



HEALTH QUARTERLY STATEMENT

As of June 30, 2018
of the Condition and Affairs of the

QualChoice Advantage, Inc.

NAIC Group Code.....4807, 4807 (Current Period) (Prior Period) NAIC Company Code..... 15751 Employer's ID Number..... 47-3433912

Organized under the Laws of AR State of Domicile or Port of Entry AR Country of Domicile US

Licensed as Business Type Health Maintenance Organization Is HMO Federally Qualified? Yes [X] No []

Incorporated/Organized..... March 20, 2015 Commenced Business..... January 1, 2016

Statutory Home Office 12615 Chenal Parkway, Suite 300 .. Little Rock .. AR .. US .. 72211
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 12615 Chenal Parkway, Suite 300 .. Little Rock .. AR .. US .. 72211 866-789-7747
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address PO Box 27510 .. Federal Way .. WA .. US .. 98093
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 33820 Weyerhaeuser Way S .. Federal Way .. WA .. US .. 98001 253-517-4300
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.QualChoiceAdvantage.com

Statutory Statement Contact Thuy Le 253-517-4340
(Name) (Area Code) (Telephone Number) (Extension)
thuy.le@qualchoicehealth.com 253-517-4385
(E-Mail Address) (Fax Number)

OFFICERS

| Name | Title | Name | Title |
|---------------------------|---|----------------------------|-----------------------|
| 1. Steven Charles Schramm | President, Chief Financial Officer, & Treasurer | 2. William Nathan Young MD | Chief Medical Officer |
| 3. | | 4. | |

OTHER

DIRECTORS OR TRUSTEES

Mark Fred Bjornson Charles William Hanson Gregory Porter Moore # Jennifer Jean Boeff
Randall Alvin Crow #

State of..... Washington
County of..... King

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

| | | |
|---|-------------------------|-------------------|
| | | |
| (Signature) | (Signature) | (Signature) |
| Steven Charles Schramm | William Nathan Young MD | |
| 1. (Printed Name) | 2. (Printed Name) | 3. (Printed Name) |
| President, Chief Financial Officer, & Treasurer | Chief Medical Officer | |
| (Title) | (Title) | (Title) |

Subscribed and sworn to before me
This day of AUGUST 2018



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 _____

KRISTIN L B LYONS, NOTARY PUBLIC
MY APPOINTMENT EXPIRES 11-01-2021



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| Randall Alvin Crow # | | | |

State of..... Washington
County of..... King

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| | | |
|--|---|---|
| _____ (Signature) Steven Charles Schramm 1. (Printed Name) President, Chief Financial Officer, & Treasurer _____ (Title) | _____ (Signature) William Nathan Young MD 2. (Printed Name) Chief Medical Officer _____ (Title) | _____ (Signature) 3. (Printed Name) _____ (Title) |
|--|---|---|

Subscribed and sworn to before me
This _____ day of _____

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

ASSETS

| | Current Statement Date | | | 4 Prior Year Net Admitted Assets |
|--|------------------------|----------------------------|--|--|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds..... | 3,227,955 | | 3,227,955 | 3,543,857 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks..... | | | 0 | |
| 2.2 Common stocks..... | | | 0 | |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens..... | | | 0 | |
| 3.2 Other than first liens..... | | | 0 | |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$.....0 encumbrances)..... | | | 0 | |
| 4.2 Properties held for the production of income (less \$.....0 encumbrances)..... | | | 0 | |
| 4.3 Properties held for sale (less \$.....0 encumbrances)..... | | | 0 | |
| 5. Cash (\$.....1,946,910), cash equivalents (\$.....309,894) and short-term investments (\$.....0)..... | 2,256,804 | | 2,256,804 | 1,423,001 |
| 6. Contract loans (including \$.....0 premium notes)..... | | | 0 | |
| 7. Derivatives..... | | | 0 | |
| 8. Other invested assets..... | | | 0 | |
| 9. Receivables for securities..... | | | 0 | |
| 10. Securities lending reinvested collateral assets..... | | | 0 | |
| 11. Aggregate write-ins for invested assets..... | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11)..... | 5,484,760 | 0 | 5,484,760 | 4,966,858 |
| 13. Title plants less \$.....0 charged off (for Title insurers only)..... | | | 0 | |
| 14. Investment income due and accrued..... | 16,317 | | 16,317 | 14,759 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection..... | 49,341 | | 49,341 | 3,148 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)..... | | | 0 | |
| 15.3 Accrued retrospective premiums (\$.....200,000) and contracts subject to redetermination (\$.....139,155)..... | 339,155 | | 339,155 | 752,842 |
| 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..... | 72,080 | | 72,080 | |
| 18.1 Current federal and foreign income tax recoverable and interest thereon..... | 1,138 | | 1,138 | 1,138 |
| 18.2 Net deferred tax asset..... | 14,329 | | 14,329 | 14,329 |
| 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)..... | | | 0 | |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates..... | | | 0 | |
| 23. Receivables from parent, subsidiaries and affiliates..... | 144,211 | | 144,211 | 245 |
| 24. Health care (\$.....388,231) and other amounts receivable..... | 432,306 | 44,075 | 388,231 | 679,193 |
| 25. Aggregate write-ins for other than invested assets..... | 0 | 0 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)..... | 6,553,637 | 44,075 | 6,509,562 | 6,432,511 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | 0 | |
| 28. Total (Lines 26 and 27)..... | 6,553,637 | 44,075 | 6,509,562 | 6,432,511 |

DETAILS OF WRITE-INS

| | | | | |
|--|---|---|---|---|
| 1101..... | | | 0 | |
| 1102..... | | | 0 | |
| 1103..... | | | 0 | |
| 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..... | | | 0 | |
| 2502..... | | | 0 | |
| 2503..... | | | 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)..... | 0 | 0 | 0 | 0 |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|--|----------------|----------------|------------|------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$.....0 reinsurance ceded)..... | 711,629 | 79,392 | 791,021 | 1,180,771 |
| 2. Accrued medical incentive pool and bonus amounts..... | 1,300,282 | | 1,300,282 | 1,300,282 |
| 3. Unpaid claims adjustment expenses..... | 1,577 | | 1,577 | 2,693 |
| 4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act..... | | | 0 | |
| 5. Aggregate life policy reserves..... | | | 0 | |
| 6. Property/casualty unearned premium reserve..... | | | 0 | |
| 7. Aggregate health claim reserves..... | | | 0 | |
| 8. Premiums received in advance..... | 808,700 | | 808,700 | |
| 9. General expenses due or accrued..... | 3,484 | | 3,484 | |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))..... | 68,137 | | 68,137 | 68,137 |
| 10.2 Net deferred tax liability..... | | | 0 | |
| 11. Ceded reinsurance premiums payable..... | | | 0 | |
| 12. Amounts withheld or retained for the account of others..... | | | 0 | |
| 13. Remittances and items not allocated..... | | | 0 | |
| 14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)..... | | | 0 | |
| 15. Amounts due to parent, subsidiaries and affiliates..... | 113,467 | | 113,467 | 198,926 |
| 16. Derivatives..... | | | 0 | |
| 17. Payable for securities..... | | | 0 | |
| 18. Payable for securities lending..... | | | 0 | |
| 19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and certified \$.....0 reinsurers)..... | | | 0 | |
| 20. Reinsurance in unauthorized and certified (\$.....0) companies..... | | | 0 | |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates..... | | | 0 | |
| 22. Liability for amounts held under uninsured plans..... | | | 0 | 108,655 |
| 23. Aggregate write-ins for other liabilities (including \$.....0 current)..... | 0 | 0 | 0 | 0 |
| 24. Total liabilities (Lines 1 to 23)..... | 3,007,275 | 79,392 | 3,086,667 | 2,859,464 |
| 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 | 3,500,000 | 3,500,000 |
| 29. Surplus notes..... | XXX | XXX | | |
| 30. Aggregate write-ins for other than special surplus funds..... | XXX | XXX | 0 | 0 |
| 31. Unassigned funds (surplus)..... | XXX | XXX | (77,106) | 73,047 |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 .....0.000 shares common (value included in Line 26 \$.....0)..... | XXX | XXX | | |
| 32.2 .....0.000 shares preferred (value included in Line 27 \$.....0)..... | XXX | XXX | | |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32)..... | XXX | XXX | 3,422,894 | 3,573,047 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33)..... | XXX | XXX | 6,509,562 | 6,432,511 |

