ANNUAL STATEMENT

OF THE

MMM Multi Health, LLC

Of

SAN JUAN

in the state of PR

to the Insurance Department

of the state of

For the Year Ended

December 31, 2016

2016

HEALTH

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ANNUAL STATEMENT

For the Year Ended December 31, 2016
of the Condition and Affairs of the

MMM Multi Health, LLC

NAIC Group Code.....4812, 4812 (Current Period) (Prior Period) NAIC Company Code..... 12534 Employer's ID Number..... 660653763

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

Licensed as Business Type..... Is HMO Federally Qualified? Yes [X] No [ ]

Incorporated/Organized..... February 18, 2012 Commenced Business..... March 1, 2012

Statutory Home Office	350 CHARDON AVE STE 350..... SAN JUAN ..... PR .... 00918 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	350 CHARDON AVE STE 350..... SAN JUAN ..... PR .... 00918 *(Street and Number) (City or Town, State, Country and Zip Code)*	*(Area Code) (Telephone Number)*
Mail Address	350 CHARDON AVE STE 350..... SAN JUAN ..... PR .... 00918 *(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)*	
Primary Location of Books and Records	350 CHARDON AVE STE 350..... SAN JUAN ..... PR .... 00918 *(Street and Number) (City or Town, State, Country and Zip Code)*	*(Area Code) (Telephone Number)*
Internet Web Site Address	www.medicareymuchomas.com	
Statutory Statement Contact	SANTIAGO MALAVE *(Name)* santiago.malave@mmmhc.com *(E-Mail Address)*	787-622-3000 *(Area Code) (Telephone Number) (Extension)* *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. ORLANDO GONZALEZ	PRESIDENT	2. CARLOS VIVALDI	CHIEF FINANCIAL OFFICER
3.		4.	

OTHER

RICHARD SHINTO	CEO	MYRA PLUMEY	COMPLIANCE OFFICCER
PAUL KLAUSNER	SECRETARY	VIVIAM ARTHUR TORRES	VICE PRESIDENT
VILMARIE GARCIA	VICE PRESIDENT	CARLOS VIVALDI	TREASURER / CFO
MANUEL SANCHEZ SIERRA	COO	JUAN ARRIL	VICE PRESIDENT
IVELISSE FERNANDEZ	CHIEF ADMINISTRATIVE OFFICER	DIEGO ROSO	CMO
DOUGLAS MALTON	VICEPRESIDENT	MICHAEL J SORTINO	CHIEF ACCOUNTING OFFICER
CHRISTOPHER J JOYCE	VP AND GENERAL COUNSEL	EYMINEL VIEL	ASSISTANT SECRETARY

DIRECTORS OR TRUSTEES

RICK SHINTO
CHRISTOPHER JOYCE
ORLANDO GONZALEZ
DOUGLAS MALTON
CARLOS VIVALDI

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)	(Signature)	(Signature)
ORLANDO GONZALEZ	CARLOS VIVALDI	
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
PRESIDENT	CHIEF FINANCIAL OFFICER	
(Title)	(Title)	(Title)

Affidavit Num: 271

Subscribed and sworn to before me
This 29 day of March 2017

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

EYMINEL VIEL SANTIAGO
ABOGADA - NOTARIO

17-A2080950 RECIBO DE PAGO
Sello
9397
10/24/2016
$5.00
Sello de Asistencia Legal
00279-2016-1024-51963262

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ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	26,089,679		26,089,679	
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	
2.2 Common stocks			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less $.....0 encumbrances)			0	
4.2 Properties held for the production of income (less $.....0 encumbrances)			0	
4.3 Properties held for sale (less $.....0 encumbrances)			0	
5. Cash ($.....31,271,482, Schedule E-Part 1), cash equivalents ($.....0, Schedule E-Part 2) and short-term investments ($.....2,067,428, Schedule DA)	33,338,910		33,338,910	66,583,039
6. Contract loans (including $.....0 premium notes)			0	
7. Derivatives (Schedule DB)			0	
8. Other invested assets (Schedule BA)			0	
9. Receivables for securities			0	
10. Securities lending reinvested collateral assets (Schedule DL)			0	
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	59,428,589	0	59,428,589	66,583,039
13. Title plants less $.....0 charged off (for Title insurers only)			0	
14. Investment income due and accrued	111,465		111,465	24,931
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	3,465,092		3,465,092	9,356
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)			0	
15.3 Accrued retrospective premiums ($.....0) and contracts subject to redetermination ($.....0)			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans			0	
18.1 Current federal and foreign income tax recoverable and interest thereon			0	
18.2 Net deferred tax asset	1,568,515	1,395,884	172,631	21,941
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software			0	
21. Furniture and equipment, including health care delivery assets ($.....0)			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates			0	
24. Health care ($.....0) and other amounts receivable			0	
25. Aggregate write-ins for other-than-invested assets	765,357	442,643	322,714	828,113
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	65,339,018	1,838,527	63,500,491	67,467,380
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. TOTAL (Lines 26 and 27)	65,339,018	1,838,527	63,500,491	67,467,380

DETAILS OF WRITE-INS

1101. STATUTORY DEPOSIT OF PR COMMISSIONER OF INSURANCE			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 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Advance to Providers	765,357	442,643	322,714	828,113
2502.			0	
2503.			0	
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	765,357	442,643	322,714	828,113

