



HEALTH QUARTERLY STATEMENT

As of September 30, 2019
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. Mark Fred Bjornson	CEO/President	2. Charles William Hanson	Treasurer
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)
Mark Fred Bjornson	Charles William Hanson	
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
CEO/President	Treasurer	
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 30th day of October, 2019

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 _____





HEALTH QUARTERLY STATEMENT

As of September 30, 2019
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. Mark Fred Bjornson	CEO/President	2. Charles William Hanson	Treasurer
3.		4.	

OTHER

DIRECTORS OR TRUSTEES

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

State of... Minnesota
County of... Hennepin

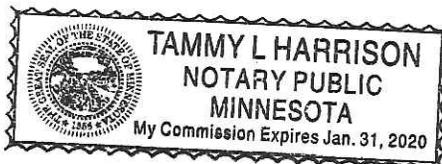
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any 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) Mark Fred Bjornson 1. (Printed Name) CEO/President (Title)	_____ <i>Charles W. Hanson</i> (Signature) Charles William Hanson 2. (Printed Name) Treasurer (Title)	_____ (Signature) 3. (Printed Name) (Title)
---	---	--

Subscribed and sworn to before me
This 22 day of October

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 _____

Tammy Harrison





HEALTH QUARTERLY STATEMENT

As of September 30, 2019
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 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	
Main Administrative Office	12615 Chenal Parkway, Suite 300 .. Little Rock .. AR .. US .. 72211 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	866-789-7747 <i>(Area Code) (Telephone Number)</i>
Mail Address	PO Box 27510 .. Federal Way .. WA .. US .. 98093 <i>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</i>	
Primary Location of Books and Records	33820 Weyerhaeuser Way S .. Federal Way .. WA .. US .. 98001 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	253-517-4300 <i>(Area Code) (Telephone Number)</i>
Internet Web Site Address	www.QualChoiceAdvantage.com	
Statutory Statement Contact	Thuy Le <i>(Name)</i> thuy.le@qualchoicehealth.com <i>(E-Mail Address)</i>	253-517-4340 <i>(Area Code) (Telephone Number) (Extension)</i> 253-517-4385 <i>(Fax Number)</i>

OFFICERS

Name	Title	Name	Title
1. Mark Fred Bjornson	CEO/President	2. Charles William Hanson	Treasurer
3.		4.	

OTHER

DIRECTORS OR TRUSTEES

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

State of.....
County of.....

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

_____ (Signature) Mark Fred Bjornson _____ 1. (Printed Name) CEO/President _____ (Title)	_____ (Signature) Charles William Hanson _____ 2. (Printed Name) Treasurer _____ (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.....	2,321,977		2,321,977	3,260,489
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 (\$....125,610), cash equivalents (\$....316,178) and short-term investments (\$.....0).....	441,789		441,789	257,449
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).....	2,763,766	0	2,763,766	3,517,938
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	13,343		13,343	18,467
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....			0	228
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 (\$....346,422) and contracts subject to redetermination (\$....91,073).....	437,495		437,495	576,650
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.....	478,489		478,489	820,150
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	240,351
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	148,768
24. Health care (\$.....0) and other amounts receivable.....	25,346	25,346	0	297,574
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).....	3,718,440	25,346	3,693,094	5,620,126
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	3,718,440	25,346	3,693,094	5,620,126

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).....	30,270		30,270	1,555,933
2. Accrued medical incentive pool and bonus amounts.....			0	1,300,282
3. Unpaid claims adjustment expenses.....	757		757	38,965
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.....			0	490
9. General expenses due or accrued.....	6,187		6,187	3,223
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....			0	
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.....	803,465		803,465	93,189
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	
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	840,680	0	840,680	2,992,082
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	(647,586)	(871,956)
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	2,852,414	2,628,044
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	3,693,094	5,620,126

