/2029
				\$ 41,667	\$ 208,335	12/31/2029
Total	\$ -	\$ -	XXX	\$ 624,999	\$ 3,124,995	XXX

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	No	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

NOTE 14 Liabilities, Contingencies and Assessments  
Not applicable

NOTE 15 Leases  
Not applicable

NOTES TO FINANCIAL STATEMENTS

**NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk**  
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. The Trust restated or reported no assets or liabilities at fair value as of September 30th, 2024.

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)
Bonds	\$ 15,768,418	\$ 15,600,919	\$ 13,083,014	\$ 2,517,905			

**NOTE 21 Other Items**  
Not applicable

**NOTE 22 Events Subsequent**  
Type I – Recognized Subsequent Events:  
There were no events occurring subsequent to the end of the quarter that merited recognition or disclosure in these statements issued November 8th, 2024.  
  
Type II – Nonrecognized Subsequent Events:  
Not applicable

**NOTE 23 Reinsurance**  
A. Ceded Reinsurance Report  
During 2024, the Trust has been subject to a Quota Share agreement with Medical Mutual of Ohio to cede 90% of the Trust health business.

**NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination**  
Not applicable

**NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses**  
Claims Paid and Claims Reserve as of September 30th, 2024 were \$32.380million.. As of September 30th, 2024, \$19.629million has been paid for claims and \$12.750million reserved for(IBNR) attributable to insured events for the current year incurred in future periods. A reserve balance of \$10.990million was established December 31st, 2023 for the prior period year claims. Claims paid in 2024 associated with this reserve balance were \$10.360million. The IBNR level of reserve was calculated and verified by the Trust's outside Actuary. This IBNR process is conducted monthly by the Trust's outside Actuary and Management.

**NOTE 26 Intercompany Pooling Arrangements**  
Not applicable

**NOTE 27 Structured Settlements**  
Not applicable

**NOTE 28 Health Care Receivables**  
  
**Accrued Pharmacy Rebates \$1,760,855 Pharmacy Rebates Paid by a Third Party Provider \$780,486 Pharmacy Rebates Receivable \$980,369**

A. Pharmaceutical Rebate Receivables

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
09/30/2024	\$ 647				
06/30/2024	\$ 648	\$ 647	\$ 647		
03/31/2024	\$ 591	\$ 613	\$ 613		

**NOTE 29 Participating Policies**  
Not applicable

**NOTE 30 Premium Deficiency Reserves**  
Not applicable

**NOTE 31 Anticipated Salvage and Subrogation**  
Not applicable

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE COSE Health and Wellness Trust

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? .....

Yes [ ] No [ X ]
- 1.2

If yes, has the report been filed with the domiciliary state? .....

Yes [ ] No [ ]
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? .....

Yes [ ] No [ X ]
- 2.2

If yes, date of change: .....
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? .....

If yes, complete Schedule Y, Parts 1 and 1A.

Yes [ ] No [ X ]
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end? .....

Yes [ ] No [ X ]
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes. ....
- 3.4

Is the reporting entity publicly traded or a member of a publicly traded group? .....

Yes [ ] No [ X ]
- 3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....

Yes [ ] No [ X ]
- 4.2

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	2	3
Name of Entity	NAIC Company Code	State of Domicile
5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? .....

If yes, attach an explanation. ....

Yes [ ] No [ X ] N/A [ ]
- 6.1

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

12/19/2021
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....

12/31/2020
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....

05/25/2022
- 6.4

By what department or departments? .....
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? .....

Yes [ ] No [ ] N/A [ X ]
- 6.6

Have all of the recommendations within the latest financial examination report been complied with? .....

Yes [ X ] No [ ] N/A [ ]
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? .....

Yes [ ] No [ X ]
- 7.2

If yes, give full information: .....
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? .....

Yes [ ] No [ X ]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company. ....
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms? .....

Yes [ ] No [ X ]
- 8.4

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

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

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE COSE Health and Wellness Trust

GENERAL INTERROGATORIES

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? .....  
(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.

Yes [ X ] No [ ]

9.11

If the response to 9.1 is No, please explain:  
.....

9.2

Has the code of ethics for senior managers been amended? .....

Yes [ ] No [ X ]

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).  
.....

9.3

Have any provisions of the code of ethics been waived for any of the specified officers? .....

Yes [ ] No [ X ]

9.31

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

FINANCIAL

10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? .....

Yes [ ] No [ X ]

10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount: .....\$ .....

INVESTMENT

11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) .....

Yes [ ] No [ X ]

11.2

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

12.

Amount of real estate and mortgages held in other invested assets in Schedule BA: .....

\$ .....

13.

Amount of real estate and mortgages held in short-term investments: .....

\$ .....

14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates? .....

Yes [ ] No [ X ]

14.2

If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ .....0	\$ .....
14.22 Preferred Stock .....	\$ .....0	\$ .....
14.23 Common Stock .....	\$ .....0	\$ .....
14.24 Short-Term Investments .....	\$ .....0	\$ .....
14.25 Mortgage Loans on Real Estate .....	\$ .....0	\$ .....
14.26 All Other .....	\$ .....0	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	\$ .....0	\$ .....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB? .....