DETAILS OF WRITE-INS

| | | | | |
|--|-----|-----|---|---|
| 2301. | | | 0 | |
| 2302. | | | 0 | |
| 2303. | | | 0 | |
| 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. | | | | |
| 2502. | | | | |
| 2503. | | | | |
| 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. | | | | |
| 3002. | | | | |
| 3003. | | | | |
| 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 To Date | | Prior Year To Date | Prior Year Ended December 31 |
|--|-------------------------|------------|-----------------------|---------------------------------|
| | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. Member months..... | XXX | 6,631 | 9,127 | 18,122 |
| 2. Net premium income (including \$.....0 non-health premium income)..... | XXX | 4,604,451 | 5,708,031 | 11,759,924 |
| 3. Change in unearned premium reserves and reserve for rate credits..... | XXX | | | |
| 4. Fee-for-service (net of \$.....0 medical expenses)..... | XXX | | | |
| 5. Risk revenue..... | XXX | | | |
| 6. Aggregate write-ins for other health care related revenues..... | XXX | 0 | 0 | 0 |
| 7. Aggregate write-ins for other non-health revenues..... | XXX | 0 | 0 | 0 |
| 8. Total revenues (Lines 2 to 7)..... | XXX | 4,604,451 | 5,708,031 | 11,759,924 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits..... | | 3,509,628 | 3,864,994 | 7,216,204 |
| 10. Other professional services..... | | 76,329 | 89,321 | 177,561 |
| 11. Outside referrals..... | | | | |
| 12. Emergency room and out-of-area..... | | 32,542 | 57,875 | 115,319 |
| 13. Prescription drugs..... | | 428,761 | 573,685 | 892,050 |
| 14. Aggregate write-ins for other hospital and medical..... | 0 | 0 | 0 | 0 |
| 15. Incentive pool, withhold adjustments and bonus amounts..... | | | | 1,300,282 |
| 16. Subtotal (Lines 9 to 15)..... | 0 | 4,047,260 | 4,585,875 | 9,701,415 |
| Less: | | | | |
| 17. Net reinsurance recoveries..... | | | 79,837 | 54,894 |
| 18. Total hospital and medical (Lines 16 minus 17)..... | 0 | 4,047,260 | 4,506,038 | 9,646,521 |
| 19. Non-health claims (net)..... | | | | |
| 20. Claims adjustment expenses, including \$.....53,048 cost containment expenses..... | | 106,369 | 111,942 | 224,106 |
| 21. General administrative expenses..... | | 613,494 | 752,845 | 1,562,376 |
| 22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)..... | | | | |
| 23. Total underwriting deductions (Lines 18 through 22)..... | 0 | 4,767,123 | 5,370,825 | 11,433,003 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23)..... | XXX | (162,672) | 337,207 | 326,920 |
| 25. Net investment income earned..... | | 31,561 | 24,160 | 50,681 |
| 26. Net realized capital gains (losses) less capital gains tax of \$.....0..... | | (10,633) | (3,349) | (8,574) |
| 27. Net investment gains or (losses) (Lines 25 plus 26)..... | 0 | 20,928 | 20,811 | 42,107 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]..... | | (2,000) | | (25,836) |
| 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 | (143,745) | 358,017 | 343,192 |
| 31. Federal and foreign income taxes incurred..... | XXX | | (141) | 68,137 |
| 32. Net income (loss) (Lines 30 minus 31)..... | XXX | (143,745) | 358,158 | 275,055 |

DETAILS OF WRITE-INS

| | | | | |
|--|-----|---|---|---|
| 0601. | XXX | | | |
| 0602. | XXX | | | |
| 0603. | XXX | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page..... | XXX | 0 | 0 | 0 |
| 0699. Totals (Lines 0601 thru 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 thru 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 thru 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 thru 2903 plus 2998) (Line 29 above)..... | 0 | 0 | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| CAPITAL AND SURPLUS ACCOUNT | 1 | 2 | 3 |
|---|-------------------------|-----------------------|---------------------------------|
| | Current Year to Date | Prior Year To Date | Prior Year Ended December 31 |
| 33. Capital and surplus prior reporting year..... | 3,573,047 | 3,313,252 | 3,313,252 |
| 34. Net income or (loss) from Line 32..... | (143,745) | 358,158 | 275,055 |
| 35. Change in valuation basis of aggregate policy and claim reserves..... | | | |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0..... | | | |
| 37. Change in net unrealized foreign exchange capital gain or (loss)..... | | | |
| 38. Change in net deferred income tax..... | | | 14,329 |
| 39. Change in nonadmitted assets..... | (6,408) | 3,400 | (29,589) |
| 40. Change in unauthorized and certified reinsurance..... | | | |
| 41. Change in treasury stock..... | | | |
| 42. Change in surplus notes..... | | | |
| 43. Cumulative effect of changes in accounting principles..... | | | |
| 44. Capital changes: | | | |
| 44.1 Paid in..... | | | |
| 44.2 Transferred from surplus (Stock Dividend)..... | | | |
| 44.3 Transferred to surplus..... | | | |
| 45. Surplus adjustments: | | | |
| 45.1 Paid in..... | | | |
| 45.2 Transferred to capital (Stock Dividend)..... | | | |
| 45.3 Transferred from capital..... | | | |
| 46. Dividends to stockholders..... | | | |
| 47. Aggregate write-ins for gains or (losses) in surplus..... | 0 | 0 | 0 |
| 48. Net change in capital and surplus (Lines 34 to 47)..... | (150,153) | 361,558 | 259,795 |
| 49. Capital and surplus end of reporting period (Line 33 plus 48)..... | 3,422,894 | 3,674,810 | 3,573,047 |

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 thru 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 |
|---|------------------------------|----------------------------|--------------------------------------|
| CASH FROM OPERATIONS | | | |
| 1. Premiums collected net of reinsurance..... | 5,780,644 | 6,671,294 | 11,111,103 |
| 2. Net investment income..... | 34,097 | 30,105 | 61,192 |
| 3. Miscellaneous income..... | | | |
| 4. Total (Lines 1 through 3)..... | 5,814,741 | 6,701,399 | 11,172,295 |
| 5. Benefit and loss related payments..... | 4,152,456 | 5,104,874 | 9,220,864 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions..... | 900,231 | 503,512 | 1,762,904 |
| 8. Dividends paid to policyholders..... | | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)..... | | | |
| 10. Total (Lines 5 through 9)..... | 5,052,687 | 5,608,386 | 10,983,768 |
| 11. Net cash from operations (Line 4 minus Line 10)..... | 762,054 | 1,093,012 | 188,527 |
| CASH FROM INVESTMENTS | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds..... | 1,213,641 | 1,087,268 | 2,281,538 |
| 12.2 Stocks..... | | | |
| 12.3 Mortgage loans..... | | | |
| 12.4 Real estate..... | | | |
| 12.5 Other invested assets..... | | | |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments..... | | | |
| 12.7 Miscellaneous proceeds..... | | | |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7)..... | 1,213,641 | 1,087,268 | 2,281,538 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds..... | 912,461 | 1,179,438 | 2,383,891 |
| 13.2 Stocks..... | | | |
| 13.3 Mortgage loans..... | | | |
| 13.4 Real estate..... | | | |
| 13.5 Other invested assets..... | | | |
| 13.6 Miscellaneous applications..... | | | |
| 13.7 Total investments acquired (Lines 13.1 to 13.6)..... | 912,461 | 1,179,438 | 2,383,891 |
| 14. Net increase or (decrease) in contract loans and premium notes..... | | | |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)..... | 301,180 | (92,170) | (102,353) |
| CASH FROM FINANCING AND MISCELLANEOUS SOURCES | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes..... | | | |
| 16.2 Capital and paid in surplus, less treasury stock..... | | | |
| 16.3 Borrowed funds..... | | | |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities..... | | | |
| 16.5 Dividends to stockholders..... | | | |
| 16.6 Other cash provided (applied)..... | (229,430) | (17,936) | 90,662 |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)..... | (229,430) | (17,936) | 90,662 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)..... | 833,804 | 982,906 | 176,836 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year..... | 1,423,001 | 1,246,164 | 1,246,164 |
| 19.2 End of period (Line 18 plus Line 19.1)..... | 2,256,804 | 2,229,070 | 1,423,001 |

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

| | | | |
|---------------|--|--|--|
| 20.0001 | | | |
|---------------|--|--|--|

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|--|------------|------------------------------------|------------|-----------------------------|---------------------|---------------------|---|------------------------------|----------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at End of: | | | | | | | | | | |
| 1. Prior Year..... | 1,498 | | | | | | | 1,498 | | |
| 2. First Quarter..... | 1,118 | | | | | | | 1,118 | | |
| 3. Second Quarter..... | 1,094 | | | | | | | 1,094 | | |
| 4. Third Quarter..... | 0 | | | | | | | | | |
| 5. Current Year..... | 0 | | | | | | | | | |
| 6. Current Year Member Months..... | 6,631 | | | | | | | 6,631 | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician..... | 5,330 | | | | | | | 5,330 | | |
| 8. Non-Physician..... | 5,125 | | | | | | | 5,125 | | |
| 9. Total..... | 10,455 | 0 | 0 | 0 | 0 | 0 | 0 | 10,455 | 0 | 0 |
| 10. Hospital Patient Days Incurred..... | 1,905 | | | | | | | 1,905 | | |
| 11. Number of Inpatient Admissions..... | 133 | | | | | | | 133 | | |
| 12. Health Premiums Written (a)..... | 4,621,729 | | | | | | | 4,621,729 | | |
| 13. Life Premiums Direct..... | 0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written..... | 0 | | | | | | | | | |
| 15. Health Premiums Earned..... | 4,621,729 | | | | | | | 4,621,729 | | |
| 16. Property/Casualty Premiums Earned..... | 0 | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | 4,047,260 | | | | | | | 4,047,260 | | |
| 18. Amount Incurred for Provision of Health Care Services..... | 4,047,260 | | | | | | | 4,047,260 | | |

Q07

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$....4,621,729.