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		9,871	13,001
2. Net premium income (including \$.....0 non-health premium income).....	XXX	(1,556)	6,819,032	9,269,786
3. Change in unearned premium reserves and reserve for rate credits.....	XXX			91,073
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	(1,556)	6,819,032	9,360,859
Hospital and Medical:				
9. Hospital/medical benefits.....		(585,189)	5,806,172	8,036,627
10. Other professional services.....			113,711	149,926
11. Outside referrals.....				
12. Emergency room and out-of-area.....			83,136	100,734
13. Prescription drugs.....		(37,469)	700,200	855,552
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		(159,157)		
16. Subtotal (Lines 9 to 15).....	0	(781,815)	6,703,219	9,142,839
Less:				
17. Net reinsurance recoveries.....				
18. Total hospital and medical (Lines 16 minus 17).....	0	(781,815)	6,703,219	9,142,839
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....			148,291	189,155
21. General administrative expenses.....		703,829	918,419	1,260,461
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	(77,986)	7,769,929	10,592,455
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	76,430	(950,896)	(1,231,596)
25. Net investment income earned.....		50,229	50,400	70,495
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....		(11,088)	(15,692)	(20,374)
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	39,140	34,708	50,121
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....		67	(5,300)	(5,355)
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	115,638	(921,488)	(1,186,830)
31. Federal and foreign income taxes incurred.....	XXX			(240,351)
32. Net income (loss) (Lines 30 minus 31).....	XXX	115,638	(921,488)	(946,479)

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 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	2,628,044	3,573,047	3,573,047
34. Net income or (loss) from Line 32.....	115,638	(921,488)	(946,479)
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.....	(3,484)	17,555	15,806
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.....	112,217	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	224,370	(903,933)	(945,003)
49. Capital and surplus end of reporting period (Line 33 plus 48).....	2,852,415	2,669,114	2,628,044

DETAILS OF WRITE-INS

4701. PY audited adjustment.....	113,355		
4702. PY tax adjustment.....	(1,138)		
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).....	112,217	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.....	137,337	7,436,820	9,540,461
2. Net investment income.....	56,914	51,734	73,408
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	194,251	7,488,554	9,613,869
5. Benefit and loss related payments.....	1,750,040	6,494,716	8,370,253
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	397,345	1,495,049	2,344,281
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	(240,351)	66,999	66,999
10. Total (Lines 5 through 9).....	1,907,034	8,056,763	10,781,533
11. Net cash from operations (Line 4 minus Line 10).....	(1,712,783)	(568,209)	(1,167,665)
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	1,938,381	1,662,357	2,011,724
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).....	1,938,381	1,662,357	2,011,724
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	1,012,516	1,346,012	1,755,350
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).....	1,012,516	1,346,012	1,755,350
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).....	925,865	316,345	256,374
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).....	971,258	(184,117)	(254,261)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	971,258	(184,117)	(254,261)
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).....	184,340	(435,981)	(1,165,552)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	257,449	1,423,001	1,423,001
19.2 End of period (Line 18 plus Line 19.1).....	441,789	987,020	257,449

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.....	1,042							1,042		
2. First Quarter.....	.0									
3. Second Quarter.....	.0									
4. Third Quarter.....	.0									
5. Current Year.....	.0									
6. Current Year Member Months.....	.0									
Total Member Ambulatory Encounters for Period:										
7. Physician.....	.0									
8. Non-Physician.....	.0									
9. Total.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Hospital Patient Days Incurred.....	.0									
11. Number of Inpatient Admissions.....	.0									
12. Health Premiums Written (a).....	(1,556)							(1,556)		
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written.....	.0									
15. Health Premiums Earned.....	(1,556)							(1,556)		
16. Property/Casualty Premiums Earned.....	.0									
17. Amount Paid for Provision of Health Care Services.....	(781,815)							(781,815)		
18. Amount Incurred for Provision of Health Care Services.....	(781,815)							(781,815)		

Q07

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.....(1,556).

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)						
0599999. Unreported Claims and Other Claim Reserves.....						30,270
0799999. Total Claims Unpaid.....						30,270

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.....	986,458		30,270		1,016,728	1,555,932
7. Title XIX - Medicaid.....					0	
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	986,458	0	30,270	0	1,016,728	1,555,932
10. Healthcare receivables (a).....	377,542		25,346		402,888	319,435
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....	1,141,125				1,141,125	1,300,282
13. Totals (Lines 9-10+11+12).....	1,750,041	0	4,924	0	1,754,965	2,536,779

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 #	Current Year to Date	2018
NET INCOME					
(1) QualChoice Advantage, Inc. Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 115,638	\$ (946,479)
(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	\$ 115,638	\$ (946,479)
SURPLUS					
(5) QualChoice Advantage, Inc. Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$2,852,414	\$2,628,044
(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	\$2,852,414	\$2,628,044

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.