Yes [ ] No [ X ]

15.2

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

16.

For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. ....

\$ .....0

16.2

Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....

\$ .....0

16.3

Total payable for securities lending reported on the liability page. ....

\$ .....0



STATEMENT AS OF SEPTEMBER 30, 2024 OF THE COSE Health and Wellness Trust

GENERAL INTERROGATORIES

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

1 Name of Custodian(s)	2 Custodian Address
PNC Institutional Asset Management .....	PNC Center, 1900 East 9th, Cleveland OH 44114 .....

- 17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [ ] No [ X ]
- 17.4 If yes, give full information relating thereto:

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

- 17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
PNC Institutional Asset Management .....	U.....
Group Services Inc. (MEWA Administrator) .....	A.....
.....	.....

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [ X ] No [ ]

- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ X ] No [ ]

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
.....	PNC Institutional Asset Management .....	.....	000 .....	DS.....
.....	Group Services Inc. (MEWA Administrator) .....	.....	.....	NO.....
.....	.....	.....	.....	.....

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]
- 18.2 If no, list exceptions: .....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? ..... Yes [ ] No [ X ]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- 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 ]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [ ] No [ X ]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent

38.6 %
- 1.2 A&H cost containment percent

%
- 1.3 A&H expense percent excluding cost containment expenses

11.5 %
- 2.1 Do you act as a custodian for health savings accounts?

Yes [ ] No [ X ]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date

\$.
- 2.3 Do you act as an administrator for health savings accounts?

Yes [ ] No [ X ]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date

\$.
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [ ] No [ X ]
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes [ ] No [ X ]

## SCHEDULE S - CEDED REINSURANCE

[illegible]

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE COSE Health and Wellness Trust

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories											
		1	Direct Business Only								
		Active Status (a)	2	3	4	5	6	7	8	9	10
States, etc.			Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 8	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..	287,147,433						287,147,433	
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.....	287,147,433	.....0	.....0	.....0	.....0	.....0	.....0	287,147,433	.....0
60.	Reporting Entity Contributions for Employee Benefit Plans .....	XXX.....								.....0	
61.	Totals (Direct Business) .....	XXX.....	287,147,433	.....0	.....0	.....0	.....0	.....0	.....0	287,147,433	.....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

2. R - Registered - Non-domiciled RRGs..... 0

3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. .... 0

4. Q - Qualified - Qualified or accredited reinsurer..... 0

5. N - None of the above - Not allowed to write business in the state..... 56

Schedule Y - Part 1  
**N O N E**

Schedule Y - Part 1A - Detail of Insurance Holding Company System  
**N O N E**

Schedule Y - Part 1A - Explanations  
**N O N E**

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....

SEE EXPLANATION

AUGUST FILING

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter. ....

N/A

Explanation:

1. N/A

Bar Code:

**NONE**

SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Current year change in encumbrances .....		
4. Total gain (loss) on disposals .....		
5. Deduct amounts received on disposals .....		
6. Total foreign exchange change in book/adjusted carrying value .....		
7. Deduct current year's other than temporary impairment recognized .....		
8. Deduct current year's depreciation .....		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....		
10. Deduct total nonadmitted amounts .....		
11. Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase/(decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....		
12. Total valuation allowance .....		
13. Subtotal (Line 11 plus Line 12) .....		
14. Deduct total nonadmitted amounts .....		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	14,915,924	13,934,770
2. Cost of bonds and stocks acquired .....	3,669,493	5,710,253
3. Accrual of discount .....	96,426	82,869
4. Unrealized valuation increase/(decrease) .....	0	
5. Total gain (loss) on disposals .....	0	(7,154)
6. Deduct consideration for bonds and stocks disposed of .....	3,075,000	4,793,241
7. Deduct amortization of premium .....	5,923	11,573
8. Total foreign exchange change in book/adjusted carrying value .....	0	
9. Deduct current year's other than temporary impairment recognized .....	0	
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	0	
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	15,600,919	14,915,924
12. Deduct total nonadmitted amounts .....	0	
13. Statement value at end of current period (Line 11 minus Line 12)	15,600,919	14,915,924



STATEMENT AS OF SEPTEMBER 30, 2024 OF THE COSE Health and Wellness Trust

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a) .....	16,425,603	0	1,200,000	32,989	15,262,215	16,425,603	15,258,592	14,765,722
2. NAIC 2 (a) .....	341,883	0	0	444	346,133	341,883	342,327	150,202
3. NAIC 3 (a) .....	0	0	0	0	0	0	0	
4. NAIC 4 (a) .....	0	0	0	0	0	0	0	
5. NAIC 5 (a) .....	0	0	0	0	0	0	0	
6. NAIC 6 (a) .....	0	0	0	0	0	0	0	
7. Total Bonds	16,767,486	0	1,200,000	33,432	15,608,348	16,767,486	15,600,919	14,915,924
PREFERRED STOCK								
8. NAIC 1 .....	0	0	0	0	0	0	0	0
9. NAIC 2 .....	0	0	0	0	0	0	0	0
10. NAIC 3 .....	0	0	0	0	0	0	0	0
11. NAIC 4 .....	0	0	0	0	0	0	0	0
12. NAIC 5 .....	0	0	0	0	0	0	0	0
13. NAIC 6 .....	0	0	0	0	0	0	0	0
14. Total Preferred Stock .....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	16,767,486	0	1,200,000	33,432	15,608,348	16,767,486	15,600,919	14,915,924