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $.....0 reinsurance ceded)	28,176,804		28,176,804	43,590,356
2.	Accrued medical incentive pool and bonus amounts	13,874,623		13,874,623	1,983,123
3.	Unpaid claims adjustment expenses	229,995		229,995	395,934
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 reserves			0	
7.	Aggregate health claim reserves			0	
8.	Premiums received in advance			0	
9.	General expenses due or accrued	262,323		262,323	
10.1	Current federal and foreign income tax payable and interest thereon (including $.....0 on realized capital 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	180,542		180,542	235,793
13.	Remittances and items not allocated			0	
14.	Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)			0	
15.	Amounts due to parent, subsidiaries and affiliates	1,390,376		1,390,376	5,068,034
16.	Derivatives			0	
17.	Payable for securities			0	
18.	Payable for securities lending			0	
19.	Funds held under reinsurance treaties with ($.....0 authorized reinsurers, $.....0 unauthorized reinsurers and $.....0 certified reinsurers)			0	
20.	Reinsurance in unauthorized and certified ($.....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)	600,000	0	600,000	600,000
24.	Total liabilities (Lines 1 to 23)	44,714,663	0	44,714,663	51,873,240
25.	Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26.	Common capital stock	XXX	XXX	400,000	400,000
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX	24,172,981	17,872,981
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	(5,787,153)	(2,678,841)
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	18,785,828	15,594,140
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	63,500,491	67,467,380

DETAILS OF WRITE-INS

2301.	STATUTORY DEPOSIT	600,000		600,000	600,000
2302.				0	
2303.				0	
2398.	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399.	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	600,000	0	600,000	600,000
2501.		XXX	XXX		
2502.		XXX	XXX		
2503.		XXX	XXX		
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.		XXX	XXX		
3002.		XXX	XXX		
3003.		XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099.	Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member months	XXX	1,518,308	1,198,249
2.	Net premium income (including $.....0 non-health premium income)	XXX	249,582,009	193,401,014
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
7.	Aggregate write-ins for other non-health revenues	XXX	0	0
8.	Total revenues (Lines 2 to 7)	XXX	249,582,009	193,401,014
Hospital and Medical:				
9.	Hospital/medical benefits		152,879,870	132,383,335
10.	Other professional services			
11.	Outside referrals			
12.	Emergency room and out-of-area			
13.	Prescription drugs		61,618,933	38,385,251
14.	Aggregate write-ins for other hospital and medical	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts		10,438,820	2,801,514
16.	Subtotal (Lines 9 to 15)	0	224,937,623	173,570,100
Less:				
17.	Net reinsurance recoveries			
18.	Total hospital and medical (Lines 16 minus 17)	0	224,937,623	173,570,100
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including $.....0 cost containment expenses			
21.	General administrative expenses		26,987,340	22,734,585
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	251,924,963	196,304,685
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(2,342,954)	(2,903,671)
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		1,012,870	650,540
26.	Net realized capital gains or (losses) less capital gains tax of $.....0		4,026	
27.	Net investment gains or (losses) (Lines 25 plus 26)	0	1,016,896	650,540
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $.....0) (amount charged off $.....0)]			
29.	Aggregate write-ins for other income or expenses	0	0	0
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(1,326,058)	(2,253,131)
31.	Federal and foreign income taxes incurred	XXX		
32.	Net income (loss) (Lines 30 minus 31)	XXX	(1,326,058)	(2,253,131)

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
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.		XXX		
0702.		XXX		
0703.		XXX		
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799.	Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.				
1402.				
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
2901.				
2902.				
2903.				
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period	15,594,139	45,581
34. Net income or (loss) from Line 32	(1,326,058)	(2,253,131)
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains and (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	667,748	900,767
39. Change in nonadmitted assets	(903,449)	(935,078)
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	6,300,000	
44.2 Transferred from surplus (Stock Dividend)		
44.3 Transferred to surplus		
45. Surplus adjustments:		
45.1 Paid in		17,836,000
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders	(1,559,000)	
47. Aggregate write-ins for gains or (losses) in surplus	12,448	0
48. Net change in capital and surplus (Lines 34 to 47)	3,191,689	15,548,558
49. Capital and surplus end of reporting period (Line 33 plus 48)	18,785,828	15,594,139

DETAILS OF WRITE-INS

4701. Other Surplus ADJ	12,448	
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	12,448	0

CASH FLOW

		1 Current Year	2 Prior Year
	CASH FROM OPERATIONS		
1.	Premiums collected net of reinsurance	246,126,273	193,391,658
2.	Net investment income	971,055	
3.	Miscellaneous income		
4.	Total (Lines 1 through 3)	247,097,328	193,391,658
5.	Benefit and loss related payments	229,012,006	128,485,052
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	28,652,526	12,823,567
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)	257,664,532	141,308,619
11.	Net cash from operations (Line 4 minus Line 10)	(10,567,204)	52,083,039
	CASH FROM INVESTMENTS		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	856,342	
	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)	856,342	0
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	26,974,267	
	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)	26,974,267	0
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14)	(26,117,925)	0
	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	5,000,000	13,900,000
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders	1,559,000	
	16.6 Other cash provided (applied)		
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	3,441,000	13,900,000
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(33,244,129)	65,983,039
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	66,583,039	600,000
	19.2 End of year (Line 18 plus Line 19.1)	33,338,910	66,583,039