(2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method

Bonds are stated at amortized cost using the interest method.

(6) Basis for Loan-Backed Securities and Adjustment Methodology - None.

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

Subsequent to filing the 2018 Annual Statement, the Company determined that the gainsharing expenses were overstated by \$143,487 and FITbenefits were overstated by \$30,132. This resulted in an overstatement of net loss and understatement of total capital and surplus by \$113,355.

Note 3 – Business Combinations and Goodwill

None.

Note 4 – Discontinued Operations

The Company ceased writing insurance business as of January 1, 2019.

Note 5 – Investments

D. Loan-Backed Securities

NOTES TO FINANCIAL STATEMENTS

- (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.
- (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.

NOTES TO FINANCIAL STATEMENTS

- (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.

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

NOTES TO FINANCIAL STATEMENTS

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, Shareholder’s 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.

(2) The details by NAIC designation 3 or below, or unrated of securities sold during the current period 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

(1) Fair Value Measurements at Reporting Date

The Company reports investments at amortized cost.

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy - None.

(3) Policies when Transfers Between Levels are Recognized

The Company has no transfers between fair-value levels.

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement - None.

(5) Fair Value Disclosures - None.

B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements - None.

C. Fair Value Level - None.

D. Not Practicable to Estimate Fair Value - None.

E. NAV Practical Expedient Investments - None.

Note 21 – Other Items

None.

NOTES TO FINANCIAL STATEMENTS**Note 22 – Events Subsequent**

There were no events occurring subsequent to the end of the quarter that merited recognition or disclosure in these statements.

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 to date: 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.

	2019	2018
Beginning liability for unpaid losses and loss adjustment expenses	1,594,898	1,183,464
Health Care Receivable	(319,435)	(716,860)
Beginning liability for unpaid losses and loss adjustment expense, net of Health Care Rec.	1,275,463	466,604
Incurring related to:		
Current year	0	8,025,372
Prior Years	1,024,666	1,459,047
Total paid	1,024,666	9,484,419
Ending liability for unpaid losses and loss adjustment expenses	31,027	1,594,898
Health Care Receivable	(25,346)	(319,435)
Ending liability for unpaid losses and loss adjustment, net of Health Care Rec.	5,681	1,275,463

Loss and Loss Adjustment Expenses reserves as of December 31, 2018 were \$1,594,898. As of September 30, 2019, \$1,024,666 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$31,027 as a result of re-estimation of unpaid claims and claim adjustment expenses. This has generated a \$539,204 favorable prior year development from December 31, 2018 to September 30, 2019. 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

NOTES TO FINANCIAL STATEMENTS

Note 28 – Health Care Receivables

No significant changes

Note 29 – Participating Policies

No significant changes

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.

ClearRiver Health (NAIC # 15493), an insurance affiliate, dissolved in July 2019.

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]
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

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). 05/15/2019

6.4 By what department or departments?

Arkansas Insurance Department

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 [X] No [] N/A []

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 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 [] 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).

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 [X]
- 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 [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: \$ 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 [X]

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 [X]
- 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 [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
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 [X]

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 [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 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 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 [X] No []

18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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 for 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]

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1. Operating Percentages:			
1.1 A&H loss percent			0.0 %
1.2 A&H cost containment percent			0.0 %
1.3 A&H expense percent excluding cost containment expenses			0.0 %
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.			0
2.3 Do you act as an administrator for health savings accounts?		Yes []	No [X]
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 []	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

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	Direct Business Only							
		2	3	4	5	6	7	8	9
	Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Columns 2 through 7	Deposit-Type Contracts
1. Alabama.....AL	N							0	
2. Alaska.....AK	N							0	
3. Arizona.....AZ	N							0	
4. Arkansas.....AR	L		(1,556)					(1,556)	
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	(1,556)	0	0	0	0	(1,556)	0
60. Reporting entity contributions for Employee Benefit Plans.....XXX								0	
61. Total (Direct Business).....XXX		0	(1,556)	0	0	0	0	(1,556)	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