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

Aging Analysis of Unpaid Claims

| 1 Account | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 91 - 120 Days | 6 Over 120 Days | 7 Total |
|--|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| Claims Unpaid (Reported) | | | | | | |
| Claims Unpaid - Pharmacy..... | 47,088 | | | | | 47,088 |
| Claims Unpaid - Behavior Health..... | 44 | | | | | 44 |
| 0199999. Individually Listed Claims Unpaid..... | 47,132 | 0 | 0 | 0 | 0 | 47,132 |
| 0499999. Subtotals..... | 47,132 | 0 | 0 | 0 | 0 | 47,132 |
| 0599999. Unreported Claims and Other Claim Reserves..... | | | | | | 743,889 |
| 0799999. Total Claims Unpaid..... | | | | | | 791,021 |
| 0899999. Accrued Medical Incentive Pool and Bonus Amounts..... | | | | | | 1,300,282 |

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 December 31 of Prior Year | 4 On Claims Incurred During the Year | | |
| 1. Comprehensive (hospital and medical)..... | | | | | 0 | |
| 2. Medicare Supplement..... | | | | | 0 | |
| 3. Dental only..... | | | | | 0 | |
| 4. Vision only..... | | | | | 0 | |
| 5. Federal Employees Health Benefits Plan..... | | | | | 0 | |
| 6. Title XVIII - Medicare..... | 1,149,822 | 3,636,507 | 40,051 | 750,970 | 1,189,873 | 1,180,771 |
| 7. Title XIX - Medicaid..... | | | | | 0 | |
| 8. Other health..... | | | | | 0 | |
| 9. Health subtotal (Lines 1 to 8)..... | 1,149,822 | 3,636,507 | 40,051 | 750,970 | 1,189,873 | 1,180,771 |
| 10. Healthcare receivables (a)..... | 632,431 | 1,442 | 190,443 | 241,863 | 822,874 | 716,860 |
| 11. Other non-health..... | | | | | 0 | |
| 12. Medical incentive pools and bonus amounts..... | | | 1,300,282 | | 1,300,282 | 1,300,282 |
| 13. Totals (Lines 9-10+11+12)..... | 517,391 | 3,635,065 | 1,149,890 | 509,107 | 1,667,281 | 1,764,193 |

609

(a) Excludes \$.00 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**

The financial statement of the company are presented on the basis of accounting practice prescribed or permitted by the Arkansas Insurance Department.

The Arkansas Insurance Department recognizes only statutory accounting practices prescribed or permitted by the state of Arkansas for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Arkansas Insurance Law. The National Association of Insurance Commissioners (NAIC) Accounting Practices and Procedures Manual has been adopted as a component of prescribed or permitted practices by the state of Arkansas. The Department has the right to permit other specific practices that deviate from the prescribed practices. However, the Company does not employ any such practices.

| | SSAP # | F/S Page | F/S Line # | 2018 | 2017 |
|--|--------|----------|------------|--------------|-------------|
| NET INCOME | | | | | |
| (1) QualChoice Advantage, Inc. Company state basis (Page 4, Line 32, Columns 2 & 3) | XXX | XXX | XXX | \$ (143,745) | \$ 275,055 |
| (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 | \$ (143,745) | \$ 275,055 |
| SURPLUS | | | | | |
| (5) QualChoice Advantage, Inc. Company state basis (Page 3, line 33, Columns 3 & 4) | XXX | XXX | XXX | \$3,422,894 | \$3,573,047 |
| (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 | \$3,422,894 | \$3,573,047 |

B. Use of Estimates in the Preparation of the Financial Statements:

The Preparation of financial statements in conformity with NAIC SAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the periods. Actual results could result in material differences from those estimates.

C. Accounting Policy

Revenue Recognition: The Company provides health benefits to Medicare-eligible members under contract with the Centers for Medicare and Medicaid Services (CMS). Premium revenue is fixed in advance of the periods covered and is not generally subject to significant accounting estimates.

Recognition of Health Care Costs: The Company arranges for medical care for its members through a combination of capitation agreements and fee-for-service programs with medical services providers. Medical and hospital expenses are recorded in the period the member receives or is entitled to the services. These expenses include payments to primary care physicians, specialists, hospitals, pharmacies and other medical services providers. Under capitation agreements, the Company pays a fixed amount per-member, per-month to providers for specified services (limited capitation) or for all services with limited exceptions (global capitation). Under limited capitation agreements and fee-for-service arrangements, the Company remains financially responsible for medical care provided to its members at discounted rates. Under global capitation agreements, the Company may retain financial responsibility for limited care, such as emergency or urgent out-of-area care, while the capitated provider group is responsible for all other care.

In addition, the Company uses the following accounting policies:

- (1) Cash and cash equivalents consist primarily of highly liquid instruments which mature within three months from the date of purchase.
- (2) Short-term investments consist primarily of investments purchased with an original maturity of 91 days to one year and certain money-market mutual funds.
- (3) Bonds are stated at amortized cost using the interest method.
- (4) Investments in common stock: None
- (5) Investments in preferred stock: None
- (6) Basis for Loan-Backed Securities and Adjustment Methodology: None.
- (7) Investments in mortgage loans: None
- (8) Investments in subsidiaries, controlled or affiliated companies: None
- (9) Investments in joint ventures, partnerships and limited liability companies: None
- (10) Investments in derivatives: None

NOTES TO FINANCIAL STATEMENTS

- (11) The Company assesses the profitability of its contracts for providing health care services to its members when current operating results or forecasts indicate probable future losses. The Company compares anticipated premiums and investment income to health care related costs, including estimated payments for providers, and costs of collecting premiums and processing claims. If the anticipated future costs exceed the premiums, a loss contract accrual is recognized.
- (12) Claims unpaid and claims adjustment expenses represent management's best estimate of the ultimate net cost of all reported and unreported claims incurred through the balance sheet date. These estimates are based on estimates of unreported claims using historical and statistical information as well as other environmental and operating factors. The estimates are subject to the effects of trends in claims severity and frequency, changes in the regulatory environment and economic conditions. Although considerable variability is inherent in such estimates, management believes that the liabilities for unpaid claims and related claims adjustment expenses are adequate. The methods for making such estimates and the resulting reserves are continually reviewed and updated as necessary as experience develops or new information becomes known with any adjustments included in current operations.
- (13) There was no change in the capitalization policy from prior periods.
- (14) The Company estimates amounts receivable for pharmacy rebates based on members' script counts reported by its contracted pharmacy benefits administrator. The Company follows SSAP 84 in determining the admissibility of pharmacy rebates receivable.
- (15) Premiums receivable greater than 90 days past due are non-admitted, with the exception of amounts due under government insurance plans, which may be admitted assets.

D. Going Concern

Disclosures specific to going concern is not required because it is not probable that the entity will be unable to meet obligations within the next year.

Note 2 – Accounting Changes and Corrections of Errors

None.

Note 3 – Business Combinations and Goodwill

None.

Note 4 – Discontinued Operations

None.

Note 5 – Investments**D. Loan-Backed Securities**

- (1) Description of Sources Used to Determine Prepayment Assumptions - None.
- (2) Other-Than-Temporary Impairments - None.
- (3) Recognized OTTI securities - None.
- (4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains): None.
- (5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary - None.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None.

| | |
|--|----|
| b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged | \$ |
|--|----|

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

- (1) Company Policies or Strategies for Repo Programs - None.
- (2) Type of Repo Trades Used - None.
- (3) Maturity Time Frame - None.
- (4) Counterparty, Jurisdiction and Fair Value (FV) - None.
- (5) Securities "Sold" Under Repo – Secured Borrowing - None.
- (6) Securities Sold Under Repo – Secured Borrowing by NAIC Designation - None.
- (7) Collateral Received – Secured Borrowing - None.
- (8) Cash & Non-Cash Collateral Received – Secured Borrowing by NAIC Designation - None.