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

20.0001		

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plans	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	249,582,009							249,582,009		
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of $.....0 medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	249,582,009	0	0	0	0	0	0	249,582,009	0	0
8. Hospital/medical benefits	152,879,870							152,879,870		XXX
9. Other professional services	0									XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	0									XXX
12. Prescription drugs	61,618,933							61,618,933		XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	10,438,820							10,438,820		XXX
15. Subtotal (Lines 8 to 14)	224,937,623	0	0	0	0	0	0	224,937,623	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total hospital and medical (Lines 15 minus 16)	224,937,623	0	0	0	0	0	0	224,937,623	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including $.....0 cost containment expenses	0									
20. General administrative expenses	26,987,340							26,987,340		
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserve for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	251,924,963	0	0	0	0	0	0	251,924,963	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(2,342,954)	0	0	0	0	0	0	(2,342,954)	0	0

DETAILS OF WRITE-INS

0501.	0									XXX
0502.	0									XXX
0503.	0									XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Total (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Total (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.	0									XXX
1302.	0									XXX
1303.	0									XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Total (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

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UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)				0
2. Medicare supplement				0
3. Dental only				0
4. Vision only				0
5. Federal employees health benefits plan				0
6. Title XVIII - Medicare				0
7. Title XIX - Medicaid	249,582,009			249,582,009
8. Other health				0
9. Health subtotal (Lines 1 through 8)	249,582,009	0	0	249,582,009
10. Life				0
11. Property/casualty				0
12. Totals (Lines 9 to 11)	249,582,009	0	0	249,582,009

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UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	229,912,355							229,912,355		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	229,912,355	0	0	0	0	0	0	229,912,355	0	0
2. Paid medical incentive pools and bonuses	(1,452,680)							(1,452,680)		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	28,176,804							28,176,804		
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	28,176,804	0	0	0	0	0	0	28,176,804	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	13,874,623							13,874,623		
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	43,590,356							43,590,356		
8.2 Reinsurance assumed	0									
8.3 Reinsurance ceded	0									
8.4 Net	43,590,356	0	0	0	0	0	0	43,590,356	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	1,983,123							1,983,123		
11. Amounts recoverable from reinsurers December 31, prior year	0									
12. Incurred benefits:										
12.1 Direct	214,498,803	0	0	0	0	0	0	214,498,803	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	214,498,803	0	0	0	0	0	0	214,498,803	0	0
13. Incurred medical incentive pools and bonuses	10,438,820	0	0	0	0	0	0	10,438,820	0	0

(a) Excludes $.....0 loans or advances to providers not yet expensed.

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UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Medical and Hospital)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct	0									
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	0	0	0	0	0	0	0	0	0	0
2. Incurred but unreported:										
2.1 Direct	28,176,804							28,176,804		
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	28,176,804	0	0	0	0	0	0	28,176,804	0	0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct	0									
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. Totals:										
4.1 Direct	28,176,804	0	0	0	0	0	0	28,176,804	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	28,176,804	0	0	0	0	0	0	28,176,804	0	0

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UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	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	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior 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					0	
7. Title XIX - Medicaid	24,098,990	192,627,170	760,016	27,416,788	24,859,006	43,590,356
8. Other health					0	
9. Health subtotal (Lines 1 to 8)	24,098,990	192,627,170	760,016	27,416,788	24,859,006	43,590,356
10. Healthcare receivables (a)					0	
11. Other non-health					0	
12. Medical incentive pools and bonus amounts	11,733,515		4,092,070	9,782,554	15,825,585	1,983,123
13. Totals (Lines 9 - 10 + 11 + 12)	35,832,505	192,627,170	4,852,086	37,199,342	40,684,591	45,573,479

(a) Excludes $.....0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior					
2. 2012					
3. 2013	XXX				
4. 2014	XXX	XXX			
5. 2015	XXX	XXX	XXX	120,710	37,041
6. 2016	XXX	XXX	XXX	XXX	192,226

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior					
2. 2012					
3. 2013	XXX				
4. 2014	XXX	XXX			
5. 2015	XXX	XXX	XXX	120,710	41,847
6. 2016	XXX	XXX	XXX	XXX	229,471

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2012				0.0	0	0.0			0	0.0
2. 2013				0.0	0	0.0			0	0.0
3. 2014				0.0	0	0.0			0	0.0
4. 2015	193,401	157,751	1,578	1.0	159,329	82.4	4,806	48	164,183	84.9
5. 2016	249,582	192,226	1,922	1.0	194,148	77.8	37,245	182	231,575	92.8

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior					
2. 2012					
3. 2013	XXX				
4. 2014	XXX	XXX			
5. 2015	XXX	XXX	XXX	120,710	37,041
6. 2016	XXX	XXX	XXX	XXX	192,226

SECTION B - INCURRED HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior					
2. 2012					
3. 2013	XXX				
4. 2014	XXX	XXX			
5. 2015	XXX	XXX	XXX	120,710	41,847
6. 2016	XXX	XXX	XXX	XXX	229,471

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XIX - MEDICAID

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2012				0.0	0	0.0			0	0.0
2. 2013				0.0	0	0.0			0	0.0
3. 2014				0.0	0	0.0			0	0.0
4. 2015	193,401	157,751	1,578	1.0	159,329	82.4	4,806	48	164,183	84.9
5. 2016	249,582	192,226	1,922	1.0	194,148	77.8	37,245	182	231,575	92.8