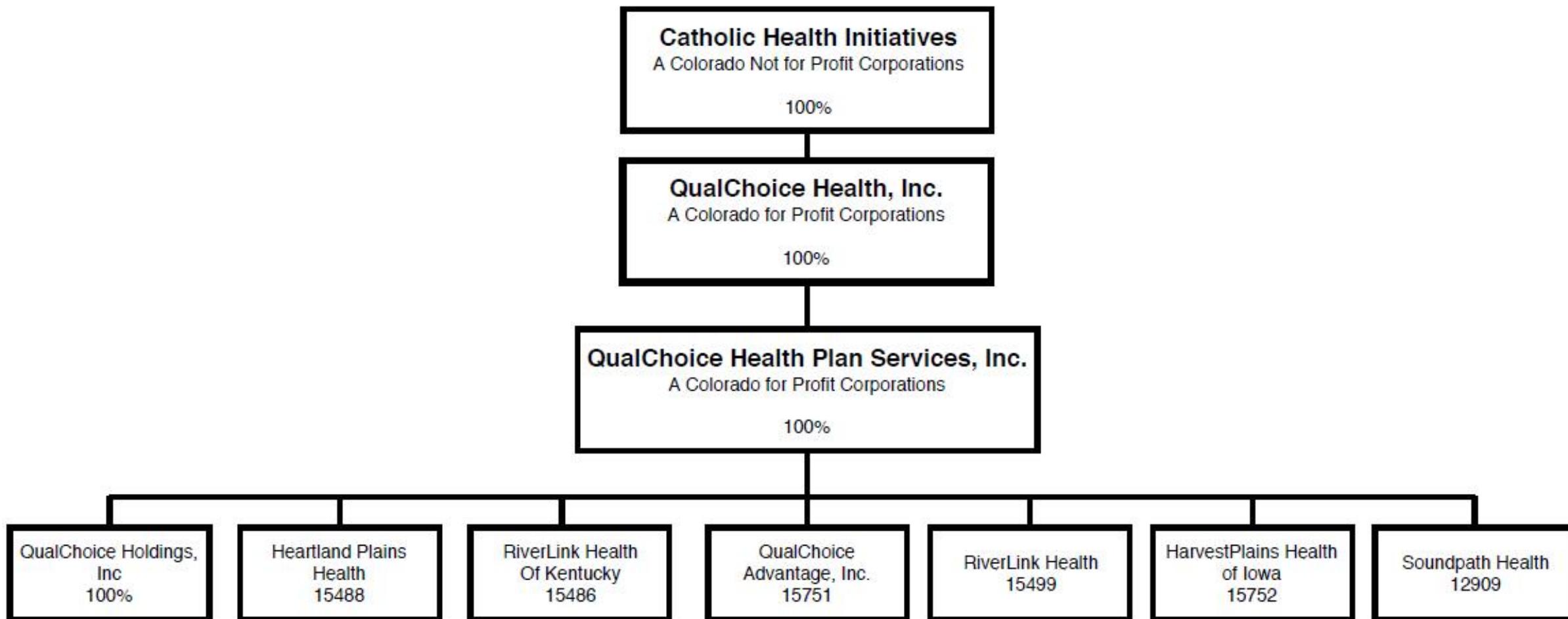
(a) Active Status Count

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....	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....	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.

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.....	3,260,488	3,543,856
2. Cost of bonds and stocks acquired.....	1,012,514	1,755,351
3. Accrual of discount.....	1,717	2,675
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	(11,088)	(20,374)
6. Deduct consideration for bonds and stocks disposed of.....	1,939,685	2,012,668
7. Deduct amortization of premium.....	3,278	9,296
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.....	1,309	944
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	2,321,978	3,260,488
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	2,321,978	3,260,488

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).....	2,042,795	395,846	378,935	(69)	1,992,980	2,042,795	2,059,637	2,863,417
2. NAIC 2 (a).....	271,692	15,152	24,314	(188)	276,996	271,692	262,342	422,049
3. NAIC 3 (a).....							0	
4. NAIC 4 (a).....							0	
5. NAIC 5 (a).....							0	
6. NAIC 6 (a).....							0	
7. Total Bonds.....	2,314,487	410,998	403,249	(257)	2,269,976	2,314,487	2,321,979	3,285,466
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.....	2,314,487	410,998	403,249	(257)	2,269,976	2,314,487	2,321,979	3,285,466

QS102

(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.