NOTES TO FINANCIAL STATEMENTS

- (9) Allocation of Aggregate Collateral by Remaining Contractual Maturity - None.
 - (10) Allocation of Aggregate Collateral Reinvested by Remaining Contractual Maturity - None.
 - (11) Liability to Return Collateral – Secured Borrowing (Total) - None.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing
Repurchase Transactions – Cash Provider – Overview of Secured Borrowing Transactions
- (1) Company Policy or Strategies for Engaging in Repo Programs - None.
 - (2) Type of Repo Trades Used - None.
 - (3) Original (Flow) and Residual Maturity - None.
 - (4) Counterparty, Jurisdiction and Fair Value (FV) - None.
 - (5) Fair Value of Securities Acquired Under Repo – Secured Borrowing - None.
 - (6) Securities Acquired Under Repo – Secured Borrowing by NAIC Designation - None.
 - (7) Collateral Pledged – Secured Borrowing - None.
 - (8) Allocation of Aggregate Collateral Pledged by Remaining Contractual Maturity - None.
 - (9) Recognized Receivable for Return of Collateral – Secured Borrowing - None.
 - (10) Recognized Liability to Return Collateral – Secured Borrowing (Total) - None.
- H. Repurchase Agreements Transactions Accounted for as a Sale
Repurchase Transaction – Cash Taker – Overview of Sale Transactions
- (1) Company Policy or Strategies for Engaging in Repo Programs - None.
 - (2) Type of Repo Trades Used - None.
 - (3) Original (Flow) & Residual Maturity - None.
 - (4) Counterparty, Jurisdiction and Fair Value (FV) - None.
 - (5) Securities "Sold" Under Repo – Sale - None.
 - (6) Securities Sold Under Repo – Sale by NAIC Designation - None.
 - (7) Proceeds Received – Sale - None.
 - (8) Cash & Non-Cash Collateral Received – Sale by NAIC Designation - None.
 - (9) Recognized Forward Resale Commitment - None.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale
Repurchase Transaction – Cash Provider – Overview of Sale Transactions
- (1) Company Policy or Strategies for Engaging in Repo Programs - None.
 - (2) Type of Repo Trades Used - None.
 - (3) Original (Flow) & Residual Maturity - None.
 - (4) Counterparty, Jurisdiction and Fair Value (FV) - None.
 - (5) Securities Acquired Under Repo – Sale - None.
 - (6) Securities Acquired Under Repo – Sale by NAIC Designation - None.
 - (7) Proceeds Provided – Sale - None.
 - (8) Recognized Forward Resale Commitment - None.
- M. Working Capital Finance Investments
- (2) Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs - None.
 - (3) Any Events of Default or Working Capital Finance Investments - None.
- N. Offsetting and Netting of Assets and Liabilities - None.

NOTES TO FINANCIAL STATEMENTS

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

None.

Note 7 – Investment Income

No significant changes

Note 8 – Derivative Instruments

H. Total Premium Costs for Contracts - None.

Note 9 – Income Taxes

No significant changes

Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No significant changes

Note 11 – Debt

B. FHLB (Federal Home Loan Bank) Agreements

- (1) Nature of the Agreement - None.
- (2) FHLB Capital Stock - None.
- (3) Collateral Pledged to FHLB - None.
- (4) Borrowing from FHLB - None.

c. FHLB – Prepayment Obligations

| | Does the Company have Prepayment Obligations under the Following Arrangements (YES/NO) |
|-----------------------|--|
| 1. Debt | NO |
| 2. Funding Agreements | NO |
| 3. Other | NO |

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

A. Defined Benefit Plan - None.

Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

No significant changes

Note 14 – Liabilities, Contingencies and Assessments

No significant changes

Note 15 – Leases

No significant changes

Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

None.

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

B. Transfer and Servicing of Financial Assets

- (2) Servicing Assets and Servicing Liabilities - None.
- (4) Securitizations, Asset-Based Financing Arrangements and Similar Transfers Accounted for as Sales - None.

C. Wash Sales

- (1) Description of the Objectives Regarding These Transactions - None.

NOTES TO FINANCIAL STATEMENTS

- (2) The details by NAIC designation 3 or below, or unrated of securities sold during the year ended December 31, 2018 and reacquired within 30 days of the sale date are: None.

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the 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. Fair Value Measurements

The Company reports investment at amortized cost

B.-D. None.

Note 21 – Other Items

None.

Note 22 – Events Subsequent

None.

Note 23 – Reinsurance

No significant changes

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

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 [X]
- (2) Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year: None.
- (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: None.
- (4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year - None.
- (5) ACA Risk Corridors Receivable as of Reporting Date - None.

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

The following schedule represents the changes in claims unpaid, unpaid claims adjustment expense and aggregate health claim reserves from the beginning of the year to the end of the period.

| | 2018 | 2017 |
|--|-----------|------------|
| Beginning liability for unpaid losses and loss adjustment expenses | 1,183,464 | 1,622,880 |
| Health Care Receivable | (716,860) | (280,131) |
| Beginning liability for unpaid losses and loss adjustment expense, net of Health Care Rec. | 466,604 | 1,342,749 |
| Incurred related to: | | |
| Current year | 3,682,074 | 8,147,866 |
| Prior Years | 1,152,515 | 1,987,251 |
| Total paid | 4,834,588 | 10,135,117 |
| Ending liability for unpaid losses and loss adjustment expenses | 792,598 | 1,183,464 |
| Health Care Receivable | (432,306) | (716,860) |
| Ending liability for unpaid losses and loss adjustment, net of Health Care | 360,293 | 466,604 |

NOTES TO FINANCIAL STATEMENTS

| | | |
|------|--|--|
| Rec. | | |
|------|--|--|

Loss and Loss Adjustment Expenses reserves as of December 31, 2017 were \$1,183,464. As of June 30, 2018, \$1,152,515 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$40,051 as a result of re-estimation of unpaid claims and claim adjustment expenses. This has generated a (\$9,101) unfavorable prior year development from December 31, 2017 to June 30, 2018. The change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

B. Information about Significant Changes in Methodologies and Assumptions: None

Note 26 – Intercompany Pooling Arrangements

None.

Note 27 – Structured Settlements

Not Applicable for Health Companies

Note 28 – Health Care Receivables

No significant changes

Note 29 – Participating Policies

Not applicable to the reporting Company

Note 30 – Premium Deficiency Reserves

No significant changes

Note 31 – Anticipated Salvage and Subrogation

None.

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? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [X] No []
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
The company's president has retired on 6/29/2018
- 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 name of 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 |
|---------------------|------------------------------|---------------------------|
| | | |

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? Yes [] No [X] N/A []
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2017
- 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. 12/31/2017
- 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). _____
- 6.4 By what department or departments?
Arkansas Department of Insurance
- 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 [] No [] N/A [X]
- 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 with 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 the 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 |
|---------------------|-----------------------------|----------|----------|-----------|----------|
| | | | | | |

- 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? 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.
- 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 [X] No []
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
Modified language slightly to include "intimidation" within the following statement: "Reporters of suspected compliance issues will be protected from intimidation and retaliation if the reporter makes a good-faith report, complaint or inquiry."
- 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).

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

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
- 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: \$ 0
13. Amount of real estate and mortgages held in short-term investments: \$ 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes No
- 14.2 If yes, please complete the following:

| | 1 Prior Year End Book/Adjusted Carrying Value | | 2 Current Quarter Book/Adjusted Carrying Value |
|---|--|--|---|
| 14.21 Bonds | \$ 0 | | \$ 0 |
| 14.22 Preferred Stock | 0 | | 0 |
| 14.23 Common Stock | 0 | | 0 |
| 14.24 Short-Term Investments | 0 | | 0 |
| 14.25 Mortgage Loans on Real Estate | 0 | | 0 |
| 14.26 All Other | 0 | | 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 | \$ 0 | | \$ 0 |

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes No
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No
- 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 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

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 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 |
|----------------------------|--|
| Arvest Asset Management | 11331 Arcade Drive, Little Rock, AR 72212 |
| BNY Mellon Asset Servicing | BNY Mellon Center, 500 Grant Street, Suite 410, Pittsburgh, PA 15258 |

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

17.4 If yes, give full and complete 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 |
|---|------------------|
| Catholic Health Initiatives - Treasury department | A |
| BNY Mellon Asset Management North America | U |

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 assets? Yes 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 assets? Yes 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 Central Registration Depository Number | 2 Name of Firm or Individual | 3 Legal Entity Identifier (LEI) | 4 Registered With | 5 Investment Management Agreement (IMA) Filed |
|---|---|------------------------------------|----------------------|--|
| 105764 | BNY Mellon Asset Management North America | | SEC | DS |

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes No

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

18.2 If no, list exceptions:

19. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designated 5*GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist.
 - 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 5*GI securities?