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Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2D - Aggregate Reserve for A&H Contracts Only
NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent ($.....0 for occupancy of own building)			680,148		680,148
2. Salaries, wages and other benefits			14,175,577		14,175,577
3. Commissions (less $.....0 ceded plus $.....0 assumed)			819,039		819,039
4. Legal fees and expenses			203,587		203,587
5. Certifications and accreditation fees			52,533		52,533
6. Auditing, actuarial and other consulting services			2,049,927		2,049,927
7. Traveling expenses			50,489		50,489
8. Marketing and advertising			1,345,426		1,345,426
9. Postage, express and telephone			986,642		986,642
10. Printing and office supplies			49,066		49,066
11. Occupancy, depreciation and amortization			1,800,910		1,800,910
12. Equipment			1,668		1,668
13. Cost or depreciation of EDP equipment and software					0
14. Outsourced services including EDP, claims, and other services					0
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate			166,142		166,142
17. Collection and bank service charges					0
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses			314,499		314,499
22. Real estate taxes			100,437		100,437
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					0
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees					0
23.4 Payroll taxes					0
23.5 Other (excluding federal income and real estate taxes)			173,483		173,483
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	0	0	4,017,767	0	4,017,767
26. Total expenses incurred (Lines 1 to 25)	0	0	26,987,340	0	(a) 26,987,340
27. Less expenses unpaid December 31, current year			262,323		262,323
28. Add expenses unpaid December 31, prior year					0
29. Amounts receivable relating to uninsured plans, prior year					0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	0	0	26,725,017	0	26,725,017

DETAILS OF WRITE-INS

2501. Public & Provider Relations			312,970		312,970
2502. Data Process, Special Projects & Other Expenses			3,704,797		3,704,797
2503.					0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	4,017,767	0	4,017,767

(a) Includes management fees of $.....0 to affiliates and $.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. government bonds	(a) 26,277	40,720
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a) 92,701	156,626
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 33,765	35,715
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	0	779,809
10.	Total gross investment income	152,742	1,012,870
11.	Investment expenses		(g)
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i) 0
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		0
17.	Net investment income (Line 10 minus Line 16)		1,012,870

DETAILS OF WRITE-INS

0901.	Other Income		779,809
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	779,809
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

(a) Includes $.....6,162 accrual of discount less $.....29,848 amortization of premium and less $.....36,908 paid for accrued interest on purchases.
(b) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued dividends on purchases.
(c) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued interest on purchases.
(d) Includes $.....0 for company's occupancy of its own buildings; and excludes $.....0 interest on encumbrances.
(e) Includes $.....29,875 accrual of discount less $.....4,560 amortization of premium and less $.....2,922 paid for accrued interest on purchases.
(f) Includes $.....0 accrual of discount less $.....0 amortization of premium.
(g) Includes $.....0 investment expenses and $.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes $.....0 interest on surplus notes and $.....0 interest on capital notes.
(i) Includes $.....0 depreciation on real estate and $.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. government bonds			0		
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)			0		
1.3	Bonds of affiliates			0		
2.1	Preferred stocks (unaffiliated)			0		
2.11	Preferred stocks of affiliates			0		
2.2	Common stocks (unaffiliated)			0		
2.21	Common stocks of affiliates			0		
3.	Mortgage loans			0		
4.	Real estate			0		
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments	4,026		4,026		
7.	Derivative instruments			0		
8.	Other invested assets			0		
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	4,026	0	4,026	0	0

DETAILS OF WRITE-INS

0901.				0		
0902.				0		
0903.				0		
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			0
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income			0
4.3 Properties held for sale			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending reinvested collateral assets (Schedule DL)			0
11. Aggregate write-ins for invested assets	442,643	56,252	(386,391)
12. Subtotals, cash and invested assets (Lines 1 to 11)	442,643	56,252	(386,391)
13. Title plants (for Title insurers only)			0
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
15.3 Accrued retrospective premiums and contracts subject to redetermination			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			0
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans			0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset	1,395,884	878,826	(517,058)
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software			0
21. Furniture and equipment, including health care delivery assets			0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivables from parent, subsidiaries and affiliates			0
24. Health care and other amounts receivable			0
25. Aggregate write-ins for other-than-invested assets	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	1,838,527	935,078	(903,449)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. TOTALS (Lines 26 and 27)	1,838,527	935,078	(903,449)

DETAILS OF WRITE-INS

1101. Advance To providers	442,643	56,252	(386,391)
1102.			0
1103.			0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	442,643	56,252	(386,391)
2501.			0
2502.			0
2503.			0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	0

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health maintenance organizations	129,770	125,430	124,137	128,670	125,674	1,518,308
2. Provider service organizations						
3. Preferred provider organizations						
4. Point of service						
5. Indemnity only						
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	129,770	125,430	124,137	128,670	125,674	1,518,308

DETAILS OF WRITE-INS

0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

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EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
A&H Premiums Due and Unpaid						
0499999. Premiums due and unpaid from Medicaid entities	413,222	418,962	411,882	2,221,026		3,465,092
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	413,222	418,962	411,882	2,221,026	0	3,465,092

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Ex. 3 - Health Care Receivables
NONE

Ex. 3A - Analysis of Health Care Receivables Collected and Accrued
NONE

EXHIBIT 4 - 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)						
	12,527,460	6,075,990	3,509,682	1,630,916	4,432,756	28,176,804
0199999. Individually listed claims unpaid	12,527,460	6,075,990	3,509,682	1,630,916	4,432,756	28,176,804
0499999. Subtotals	12,527,460	6,075,990	3,509,682	1,630,916	4,432,756	28,176,804
0799999. Total claims unpaid						28,176,804
0899999. Accrued medical incentive pool and bonus amounts						13,874,623

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
0299999. Payables not individually listed		1,390,376	1,390,376	
0399999. Total gross payables		1,390,376	1,390,376	0