**Sch. DA - Pt. 1
NONE**

**Sch. DA - Verification
NONE**

**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.....	337,056	3,874
2. Cost of cash equivalents acquired.....	80,137	334,710
3. Accrual of discount.....	149	18
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	101,164	1,546
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).....	316,178	337,056
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	316,178	337,056

**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 and Administrative Symbol/Market Indicator (a)
Bonds - U.S. Government									
912828 6Y 1	UNITED STATES TREASURY NOTE/BOND		07/09/2019	ABN AMRO SECURITIES		129,665	130,000	155	1
912828 7C 8	UNITED STATES TREASURY NOTE/BOND		08/13/2019	HSBC SECURITIES (USA		50,291	50,000	71	1
912828 7F 1	UNITED STATES TREASURY NOTE/BOND		08/16/2019	GOLDMAN SACHS & CO.		105,468	105,000	95	1
912828 YA 2	UNITED STATES TREASURY NOTE/BOND		09/19/2019	BANC/AMERICA SECUR.L		44,770	45,000	66	1
0599999	Total - Bonds - U.S. Government					330,194	330,000	387	XXX
Bonds - Industrial and Miscellaneous									
0258M0 EG 0	AMERICAN EXPRESS CREDIT CORP		07/08/2019	MILLENNIUM ADVISORS		10,090	10,000	95	1FE
053332 AM 4	AUTOZONE INC		07/09/2019	WELLS FARGO SECS LLC		5,164	5,000	44	2FE
30231G BB 7	EXXON MOBIL CORP		08/13/2019	MORGAN STANLEY & CO		10,000	10,000		1FE
46625H JE 1	JPMORGAN CHASE & CO		09/03/2019	MARKETAXESS CORP		10,378	10,000	146	1FE
61744Y AH 1	MORGAN STANLEY		09/03/2019	MORGAN STANLEY & CO		10,185	10,000	81	1FE
70450Y AB 9	PAYPAL HOLDINGS INC		09/19/2019	GOLDMAN SACHS & CO		9,987	10,000		2FE
90290E AC 3	USAA AUTO OWNER TRUST 2019-1		07/23/2019	JPM SECURITIES-FIXED		15,000	15,000		1FE
89153V AR 0	TOTAL CAPITAL INTERNATIONAL SA	D	07/08/2019	JPM SECURITIES-FIXED		10,000	10,000		1FE
3899999	Total - Bonds - Industrial and Miscellaneous					80,804	80,000	366	XXX
8399997	Total - Bonds - Part 3					410,998	410,000	753	XXX
8399999	Total - Bonds					410,998	410,000	753	XXX
9999999	Total - Bonds, Preferred and Common Stocks					410,998	XXX	753	XXX