Yes [] No [X]

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

| | | |
|--|----------------------------------|--|
| 1. Operating Percentages: | | |
| 1.1 A&H loss percent | | 88.7 % |
| 1.2 A&H cost containment percent | | 1.2 % |
| 1.3 A&H expense percent excluding cost containment expenses | | 13.3 % |
| | | |
| 2.1 Do you act as a custodian for health savings accounts? | Yes [<input type="checkbox"/>] | No [<input checked="" type="checkbox"/>] |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date. | | 0 |
| 2.3 Do you act as an administrator for health savings accounts? | Yes [<input type="checkbox"/>] | No [<input checked="" type="checkbox"/>] |
| 2.4 If yes, please provide the amount of funds administered as of the reporting date. | | 0 |
| | | |
| 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?..... | Yes [<input type="checkbox"/>] | No [<input checked="" type="checkbox"/>] |
| 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 or the reporting entity?..... | Yes [<input type="checkbox"/>] | No [<input checked="" type="checkbox"/>] |

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|-------------------------|-----------|-------------------|-------------------|-----------------------------|---------------------------------|----------------------|--|---|
| NAIC Company Code | ID Number | Effective Date | Name of Reinsurer | Domiciliary Jurisdiction | Type of Reinsurance Ceded | Type of Reinsurer | Certified Reinsurer Rating (1 through 6) | Effective Date of Certified Reinsurer Rating |

A&H Non-Affiliates

| | | | | | | | | |
|------------|-----------------|------------|--|---------|-----------|-----------------|-------|-------|
| 64890..... | 91-6034263..... | 01/01/2017 | Berkley Life and Health Insurance Company..... | IA..... | CO/I..... | Authorized..... | | |
|------------|-----------------|------------|--|---------|-----------|-----------------|-------|-------|

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

| State, Etc. | 1 Active Status (a) | Direct Business Only | | | | | | | |
|---|------------------------|-----------------------------------|---------------------------|-------------------------|---|---|---------------------------------|--------------------------------|-----------------------------|
| | | 2 Accident and Health Premiums | 3 Medicare Title XVIII | 4 Medicaid Title XIX | 5 Federal Employees Health Benefits Program Premiums | 6 Life and Annuity Premiums and Other Considerations | 7 Property/Casualty Premiums | 8 Total Columns 2 through 7 | 9 Deposit-Type Contracts |
| 1. Alabama.....AL | N | | | | | | | | 0 |
| 2. Alaska.....AK | N | | | | | | | | 0 |
| 3. Arizona.....AZ | N | | | | | | | | 0 |
| 4. Arkansas.....AR | L | | 4,621,729 | | | | | 4,621,729 | |
| 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 | N | | | | | | | | 0 |
| 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 alien.....OT | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Subtotal.....XXX | | 0 | 4,621,729 | 0 | 0 | 0 | 0 | 4,621,729 | 0 |
| 60. Reporting entity contributions for Employee Benefit Plans.....XXX | | | | | | | | 0 | |
| 61. Total (Direct Business).....XXX | | 0 | 4,621,729 | 0 | 0 | 0 | 0 | 4,621,729 | 0 |

DETAILS OF WRITE-INS

| | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|---|
| 58001..... | | | | | | | | 0 | |
| 58002..... | | | | | | | | 0 | |
| 58003..... | | | | | | | | 0 | |
| 58998. Summary of remaining write-ins for line 58 from overflow page..... | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above)..... | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

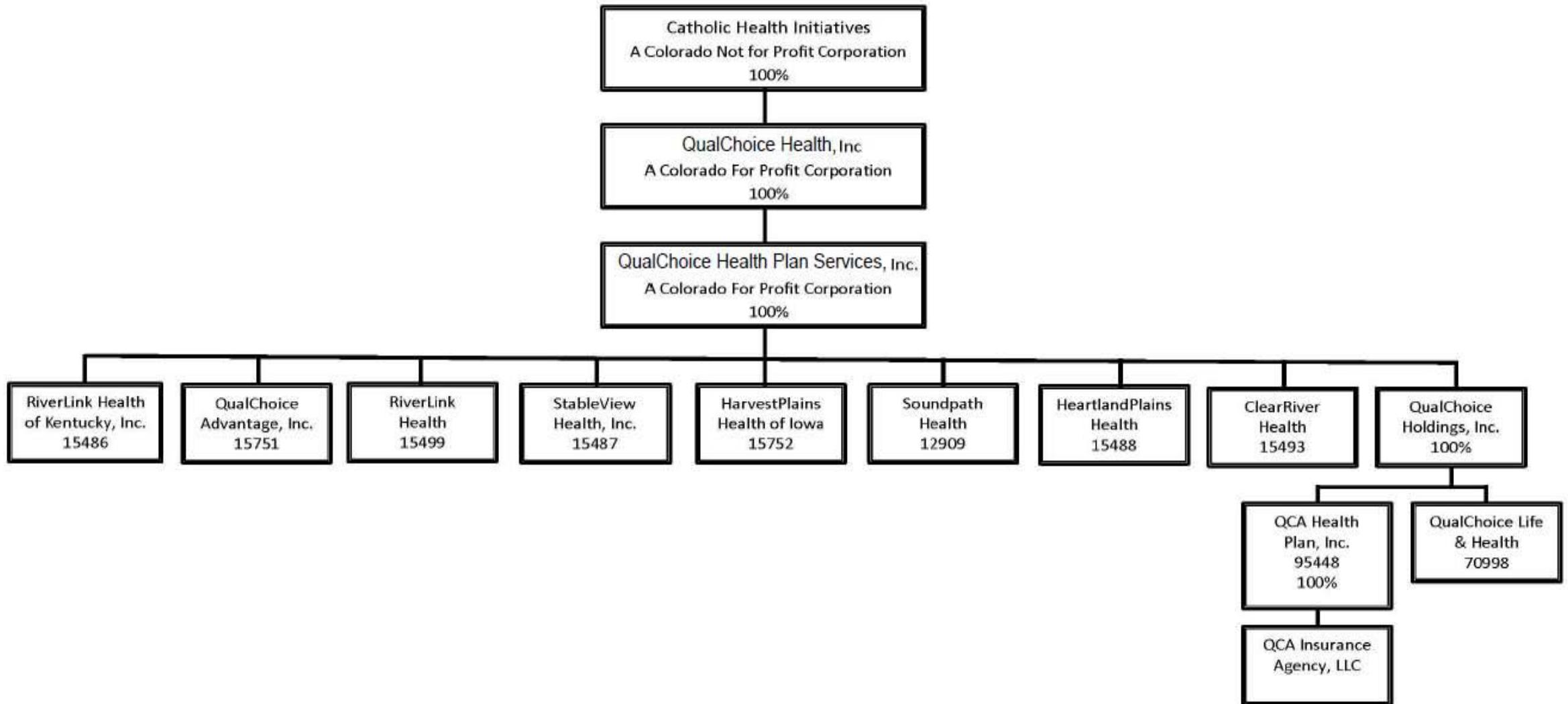
(a) Active Status Count

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

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

Q15



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|----------------|----------------------------------|-------------------|--------------|--------------|-----|--|---|----------------------|----------------------------------|--|---|--|--|----------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Y/N) | * |
| Members | | | | | | | | | | | | | | | |
| | | | 46-1224037.. | | | | QualChoice Health Plan Services, Inc..... | CO..... | UDP..... | QualChoice Health, Inc..... | Ownership..... | ...100.000 | Catholic Health Initiatives..... |N..... | |
| 4807 | Catholic Hlth Initatives Grp.... | 12909... | 42-1720801.. | | | | Soundpath Health..... | WA..... | IA..... | QualChoice Health Plan Services, Inc..... | Ownership..... | ...100.000 | QualChoice Health, Inc /Catholic Health Initiatives. |N..... | |
| 4807 | Catholic Hlth Initatives Grp.... | 95448... | 71-0794605.. | | | | QCA Health Plan, Inc..... | AR..... | IA..... | QualChoice Health Plan Services, Inc..... | Ownership..... | ...100.000 | QualChoice Health, Inc /Catholic Health Initiatives. |N..... | |
| 4807 | Catholic Hlth Initatives Grp.... | 70998... | 71-0386640.. | | | | QualChoice Life and Health..... | AR..... | IA..... | QualChoice Health Plan Services, Inc..... | Ownership..... | ...100.000 | QualChoice Health, Inc /Catholic Health Initiatives. |N..... | |
| 4807 | Catholic Hlth Initatives Grp.... | 15493... | 46-4495960.. | | | | ClearRiver Health..... | TN..... | IA..... | QualChoice Health Plan Services, Inc..... | Ownership..... | ...100.000 | QualChoice Health, Inc /Catholic Health Initiatives. |N..... | |
| 4807 | Catholic Hlth Initatives Grp.... | 15488... | 46-4368223.. | | | | HeartlandPlains Health..... | NE..... | IA..... | QualChoice Health Plan Services, Inc..... | Ownership..... | ...100.000 | QualChoice Health, Inc /Catholic Health Initiatives. |N..... | |
| 4807 | Catholic Hlth Initatives Grp.... | 15499... | 46-4380824.. | | | | RiverLink Health..... | OH..... | IA..... | QualChoice Health Plan Services, Inc..... | Ownership..... | ...100.000 | QualChoice Health, Inc /Catholic Health Initiatives. |N..... | |
| 4807 | Catholic Hlth Initatives Grp.... | 15486... | 46-4828332.. | | | | RiverLink Health of Kentucky, Inc..... | KY..... | IA..... | QualChoice Health Plan Services, Inc..... | Ownership..... | ...100.000 | QualChoice Health, Inc /Catholic Health Initiatives. |N..... | |
| 4807 | Catholic Hlth Initatives Grp.... | 15487... | 46-4373713.. | | | | StableView Health Inc..... | KY..... | IA..... | QualChoice Health Plan Services, Inc..... | Ownership..... | ...100.000 | QualChoice Health, Inc /Catholic Health Initiatives. |N..... | |
| 4807 | Catholic Hlth Initatives Grp.... | 15751... | 47-3433912.. | | | | QualChoice Advantage Inc..... | AR..... | RE..... | QualChoice Health Plan Services, Inc..... | Ownership..... | ...100.000 | QualChoice Health, Inc /Catholic Health Initiatives. |N..... | |
| 4807 | Catholic Hlth Initatives Grp.... | 15752... | 47-3451750.. | | | | HarvestPlains Health of Iowa..... | IA..... | IA..... | QualChoice Health Plan Services, Inc..... | Ownership..... | ...100.000 | QualChoice Health, Inc /Catholic Health Initiatives. |N..... | |

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?