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EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	36,189,044	16.5	125,674	100.0		36,189,044
2. Intermediaries	0	0.0				
3. All other providers	7,851,410	3.6				7,851,410
4. Total capitation payments	44,040,454	20.1	125,674	100.0	0	44,040,454
Other Payments:						
5. Fee-for-service	99,424,350	45.4	XXX	XXX		99,424,350
6. Contractual fee payments	0	0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	5,153,709	2.4	XXX	XXX		5,153,709
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	70,478,500	32.2	XXX	XXX		70,478,500
12. Total other payments	175,056,559	79.9	XXX	XXX	0	175,056,559
13. Total (Line 4 plus Line 12)	219,097,013	100.0	XXX	XXX	0	219,097,013

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC

NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment						0
2. Medical furniture, equipment and fixtures						0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment						0
6. Total	0	0	0	0	0	0

NONE

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

	SSAP #	F/S Page	F/S Line #	2016	2015
NET INCOME					
(1) MMM Multi Health, LLC state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	$ (1,326,058)	$ (2,253,131)
(2) State Prescribed Practices that increase/decrease NAIC SAP					
(3) State Permitted Practices that increase/decrease NAIC SAP					
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	$ (1,326,058)	$ (2,253,131)
SURPLUS					
(5) MMM Multi Health, LLC state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	$ 18,785,828	$ 15,594,140
(6) State Prescribed Practices that increase/decrease NAIC SAP					
(7) State Permitted Practices that increase/decrease NAIC SAP					
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	$ 18,785,828	$ 15,594,140

B. Use of Estimates in the Preparation of the Financial Statement

The preparation of the statutory financial statements requires management of the Company to make estimates and assumptions relating to the reported amounts included in the statutory financial statements and accompanying notes. The most significant items subject to estimates and assumptions are the actuarial determination for medical claims liabilities, and the Company's estimated receivable from ASES. Actual results could differ from these estimates.

C. Accounting Policy

Organization

MMM Multi Health, LLC (the Company), previously known as Red Médica de Puerto Rico, Inc., was organized under the laws of the Commonwealth of Puerto Rico on December 28, 2000 and is a wholly owned subsidiary of MMM Holdings, LLC (Holdings or Parent Company), a corporation organized under the laws of the Commonwealth of Puerto Rico. Holdings is a wholly owned subsidiary of InnovaCare Inc., a corporation organized under the laws of the Commonwealth of Puerto Rico.

The Company currently provides managed care health insurance benefits to the Government Health Plans (GHP), Medicaid, Children's Health Insurance Program (CHIP) and other eligible subscribers, in the Northeast region of the Commonwealth of Puerto Rico through a contract with the Puerto Rico Health Insurance Administration/Administración de Seguros de Salud de Puerto Rico (ASES) from April 1, 2015 through June 30, 2017.

Basis of Presentation

The accompanying statutory financial statements of the Company have been prepared in accordance with accounting practices prescribed or permitted by the Commissioner of Insurance of the Commonwealth of Puerto Rico (the Commissioner of Insurance), which is a comprehensive basis of accounting other than U.S. generally accepted accounting principles. The Commissioner of Insurance has adopted the National Association of Insurance Commissioners' statutory accounting practices (NAIC SAP), as the basis of its statutory accounting practices, as long as they do not contradict the provisions of the Insurance Code of the Commonwealth of Puerto Rico (the Insurance Code) or the Circular Letters issued by the Commissioner of Insurance.

The Commissioner of Insurance has the right to permit other specific practices that may deviate from prescribed practices. Prescribed statutory accounting practices (SAP) include a variety of publications of the National Association of Insurance Commissioners (NAIC) including its codification initiative contained in its *Accounting Practices and Procedures Manual*, as well as state laws, regulations, and general administrative rules. Permitted statutory accounting practices encompass all accounting practices not so prescribed.

Recognition of Premium Revenue

Premium revenue is recognized as revenue over the period in which service or benefits are obligated to be provided. Substantially, all revenues recognized by the Company are received from the ASES. Revenues are recognized ratably over the period of coverage based on anticipated ASES reimbursement rates, number of enrollees, and expected Medicaid eligibility. Actual amounts received from ASES are subject to adjustment based on subsequent review of members' eligibility. An estimate is made of such retroactive adjustments based on historical trends, premiums billed, number of members, expected eligibility, and other information. Retroactive membership adjustments result from enrollment changes not yet processed, or not yet reported by ASES.

Cash, Cash Equivalents, and Short-Term Investments

The Company considers all highly liquid investments with original maturities of three months or less to be cash equivalents (none at December 31, 2016). Short-term investments are defined as short-term highly liquid investments with remaining maturities of one year or less at the time of acquisition (excluding those investments classified as cash equivalents). Short-term investments having an original maturity of less than one year are stated at cost. At December 31, 2016 and 2015, cash and short-term investments consisted of cash deposited in financial institutions and money market funds amounting to approximately $32,238,000 and $65,983,000, respectively, of which approximately $1,566,000 represent short-term investments at December 31, 2016.

Investment Securities

Bonds and other debt securities, and equity securities are reported in accordance with rules promulgated by NAIC. Bonds that are designated highest quality, NAIC designation 1 and 2, are reported at amortized cost, and bonds that are classified as NAIC designation 3 or lower are reported at lower of amortized cost or fair value. Other debt securities eligible for amortization under such rules and nonredeemable preferred stocks are stated at amortized cost. Equity securities are carried at estimated fair value. Adjustments reflecting the unrealized appreciation or depreciation of equity securities are shown as a component of surplus, net of tax and are not included in the determination of the net gain from operations.

Realized gains or losses on the sale of investments are included in operations and are derived using the specific-identification method for determining the cost of securities sold. Interest and dividend income is recognized when earned.