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

QE04

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	For rei gn	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 and Admini- strative Symbol/ Market Indicator (a)
Bonds - U.S. Government																					
912828	2J 8		08/16/2019	NOMURA SECURITIES/FI.....		34,918	35,000	34,979	34,989		4		4		34,994		(76)	(76)	575	07/15/2020	1.....
912828	X9 6		07/09/2019	HSBC SECURITIES (USA.....		144,303	145,000	145,235	145,111		(42)		(42)		145,069		(765)	(765)	1,418	05/15/2020	1.....
912828	XU 9		08/16/2019	NOMURA SECURITIES/FI.....		74,827	75,000	74,827	74,913		37		37		74,951		(124)	(124)	762	06/15/2020	1.....
0599999	Total - Bonds - U.S. Government.....					254,048	255,000	255,041	255,013	0	(1)	0	(1)	0	255,014	0	(965)	(965)	2,755	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment																					
64990C	EM 9		07/01/2019	MATURITY.....		10,000	10,000	10,000	10,000				0		10,000			0	146	07/01/2019	1FE.....
914805	EQ 5		09/15/2019	MATURITY.....		25,000	25,000	25,000	25,000				0		25,000			0	457	09/15/2019	1FE.....
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments.....					35,000	35,000	35,000	35,000	0	0	0	0	0	35,000	0	0	0	603	XXX	XXX
Bonds - Industrial and Miscellaneous																					
03066F	AE 1		09/18/2019	PAYDOWN.....		2,748	2,748	2,748	2,748				0		2,748			0	39	07/18/2022	1FE.....
053332	AL 6		07/09/2019	SOUTHWEST SECURITIES.....		5,082	5,000	5,170	5,110		(35)		(35)		5,075		7	7	131	11/15/2020	2FE.....
126650	DC 1		08/16/2019	NON-BROKER TRADE, BO.....		4,089	4,000	3,998	3,998				0		3,999		90	90	128	03/09/2021	2FE.....
30231G	AV 4		08/13/2019	US BANKCORP INVESTME.....		10,023	10,000	9,895	9,925		21		21		9,946		77	77	212	03/01/2021	1FE.....
34531H	AD 1		09/15/2019	PAYDOWN.....		983	983	983	983				0		983			0	11	11/15/2021	1FE.....
36251P	AA 2		09/01/2019	PAYDOWN.....		936	936	936	936				0		936			0	9	10/01/2049	1FM.....
36962G	4J 0		08/08/2019	MARKETAXESS CORP.....		15,174	15,000	16,871	15,602		(362)		(362)		15,240		(66)	(66)	903	01/08/2020	2FE.....
375558	BB 8		09/03/2019	WELLS FARGO SECS LLC.....		10,053	10,000	10,076	10,048		(19)		(19)		10,029		24	24	258	09/01/2020	1FE.....
46645U	AQ 0		09/01/2019	PAYDOWN.....		780	780	780	780				0		780			0	10	12/01/2049	1FM.....
585055	BR 6		07/05/2019	NON-BROKER TRADE, BO.....		6,172	6,000	6,051			(7)		(7)		6,045		128	128	156	03/15/2022	1FE.....
58769B	AD 6		09/15/2019	PAYDOWN.....		1,554	1,554	1,554	1,554				0		1,554			0	13	02/16/2021	1FE.....
74432Q	BM 6		09/03/2019	GOLDMAN SACHS & CO.....		10,261	10,000	10,462	10,322		(147)		(147)		10,175		86	86	379	06/21/2020	1FE.....
95000G	AW 4		09/01/2019	PAYDOWN.....		543	543	543	543				0		543			0	5	08/01/2049	1FM.....
136375	CN 0		07/09/2019	KEYBANC CAPITAL MARK.....		9,998	10,000	9,996	9,998		1		1		9,999		(1)	(1)	225	02/03/2020	1FE.....
25243Y	AP 4		09/03/2019	JANE STREET EXECUTIO.....		10,238	10,000	10,510	10,329		(144)		(144)		10,185		53	53	550	07/15/2020	1FE.....
3899999	Total - Bonds - Industrial and Miscellaneous.....					88,634	87,544	90,573	82,876	0	(692)	0	(692)	0	88,237	0	398	398	3,029	XXX	XXX
8399997	Total - Bonds - Part 4.....					377,682	377,544	380,614	372,889	0	(693)	0	(693)	0	378,251	0	(567)	(567)	6,387	XXX	XXX
8399999	Total - Bonds.....					377,682	377,544	380,614	372,889	0	(693)	0	(693)	0	378,251	0	(567)	(567)	6,387	XXX	XXX
9999999	Total - Bonds, Preferred and Common Stocks.....					377,682	XXX	380,614	372,889	0	(693)	0	(693)	0	378,251	0	(567)	(567)	6,387	XXX	XXX

QE05

(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 or 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					55,914	35,934	25,029	XXX
Bank of America -- Atlanta, GA					230,835	207,634	100,581	XXX
0199999. Total Open Depositories	XXX	XXX	0	0	286,749	243,568	125,610	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	286,749	243,568	125,610	XXX
0599999. Total Cash	XXX	XXX	0	0	286,749	243,568	125,610	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.....		09/03/2019.....			316,179	508	5,264
8599999. Total - Exempt Money Market Mutual Funds as Identified by the SVO.....						316,179	508	5,264
8899999. Total - Cash Equivalents.....						316,179	508	5,264

QE13