NO

Explanation:

1. The data for this supplement is not required to be filed.

Bar Code:



Overflow Page for Write-Ins

NONE

SCHEDULE A - VERIFICATION

Real Estate

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year..... | 0 | |
| 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 end of current period (Lines 1+2+3+4-5+6-7-8)..... | 0 | 0 |
| 10. Deduct total nonadmitted amounts..... | | |
| 11. Statement value at end of current period (Line 9 minus Line 10)..... | 0 | 0 |

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year..... | 0 | |
| 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)..... | 0 | 0 |
| 12. Total valuation allowance..... | | |
| 13. Subtotal (Line 11 plus Line 12)..... | 0 | 0 |
| 14. Deduct total nonadmitted amounts..... | | |
| 15. Statement value at end of current period (Line 13 minus Line 14)..... | 0 | 0 |

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year..... | 0 | |
| 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)..... | 0 | 0 |
| 12. Deduct total nonadmitted amounts..... | | |
| 13. Statement value at end of current period (Line 11 minus Line 12)..... | 0 | 0 |

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year..... | 3,543,856 | 3,462,867 |
| 2. Cost of bonds and stocks acquired..... | 912,461 | 2,383,893 |
| 3. Accrual of discount..... | 1,178 | 2,209 |
| 4. Unrealized valuation increase (decrease)..... | | |
| 5. Total gain (loss) on disposals..... | (10,633) | (8,575) |
| 6. Deduct consideration for bonds and stocks disposed of..... | 1,213,636 | 2,281,537 |
| 7. Deduct amortization of premium..... | 5,709 | 15,001 |
| 8. Total foreign exchange change in book/adjusted carrying value..... | | |
| 9. Deduct current year's other-than-temporary impairment recognized..... | | |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees..... | 438 | |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)..... | 3,227,955 | 3,543,856 |
| 12. Deduct total nonadmitted amounts..... | | |
| 13. Statement value at end of current period (Line 11 minus Line 12)..... | 3,227,955 | 3,543,856 |

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)..... | 3,093,679 | 437,559 | 733,166 | (989) | 3,093,679 | 2,797,083 | | 3,216,004 |
| 2. NAIC 2 (a)..... | 420,999 | 86,517 | 75,730 | (913) | 420,999 | 430,873 | | 327,853 |
| 3. NAIC 3 (a)..... | | | | | | 0 | | |
| 4. NAIC 4 (a)..... | | | | | | 0 | | |
| 5. NAIC 5 (a)..... | | | | | | 0 | | |
| 6. NAIC 6 (a)..... | | | | | | 0 | | |
| 7. Total Bonds..... | 3,514,678 | 524,076 | 808,896 | (1,902) | 3,514,678 | 3,227,956 | 0 | 3,543,857 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1..... | | | | | | 0 | | |
| 9. NAIC 2..... | | | | | | 0 | | |
| 10. NAIC 3..... | | | | | | 0 | | |
| 11. NAIC 4..... | | | | | | 0 | | |
| 12. NAIC 5..... | | | | | | 0 | | |
| 13. NAIC 6..... | | | | | | 0 | | |
| 14. Total Preferred Stock..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds and Preferred Stock..... | 3,514,678 | 524,076 | 808,896 | (1,902) | 3,514,678 | 3,227,956 | 0 | 3,543,857 |

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(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 Book/Adjusted Carrying Value | Par Value NONE | 4 Interest Collected Year To Date | 5 Paid for Accrued Interest Year To Date |
|--------------|--------------------------------------|--------------------------|---|--|
| 9199999..... | | XXX..... | | |

SCHEDULE DA - VERIFICATION

Short-Term Investments

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year..... |0 |43,214 |
| 2. Cost of short-term investments acquired..... | ..... | .....1,159 |
| 3. Accrual of discount..... | ..... | .....2 |
| 4. Unrealized valuation increase (decrease)..... | ..... | ..... |
| 5. Total gain (loss) on disposals..... | ..... | .....7 |
| 6. Deduct consideration received on disposals..... | ..... | .....44,263 |
| 7. Deduct amortization of premium..... | ..... | .....119 |
| 8. Total foreign exchange change in book/adjusted carrying value..... | ..... | ..... |
| 9. Deduct current year's other-than-temporary impairment recognized..... | ..... | ..... |
| 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..... | ..... | ..... |
| 12. Statement value at end of current period (Line 10 minus Line 11)..... |0 |0 |

**Sch. DB - Pt. A - Verification
NONE**

**Sch. DB - Pt. B - Verification
NONE**

**Sch. DB - Pt. C - Sn. 1
NONE**

**Sch. DB - Pt. C - Sn. 2
NONE**

**Sch. DB - Verification
NONE**

SCHEDULE E - PART 2 - VERIFICATION

Cash Equivalents

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year..... | 3,874 | |
| 2. Cost of cash equivalents acquired..... | 306,793 | 4,260 |
| 3. Accrual of discount..... | | |
| 4. Unrealized valuation increase (decrease)..... | | |
| 5. Total gain (loss) on disposals..... | | |
| 6. Deduct consideration received on disposals..... | 773 | 386 |
| 7. Deduct amortization of premium..... | | |
| 8. Total foreign exchange change in book/ adjusted carrying value..... | | |
| 9. Deduct current year's other-than-temporary impairment recognized..... | | |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)..... | 309,894 | 3,874 |
| 11. Deduct total nonadmitted amounts..... | | |
| 12. Statement value at end of current period (Line 10 minus Line 11)..... | 309,894 | 3,874 |