NOTES TO FINANCIAL STATEMENTS

The Company applies the provisions of SSAP No. 43R, *Loan-Backed and Structured Securities*, which requires insurers to separate other-than-temporary impairments between interest and noninterest-related declines in the value of all loan-backed and structured securities.

A decline in the fair value of any security below cost that is deemed to be other-than-temporary impairment (OTTI) results in a reduction in carrying amount to fair value. The impairment is charged to operations and a new cost basis for the security is established. To determine whether impairment is other-than temporary, the Company considers all available information relevant to the recoverability of the security, including past events, current conditions, and reasonable and supportable forecasts when developing an estimate of cash flows expected to be collected. Evidence considered in this assessment includes the reasons for the impairment, the severity and duration of the impairment, changes in value subsequent to year-end and forecasted performance of the investee.

Premiums and discounts on bonds and other debt securities are amortized or accreted over the life of the related security as an adjustment to yield using the effective-interest method. Such amortization and accretion is included in investment income in the accompanying statutory statements of revenue and expenses.

The Company's investments are exposed to three primary sources of risk: credit, interest rate, and liquidity risk. The financial statement risks, stemming from such investment risks, are those associated with the determination of estimated fair values, the diminished ability to sell certain investments in times of strained market conditions, the recognition of impairments and the recognition of income on certain investments. These financial statement risks may have a material effect on the amounts presented within the statutory financial statements.

Fair Value Measurements

The Company follows the guidance in SSAP No. 100, *Fair Value Measurements*, for fair value measurements of financial assets and financial liabilities that are recognized or disclosed at fair value in the statutory financial statements on a recurring basis. SSAP No. 100 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and also establishes a framework for measuring fair value and expands disclosures about fair value measurements.

The carrying amounts of cash and cash equivalents, short-term investments, premium receivables, net, and accounts payable, and accrued expenses approximate fair value because of the short-term nature of these instruments that should be collected or paid within 12 months after year-end.

The Company utilizes valuation techniques that maximize the use of observable inputs and minimizes the use unobservable inputs. Additional information on the fair value of investments is included in note 4.

Medical Claim Liabilities and Medical Costs and Claims

Medical claim liabilities are accrued as services are rendered, including claims in process and other medical liabilities and an estimate for claims incurred but not yet reported (IBNR). The IBNR is determined based upon an actuarial analysis of the Company's historical claim payment patterns, management estimates, and other statistics. In addition, the Company contracts with various service providers, which are compensated based on a capitation basis. Expenses related to these providers, which are based in part on estimates, are recorded in the period in which the related services are rendered.

The medical claim liabilities are based on estimates and, while management believes that the amounts are adequate, the ultimate liability may be in excess of or less than the amounts provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed, and any adjustments are reflected in the statutory statement of revenue and expenses of the current period. Other medical claims liabilities include medical costs disputes based upon an analysis of potential outcomes, assuming a combination of litigation and settlement strategies. The actual results could differ materially from the amount recorded in the statutory financial statements of the Company.

Medical costs and claims consist of claim payments, capitation payments, risk-sharing payments, compensation to doctors and pharmacy costs, as well as estimates of future payments of claims provided for services rendered prior to the end of the reporting period. Capitation payments represent monthly contractual fees disbursed to physicians and other providers who are responsible for providing medical care to members. Risk-sharing payments represent amounts paid under risk-sharing arrangements with providers, including independent physician associations. Pharmacy costs represent payments for members' prescription drug benefits.

Premiums the Company pays to reinsurers are reported as an off-set to premiums, and related reinsurance recoveries are reported as reductions from medical expenses.

Income Taxes

Income taxes are accounted for in accordance with SSAP No. 101, *Income Taxes, A Replacement of SSAP No. 10R and SSAP No. 10* (SAP 101). Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases and operating loss and tax credit carry forwards. Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled.

Under SAP 101, the amount permitted to be recognized is more restrictive and, the effect on deferred tax assets and liabilities of a change in tax rates is recognized in the accompanying statutory statement of changes in capital and surplus in the period that includes the enactment date.

Under SAP 101, gross deferred tax assets generally are admitted to the extent the Company's income taxes paid in prior years can be recovered through loss carrybacks; plus the amounts determined by applying the *Realization Threshold Limitation Table – RBC Reporting Entities (RBC Reporting Entity)*; plus any remaining deferred tax assets that can be offset against existing gross deferred tax liabilities.

The Company reviews its gross deferred tax assets for realizability and in assessing the total deferred tax assets that will be realized management considers historical taxable income, projected future taxable income, applicable tax strategies, and the expected timing of the reversals of existing temporary differences. A valuation allowance is provided when it is more likely than not that some portion or all of the gross deferred tax assets will not be realized. Management believes, it is more likely than not the Company will be able to realize all gross deferred tax assets and therefore, no valuation allowance was established as of December 2016.

The Company is organized as a single member Limited Liability Company (LLC) and elected to be treated as a partnership for Puerto Rico tax purposes pursuant to the provisions of Sections 1034.04(b)(6) and 1072.01 of the Puerto Rico tax code. Therefore, the Company is not considered a taxable entity and the Company's net taxable income or loss will be included as part of InnovaCare's results of operations, pursuant to Section 1071.01 of the Puerto Rico tax

code. The Company entered into a tax sharing agreement to provide Holdings with the funds necessary to satisfy the Company's share of income taxes. Income tax payments are allocated to the Company based on their taxable income or loss as if had been taxed as a corporation instead of a partnership.