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:  
NAIC 1 \$ .....0 ; NAIC 2 \$ .....0 ; NAIC 3 \$ .....0 NAIC 4 \$ .....0 ; NAIC 5 \$ .....0 ; NAIC 6 \$ .....0

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Prior Year Value	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
7709999999 Totals		XX			

NONE

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	224,150
2. Cost of short-term investments acquired .....	0	0
3. Accrual of discount .....	0	850
4. Unrealized valuation increase/(decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration received on disposals .....	0	225,000
7. Deduct amortization of premium .....	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	0	0
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

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

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	8,121,298	10,102,477
2. Cost of cash equivalents acquired .....	0	0
3. Accrual of discount .....	0	0
4. Unrealized valuation increase/(decrease) .....	0	0
5. Total gain (loss) on disposals .....	9,062,745	(1,981,179)
6. Deduct consideration received on disposals .....	0	0
7. Deduct amortization of premium .....	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	17,184,044	8,121,298
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	17,184,044	8,121,298

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

**N O N E**

Schedule A - Part 3 - Real Estate Disposed

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE COSE Health and Wellness Trust

## SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

[illegible]

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE COSE Health and Wellness Trust

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	For- eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid- eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other Than Temporary Impairment Recogn- ized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con- tractual Maturity Date	NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admini- strative Symbol
..912828-D5-6	USA Treasury Note 2.375% Due 8/15/2024 .....	.....	08/15/2024	Matured .....	.....	200,000	200,000	194,867	0	0	1,728	0	1,728	0	200,000	0	0	0	4,750	08/15/2024	1.A FE
..912828-2Y-5	USA Treasury Note, 2.125%, Due 9/30/2024 ....	.....	09/30/2024	Matured .....	.....	200,000	200,000	197,758	0	0	704	0	704	0	200,000	0	0	0	4,250	09/30/2024	1.A FE
..912828-XX-3	USA Treasury Notes, 2.00%, Due 6/30/2024 ....	.....	06/30/2024	various .....	.....	600,000	0	0	0	0	3,533	0	3,533	0	600,000	0	0	0	12,000	06/30/2024	1.A FE
0109999999. Subtotal - Bonds - U.S. Governments						1,000,000	400,000	392,625	0	0	5,965	0	5,965	0	1,000,000	0	0	0	21,000	XXX	XXX
..87612E-BD-7	Target Corp., 3.5% Due 7/1/2024 .....	.....	07/01/2024	Matured .....	.....	200,000	200,000	202,752	0	0	(701)	0	(701)	0	200,000	0	0	0	7,000	07/01/2024	1.F FE
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						200,000	200,000	202,752	0	0	(701)	0	(701)	0	200,000	0	0	0	7,000	XXX	XXX
2509999997. Total - Bonds - Part 4						1,200,000	600,000	595,377	0	0	5,264	0	5,264	0	1,200,000	0	0	0	28,000	XXX	XXX
2509999998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2509999999. Total - Bonds						1,200,000	600,000	595,377	0	0	5,264	0	5,264	0	1,200,000	0	0	0	28,000	XXX	XXX
4509999997. Total - Preferred Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
4509999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999997. Total - Common Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5999999999. Total - Preferred and Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
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.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6009999999 - Totals						1,200,000	XXX	595,377	0	0	5,264	0	5,264	0	1,200,000	0	0	0	28,000	XXX	XXX

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

Schedule DL - Part 1 - Reinvested Collateral Assets Owned  
**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned  
**N O N E**



## SCHEDULE E - PART 1 - CASH

[illegible]

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2024 OF THE COSE Health and Wellness Trust

**MEDICARE PART D COVERAGE SUPPLEMENT**

(Net of Reinsurance)

NAIC Group Code 0000

NAIC Company Code 00122

	Individual Coverage		Group Coverage		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Premiums Collected .....		XXX.		XXX.	0
2. Earned Premiums .....		XXX.		XXX.	XXX.
3. Claims Paid .....		XXX.		XXX.	0
4. Claims Incurred .....		XXX.		XXX.	XXX.
5. Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a) .....	XXX.		XXX.		0
6. Aggregate Policy Reserves - Change .....		XXX.		XXX.	XXX.
7. Expenses Paid .....		XXX.		XXX.	0
8. Expenses Incurred .....		XXX.		XXX.	XXX.
9. Underwriting Gain or Loss .....	0	XXX.	0	XXX.	XXX.
10. Cash Flow Result .....	XXX	XXX	XXX	XXX	0

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ ..... due from CMS or \$ ..... due to CMS