**Sch. A - Pt. 2
NONE**

**Sch. A - Pt. 3
NONE**

**Sch. B - Pt. 2
NONE**

**Sch. B - Pt. 3
NONE**

**Sch. BA - Pt. 2
NONE**

**Sch. BA - Pt. 3
NONE**

SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Quarter

| 1 | 2 | | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|--|---|---------|---------------|----------------------|---------------------------|-------------|-----------|---|--|
| CUSIP Identification | Description | | Foreign | Date Acquired | Name of Vendor | Number of Shares of Stock | Actual Cost | Par Value | Paid for Accrued Interest and Dividends | NAIC Designation or Market Indicator (a) |
| Bonds - U.S. Government | | | | | | | | | | |
| 912828 | 4C | 1 | | 04/06/2018 | JPM SECURITIES-FIXED | | 34,967 | 35,000 | 19 | 1 |
| 912828 | 4G | 2 | | 05/02/2018 | BNP PARIBAS SEC CORP | | 128,979 | 130,000 | 152 | 1 |
| 0599999 | Total - Bonds - U.S. Government | | | | | | 163,946 | 165,000 | 171 | XXX |
| Bonds - Industrial and Miscellaneous | | | | | | | | | | |
| 00440E | AT | 4 | | 04/05/2018 | GOLDMAN SACHS & CO | | 14,774 | 15,000 | 150 | 1FE |
| 026874 | BW | 6 | | 04/27/2018 | GOLDMAN SACHS & CO | | 16,179 | 15,000 | 360 | 2FE |
| 03066H | AD | 9 | | 05/15/2018 | BNP PARIBAS SECS CP/ | | 14,997 | 15,000 | | 1FE |
| 031162 | CG | 3 | | 06/22/2018 | SUMRIDGE PARTNERS LL | | 9,557 | 10,000 | 65 | 2FE |
| 053332 | AS | 1 | | 04/05/2018 | WELLS FARGO SECS LLC | | 9,822 | 10,000 | 121 | 2FE |
| 06051G | FW | 4 | | 06/25/2018 | BARCLAYS CAPITAL FIX | | 24,562 | 25,000 | 124 | 1FE |
| 12652V | AC | 1 | | 05/16/2018 | CITIGROUP GLOBAL MKT | | 14,997 | 15,000 | | 1FE |
| 260543 | CC | 5 | | 05/03/2018 | VARIOUS | | 20,543 | 20,000 | 370 | 2FE |
| 31620M | AP | 1 | | 04/18/2018 | MILLENNIUM ADVISORS | | 10,126 | 10,000 | 5 | 2FE |
| 369550 | BE | 7 | | 05/08/2018 | WELLS FARGO SECS LLC | | 14,896 | 15,000 | | 1FE |
| 38013R | AD | 7 | | 04/11/2018 | DEUTSCHE BANC/ALEX B | | 14,998 | 15,000 | | 1FE |
| 38141G | VU | 5 | | 04/04/2018 | GOLDMAN SACHS & CO | | 14,721 | 15,000 | 176 | 1FE |
| 427866 | BA | 5 | | 05/03/2018 | BANC/AMERICA SECUR.L | | 14,990 | 15,000 | | 1FE |
| 44891K | AD | 7 | | 04/10/2018 | BARCLAYS CAPITAL FIX | | 14,998 | 15,000 | | 1FE |
| 50077L | AR | 7 | | 06/04/2018 | JPM SECURITIES-FIXED | | 9,992 | 10,000 | | 2FE |
| 594918 | BP | 8 | | 06/22/2018 | CITIGROUP GLOBAL MKT | | 14,371 | 15,000 | 89 | 1FE |
| 74432Q | BM | 6 | | 05/01/2018 | WELLS FARGO SECS LLC | | 10,462 | 10,000 | 197 | 1FE |
| 89236T | EU | 5 | | 04/10/2018 | JPM SECURITIES-FIXED | | 14,994 | 15,000 | | 1FE |
| 89417E | AG | 4 | | 05/08/2018 | VARIOUS | | 15,329 | 15,000 | 193 | 1FE |
| 90131H | AQ | 8 | | 06/25/2018 | BARCLAYS CAPITAL FIX | | 10,297 | 10,000 | 165 | 2FE |
| 931142 | EJ | 8 | | 06/20/2018 | CITIGROUP GLOBAL MKT | | 10,000 | 10,000 | | 1FE |
| 949746 | RS | 2 | | 04/04/2018 | PERSHING & COMPANY | | 24,584 | 25,000 | 56 | 1FE |
| 06367T | 4W | 7 | A | 04/10/2018 | BMOCM/BONDS | | 9,988 | 10,000 | | 1FE |
| 89114Q | BZ | 0 | A | 06/05/2018 | TORONTO DOMINION SEC | | 14,993 | 15,000 | | 1FE |
| 377373 | AE | 5 | D | 05/10/2018 | JPM SECURITIES-FIXED | | 14,960 | 15,000 | | 1FE |
| 3899999 | Total - Bonds - Industrial and Miscellaneous | | | | | | 360,130 | 360,000 | 2,071 | XXX |
| 8399997 | Total - Bonds - Part 3 | | | | | | 524,076 | 525,000 | 2,242 | XXX |
| 8399999 | Total - Bonds | | | | | | 524,076 | 525,000 | 2,242 | XXX |
| 9999999 | Total - Bonds, Preferred and Common Stocks | | | | | | 524,076 | XXX | 2,242 | XXX |

QE04

(a) For all common stock bearing NAIC market indicator "U" provide the number of such issues:.....0.

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During 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 | F o r e i g n | 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 B./A.C.V. (11+12-13) | Total Foreign Exchange Change in B./A.C.V. | 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 | NAIC Designation or Market Indicator (a) |
| Bonds - U.S. Government | | | | | | | | | | | | | | | | | | | | | |
| 912828 2B 5 | UNITED STATES TREASURY NOTE/BOND | | 05/02/2018 | JEFFERIES & CO. - BO | | 127,319 | 130,000 | 129,457 | 129,700 | | .62 | | .62 | | 129,761 | | (2,443) | (2,443) | .695 | 08/15/2019 | 1 |
| 912828 K2 5 | UNITED STATES TREASURY NOTE/BOND | | 04/15/2018 | MATURITY | | 305,000 | 305,000 | 303,701 | 304,871 | | 129 | | 129 | | 305,000 | | | .0 | 1,144 | 04/15/2018 | 1 |
| 912828 U3 2 | UNITED STATES TREASURY NOTE/BOND | | 05/09/2018 | DEUTSCHE BANC/ALEX B. | | 24,460 | 25,000 | 24,700 | 24,808 | | .36 | | .36 | | 24,844 | | (384) | (384) | .122 | 11/15/2019 | 1 |
| 0599999 | Total - Bonds - U.S. Government | | | | | 456,779 | 460,000 | 457,858 | 459,379 | | .0 | .227 | .0 | .227 | 459,605 | .0 | (2,827) | (2,827) | 1,961 | XXX | XXX |
| Bonds - U.S. Special Revenue and Special Assessment | | | | | | | | | | | | | | | | | | | | | |
| 88213A HF 5 | TEXAS A&M UNIVERSITY | | 04/25/2018 | WELLS FARGO BANK N.A. | | 14,861 | 15,000 | 15,000 | 15,000 | | | | .0 | | 15,000 | | (139) | (139) | .107 | 05/15/2019 | 1FE |
| 3199999 | Total - Bonds - U.S. Special Revenue and Special Assessments | | | | | 14,861 | 15,000 | 15,000 | 15,000 | | .0 | .0 | .0 | .0 | 15,000 | .0 | (139) | (139) | .107 | XXX | XXX |
| Bonds - Industrial and Miscellaneous | | | | | | | | | | | | | | | | | | | | | |
| 002824 BC 3 | ABBOTT LABORATORIES | | 06/22/2018 | CALL 100 | | 4,000 | 4,000 | 3,996 | 3,998 | | | 1 | .1 | 3,998 | | .2 | .2 | .55 | 11/22/2019 | 2FE | |
| 00440E AM 9 | CHUBB INA HOLDINGS INC | | 04/05/2018 | PERSHING & COMPANY | | 10,369 | 10,000 | 10,830 | 10,585 | | (107) | | (107) | 10,478 | | (109) | (109) | .187 | 06/15/2019 | 1FE | |
| 025816 BG 3 | AMERICAN EXPRESS CO | | 05/22/2018 | MATURITY | | 15,000 | 15,000 | 15,057 | 15,011 | | (11) | | (11) | 15,000 | | | .0 | .116 | 05/22/2018 | 1FE | |
| 03065T AD 4 | AMERICREDIT AUTOMOBILE RECEIVABLES TRUST | | 05/15/2018 | WELLS FARGO SECS LLC | | 14,879 | 15,000 | 14,999 | 15,000 | | | | .0 | 15,000 | | (120) | (120) | .101 | 07/08/2021 | 1FE | |
| 031162 BU 3 | AMGEN INC | | 06/22/2018 | MORGAN STANLEY & CO | | 9,945 | 10,000 | 10,208 | 10,106 | | (39) | | (39) | 10,067 | | (122) | (122) | .131 | 05/22/2019 | 2FE | |
| 03523T AN 8 | ANHEUSER-BUSCH INBEV WORLDWIDE INC | | 04/23/2018 | CALL 104.375 | | 10,438 | 10,000 | 10,944 | 10,662 | | (99) | | (99) | 10,563 | | (563) | (563) | .853 | 01/15/2020 | 1FE | |
| 053332 AU 6 | AUTOZONE INC | | 04/05/2018 | PERSHING & COMPANY | | 9,886 | 10,000 | 10,030 | 10,012 | | (3) | | (3) | 10,009 | | (122) | (122) | .76 | 04/21/2019 | 2FE | |
| 06051G DZ 9 | BANK OF AMERICA CORP | | 06/25/2018 | TORONTO DOMINION SEC | | 31,275 | 30,000 | 34,580 | 32,402 | | (818) | | (818) | 31,584 | | (309) | (309) | 1,309 | 06/01/2019 | 1FE | |
| 12594D AD 0 | CNH EQUIPMENT TRUST 2016-B | | 05/15/2018 | VARIOUS | | 9,910 | 10,000 | 9,997 | 9,999 | | | | .0 | 9,999 | | (90) | (90) | .69 | 08/15/2021 | 1FE | |
| 14314E AC 5 | CARMAX AUTO OWNER TRUST 2016-3 | | 06/15/2018 | PAYDOWN | | 1,246 | 1,246 | 1,246 | 1,246 | | | | .0 | 1,246 | | | .0 | .8 | 05/17/2021 | 1FE | |
| 260543 BX 0 | DOW CHEMICAL CO/THE | | 04/05/2018 | GOLDMAN SACHS & CO | | 10,609 | 10,000 | 11,786 | 10,931 | | (182) | | (182) | 10,749 | | (140) | (140) | .342 | 05/15/2019 | 2FE | |
| 29379V BG 7 | ENTERPRISE PRODUCTS OPERATING LLC | | 05/07/2018 | MATURITY | | 10,000 | 10,000 | 10,030 | 10,005 | | (5) | | (5) | 10,000 | | | .0 | .83 | 05/07/2018 | 2FE | |
| 36251P AA 2 | GS MORTGAGE SECURITIES TRUST 2016-GS3 | | 06/01/2018 | PAYDOWN | | .736 | .736 | .736 | .736 | | | | .0 | .736 | | | .0 | .4 | 10/01/2049 | 1FM | |
| 38141G VT 8 | GOLDMAN SACHS GROUP INC/THE | | 04/04/2018 | MORGAN STANLEY & CO | | 14,880 | 15,000 | 15,098 | 15,043 | | (9) | | (9) | 15,034 | | (154) | (154) | .134 | 04/25/2019 | 1FE | |
| 43814R AC 0 | HONDA AUTO RECEIVABLES 2016-4 OWNER TRUS | | 04/11/2018 | BANC/AMERICA SECUR.L | | 14,808 | 15,000 | 14,999 | 15,000 | | | | .0 | 15,000 | | (191) | (191) | .58 | 12/18/2020 | 1FE | |
| 46645U AQ 0 | JP MORGAN CHASE COMMERCIAL MORTGAGE SECU | | 06/01/2018 | PAYDOWN | | .678 | .678 | .678 | .678 | | | | .0 | .678 | | | .0 | .5 | 12/01/2049 | 1FM | |
| 58769B AD 6 | MERCEDES-BENZ AUTO RECEIVABLES TRUST 201 | | 06/15/2018 | PAYDOWN | | 2,806 | 2,806 | 2,805 | 2,806 | | | | .0 | 2,806 | | | .0 | .15 | 02/16/2021 | 1FE | |
| 594918 BN 3 | MICROSOFT CORP | | 06/22/2018 | GOLDMAN SACHS & CO | | 9,842 | 10,000 | 9,990 | 9,994 | | .2 | | .2 | 9,996 | | (155) | (155) | .97 | 08/08/2019 | 1FE | |
| 80284T AF 2 | SANTANDER DRIVE AUTO RECEIVABLES TRUST 2 | | 06/27/2018 | BANC/AMERICA SECUR.L | | 9,980 | 10,000 | 10,000 | 10,000 | | | | .0 | 10,000 | | (20) | (20) | .95 | 09/15/2020 | 1FE | |
| 863667 AK 7 | STRYKER CORP | | 04/25/2018 | GOLDMAN SACHS & CO | | 9,924 | 10,000 | 10,160 | 10,068 | | (18) | | (18) | 10,050 | | (126) | (126) | .127 | 03/08/2019 | 1FE | |
| 89236T CU 7 | TOYOTA MOTOR CREDIT CORP | | 04/10/2018 | BMOCM/BONDS | | 14,902 | 15,000 | 15,178 | 15,074 | | (18) | | (18) | 15,056 | | (154) | (154) | .165 | 02/19/2019 | 1FE | |
| 89417E AE 9 | TRAVELERS COS INC/THE | | 05/15/2018 | MATURITY | | 10,000 | 10,000 | 10,829 | 10,159 | | (159) | | (159) | 10,000 | | | .0 | .290 | 05/15/2018 | 1FE | |
| 90131H AN 5 | 21ST CENTURY FOX AMERICA INC | | 06/25/2018 | MILLENNIUM ADVISORS | | 5,126 | 5,000 | 5,717 | 5,302 | | (125) | | (125) | 5,177 | | (51) | (51) | .284 | 03/01/2019 | 2FE | |