The Company accounts for uncertainty in income taxes by prescribing a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The Company recognizes interest and penalties relating to uncertain tax positions in income tax expense. For the year ended December 31, 2016 and 2015 there were no unrecognized tax benefits.

D. Going Concern - Not applicable

Note 2 – Accounting Changes and Corrections of Errors - Not applicable

Note 3 – Business Combinations and Goodwill - Not applicable

A. Statutory Purchase Method - Not applicable

B. Statutory Merger - Not applicable

C. Assumption Reinsurance - Not applicable

D. Impairment Loss - Not applicable

Note 4 – Discontinued Operations - Not applicable

A. Discontinued Operation Disposed of or Classified as Held for Sale - Not applicable

B. Change in Plan of Sale of Discontinued Operation - Not applicable

C. Nature of any Significant Continuing Involvement with Discontinued Operations After Disposal - Not applicable

D. Equity Interest Retained in the Discontinued Operation After Disposal - Not applicable

Note 5 – Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans - Not applicable

B. Debt Restructuring - Not applicable

C. Reverse Mortgages - Not applicable

D. Loan-Backed Securities

Gross unrealized losses on available for sale investment securities for which other-than-temporary impairments have not been recognized and the estimated fair value of the related securities, aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position as of December 31, 2016 are as follows:

	2016					
	Less than 12 months		12 months or longer		Total	
	Estimated fair value	Gross unrealized losses	Estimated fair value	Gross unrealized losses	Estimated fair value	Gross unrealized losses
U.S. Treasury securities and obligations of U.S. government agencies, state and authorities	$ 11735076	(91,400)	—	—	11,735,076	(91,400)
Foerign government bonds	198839	(1,068)	—	—	198,839	(1,068)
Corporate bonds	7,163,179	(60,969)	—	—	7,163,179	(60,969)
Mortgage-backed securities	2,957,998	(55,767)	—	—	2,957,998	(55,767)
Asset-backed securities	1,770,191	(9,640)	—	—	1,770,191	(9,640)
Collateralized mortgage obligation	644,568	(8,630)	—	—	644,568	(8,630)
Total	$ 24,469,851	(227,474)	—	—	24,469,851	(227,474)

E. Repurchase Agreements and/or Securities Lending Transactions - Not applicable

F. Real Estate - Not applicable

G. Investments in Low-Income Housing Trade Credits (LIHTC) - Not applicable

H. Restricted Assets - Not applicable

I. Working Capital Finance Investments - Not applicable

J. Offsetting and Netting of Assets and Liabilities - Not applicable

K. Structured Notes - Not applicable

L. 5* Securities - Not applicable

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies - Not applicable

A. Not applicable

NOTES TO FINANCIAL STATEMENTS

B. Not applicable

Note 7 – Investment Income

A. Components of investment income for the years ended December 31, 2016 are as follows:

	2016	2015
Bonds and other debt securities, and certificates of deposit	$ 196,153	24,930
Other	820,743	625,610
Total	$ 1,016,896	650,540

B. For the year ended December 31, 2016, net realized gains of $4,026 are included as component of investment income.

Note 8 – Derivative Instruments - Not applicable

A. Not applicable

B. Not applicable

C. Not applicable

D. Not applicable

E. Not applicable

F. Not applicable

Note 9 – Income Taxes

A. The income tax expense differs from the amount computed by applying the Puerto Rico statutory income tax rate of 39% in 2016 and 2015 to the income before income taxes as a result of the following:

	2016	2015
Computed "expected" tax benefit	$ (517,163)	$ (878,826)
Increase in income benefit resulting from:		
Change in admitted deferred income taxes	(150,585)	(21,941)
Total	$ (667,748)	$ (900,767)
Income tax	$ —	$ —
Change in deferred income taxes	(667,748)	(900,767)
Total statutory income tax expense	$ (667,748)	$ (900,767)

Deferred income taxes reflect the tax effects of temporary differences between carrying amounts of assets and liabilities for financial reporting purposes and income tax purposes. The deferred tax asset at December 31, 2016 and 2015 of the Company is composed of the following:

	2016	2015
Deferred tax assets:		
Ordinary:		
Advances to providers	$ 172,631	$ 21,941
Net operating loss	1,395,884	878,826
Total deferred tax assets	1,568,515	900,767
Nonadmitted	(1,395,884)	(878,826)
Admitted ordinary deferred tax assets	$ 172,631	$ 21,941

All the deferred tax assets are admitted under SAP applying the *Realization Threshold Limitation Table – RBC Reporting Entities* paragraphs 11.b.i and 11.b.ii.

Admissibility of deferred tax asset pursuant to paragraphs 11.b.i and 11.b.ii of SSAP 101 was based on RBC ratio excluding the admitted deferred tax assets. Such ratio as of December 31, 2016 was 211%.

The change in deferred income taxes amounted to $667,748 and $900,767 in 2016 and 2015, respectively, which resulted in an increase to unassigned surplus.

NOTES TO FINANCIAL STATEMENTS

The Company files its Partnership informative return with a statute of limitation. In the normal course of the business, the Company is subject to examination by various taxing authorities. As of December 31, 2016, the Company may be subject to income tax examinations for the fiscal tax years ended 2015 through 2016.

B - G. Not applicable

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

A. Holdings provides certain management, infrastructure support, consulting, and implementation services in the operations of the Company and other subsidiaries of Holdings.

B. For these services, Holdings charges a management fee based on 120% of Holdings monthly operating expenses.

C. Holdings charged the Company approximately $26,673,000 and $21,988,000 during the year ended December 31, 2016 and 2015, respectively.