QE05

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During 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 | F o r e i g n | 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 B./A.C.V. (11+12-13) | Total Foreign Exchange Change in B./A.C.V. | 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 | NAIC Designation or Market Indicator (a) |
| 92343V AX 2 | VERIZON COMMUNICATIONS INC..... | | 06/15/2018. | NON-BROKER/ *TRADE*..... | | 15,630 | 15,000 | 15,723 | | | (71) | | (71) | | 15,652 | | (22) | (22) | 498 | 04/01/2021. | 2FE..... |
| 949746 RS 2 | WELLS FARGO & CO..... | | 05/21/2018. | DEUTSCHE BANC/ALEX B..... | | 14,656 | 15,000 | 14,750 | | | 11 | | 11 | | 14,761 | | (104) | (104) | 82 | 03/04/2021. | 1FE..... |
| 94974B FU 9 | WELLS FARGO & CO..... | | 04/04/2018. | MILLENNIUM ADVISORS..... | | 29,817 | 30,000 | 30,492 | 30,249 | | (49) | | (49) | | 30,200 | | (383) | (383) | 290 | 04/22/2019. | 1FE..... |
| 95000G AW 4 | WELLS FARGO COMMERCIAL MORTGAGE TRUST 20 | | 06/01/2018. | PAYDOWN..... | | 375 | 375 | 375 | 375 | | | | 0 | | 375 | | | 0 | 2 | 08/01/2049. | 1FM..... |
| 98956P AK 8 | ZIMMER BIOMET HOLDINGS INC..... | | 04/27/2018. | US BANKCORP INVESTME..... | | 9,910 | 10,000 | 10,121 | 10,093 | | (14) | | (14) | | 10,079 | | (169) | (169) | 157 | 04/01/2020. | 2FE..... |
| 06367T PX 2 | BANK OF MONTREAL..... | A | 04/10/2018. | BMOCM/BONDS..... | | 14,807 | 15,000 | 14,994 | 14,996 | | 1 | | 1 | | 14,996 | | (189) | (189) | 105 | 12/12/2019. | 1FE..... |
| 89114Q BE 7 | TORONTO-DOMINION BANK/THE..... | A | 06/06/2018. | MILLENNIUM ADVISORS..... | | 14,939 | 15,000 | 15,013 | 15,007 | | (3) | | (3) | | 15,004 | | (65) | (65) | 257 | 01/22/2019. | 1FE..... |
| 3899999. | Total - Bonds - Industrial and Miscellaneous..... | | | | | 331,373 | 329,841 | 341,361 | 305,537 | 0 | (1,715) | 0 | (1,715) | 0 | 334,293 | 0 | (3,356) | (3,356) | 5,995 | XXX | XXX |
| 8399997. | Total - Bonds - Part 4..... | | | | | 803,013 | 804,841 | 814,219 | 779,916 | 0 | (1,488) | 0 | (1,488) | 0 | 808,898 | 0 | (6,322) | (6,322) | 8,063 | XXX | XXX |
| 8399999. | Total - Bonds..... | | | | | 803,013 | 804,841 | 814,219 | 779,916 | 0 | (1,488) | 0 | (1,488) | 0 | 808,898 | 0 | (6,322) | (6,322) | 8,063 | XXX | XXX |
| 9999999. | Total - Bonds, Preferred and Common Stocks..... | | | | | 803,013 | XXX | 814,219 | 779,916 | 0 | (1,488) | 0 | (1,488) | 0 | 808,898 | 0 | (6,322) | (6,322) | 8,063 | XXX | XXX |

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:0.

Sch. DB - Pt. A - Sn. 1
NONE

Sch. DB - Pt. B - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 2
NONE

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| 1 Depository | 2 Code | 3 Rate of Interest | 4 Amount of Interest Received During Current Quarter | 5 Amount of Interest Accrued at Current Statement Date | Book Balance at End of Each Month During Current Quarter | | | 9 * |
|--|-----------|-----------------------|---|---|--|-------------------|------------------|--------|
| | | | | | 6 First Month | 7 Second Month | 8 Third Month | |
| Open Depositories | | | | | | | | |
| Bank of New York Mellon, Investment – Pittsburgh, PA | | | | | 37,277 | 41,500 | 55,965 | XXX |
| PNC Bank – Kalamazoo, MI..... | | | | | 1,293,005 | 1,043,159 | 1,890,945 | XXX |
| 0199999. Total Open Depositories..... | XXX | XXX | 0 | 0 | 1,330,282 | 1,084,659 | 1,946,910 | XXX |
| 0399999. Total Cash on Deposit..... | XXX | XXX | 0 | 0 | 1,330,282 | 1,084,659 | 1,946,910 | XXX |
| 0599999. Total Cash..... | XXX | XXX | 0 | 0 | 1,330,282 | 1,084,659 | 1,946,910 | XXX |

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|------------------------------|------|-----------------|------------------|---------------|------------------------------|----------------------------------|-----------------------------|
| CUSIP | Description | Code | Date Acquired | Rate of Interest | Maturity Date | Book/Adjusted Carrying Value | Amount of Interest Due & Accrued | Amount Received During Year |
| Exempt Money Market Mutual Funds as Identified by the SVO | | | | | | | | |
| 825252 40 6 | STIT-TREASURY PORTFOLIO..... | | 06/01/2018..... | | | 309,894 | 436 | 649 |
| 8599999. Total - Exempt Money Market Mutual Funds as Identified by the SVO..... | | | | | | 309,894 | 436 | 649 |
| 8899999. Total - Cash Equivalents..... | | | | | | 309,894 | 436 | 649 |

QE13