D. The amounts due to and due from parent company at December 31, 2016 are noninterest-bearing.

E. Not applicable

F. Not applicable

G. Not applicable

H. Not applicable

I. Not applicable

J. Not applicable

K. Not applicable

L. Not applicable

M. All SCA Investments - Not applicable

N. Investment in Insurance SCAs - Not applicable

Note 11 – Debt - Not applicable

A. Not applicable

B. FHLB (Federal Home Loan Bank) Agreements - Not applicable

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

A. Defined Benefit Plan - Not applicable

B. Investment Policies and Strategies - Not applicable

C. Fair Value of Plan Assets - Not applicable

D. Basis Used to Determine Expected Long-Term Rate-of-Return - Not applicable

E. Defined Contribution Plans - Not applicable

F. Multiemployer Plans - Not applicable

G. Consolidated/Holding Company Plans - Not applicable

H. Postemployment Benefits and Compensated Absences - Not applicable

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - Not applicable

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

(1) The Company has 400,000 shares authorized and issued. All shares are Class A shares.

(2) The Company has no preferred stock outstanding.

(3) Not applicable

(4) Dividends - March 2016 $1,559,000

(5) Not applicable

(6) Not applicable

(7) Not applicable

(8) Not applicable

NOTES TO FINANCIAL STATEMENTS

(9) Not applicable

(10) No applicable

(11) The reporting entity issued the following surplus debentures or similar obligations: Not applicable

(12) The impact of any restatement due to prior quasi-reorganizations is as follows: Not applicable

(13) Not applicable

Note 14 – Liabilities, Contingencies and Assessments - Not applicable

A. Contingent Commitments - Not applicable

B. Assessments - Not applicable

C. Gain Contingencies - Not applicable

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits - Not applicable

E. Joint and Several Liabilities - Not applicable

F. All Other Contingencies - Not applicable

Note 15 – Leases - Not applicable

A. Lessee Operating Lease - Not applicable

B. Revenue, Net Income or Assets with Respect to Leases - Not applicable

Note 16 – Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk - Not applicable

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - Not applicable

A. Transfers of Receivables Reported as Sales - Not applicable

B. Transfer and Servicing of Financial Assets - Not applicable

C. Wash Sales - Not applicable

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans - Not applicable

A. ASO Plans - Not applicable

B. ASC Plans - Not applicable

C. Medicare or Similarly Structured Cost Based Reimbursement Contract - Not applicable

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - Not applicable

Note 20 – Fair Value Measurements

A.

(1) Fair Value Measurements at Reporting Date

Assets at Fair Value	Level 1	Level 2	Level 3	Total
Investments	$ 2,667,428	$ 25,867,986	$	$ 28,535,414
Total	$ 2,667,428	$ 25,867,986	$	$ 28,535,414

Liabilities at Fair Value-N/A	Level 1	Level 2	Level 3	Total
	$	$	$	$
Total	$	$	$	$

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy - Not applicable

B. Not applicable

NOTES TO FINANCIAL STATEMENTS

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Short Term Investments	$ 2,067,428	$ 2,067,428	$ 2,067,428	$	$	$
U.S. Treasury securities and obligations of U.S. government agencies, state, and authorities	12,235,622	12,271,023		12,235,622		
Foreign government bond	198,839	255,430		198,839		
Corporate Bonds	7,589,522	7,646,685		7,589,522		
Mortgage-backed securities	2,957,998	3,013,765		2,957,998		
Asset-backed securities	1,985,836	1,994,798		1,985,836		
Collaterized mortgage obligations	900,169	907,978		900,169		
Restricted Securities	600,000	600,000	600,000			

D. Not Practicable to Estimate Fair Value - Not applicable

Note 21 – Other Items - Not applicable

A. Unusual or Infrequent Items - Not applicable

B. Troubled Debt Restructuring Debtors - Not applicable

C. Other Disclosures - Not applicable

D. Business Interruption Insurance Recoveries - Not applicable

E. State Transferable and Non-Transferable Tax Credits - Not applicable

F. Subprime Mortgage Related Risk Exposure - Not applicable

G. Retained Assets - Not applicable

H. Insurance-Linked Securities (ILS) Contracts - Not applicable

Note 22 – Events Subsequent

A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)? Yes [X] No [ ]

B.	ACA fee assessment payable for the upcoming year	$	$ 3,352,000
C	ACA fee assessment paid	2,785,580	
D.	Premium written subject to ACA 9010 assessment	249,582,009	193,401,014
E.	Total adjusted capital before surplus adjustment (Five-Year Historical Line 14)	18,785,828	
F.	Total adjusted capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	18,785,828	
G.	Authorized control level (Five-Year Historical Line 15)	$ 8,820,269	

H. Would reporting the ACA assessment as of December 31, 2016 have triggered an RBC action level (YES/NO)? Yes [X] No [ ]

Note 23 – Reinsurance - Not applicable

A. Ceded Reinsurance Report - Not applicable

B. Uncollectible Reinsurance - Not applicable

C. Commutation of Ceded Reinsurance - Not applicable

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - Not applicable

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination - Not applicable

A. Not applicable

B. Not applicable

C. Not applicable

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act. - Not applicable

E. Risk Sharing Provisions of the Affordable Care Act - Not applicable

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2016 were $42 million. As of December 31, 2016, $35.8 million has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now $4.8 million. Therefore, there has been a $4.8 million favorable prior year development during the year ended December 31, 2016. The favorable prior year development is attributed to lower than expected cost per service and utilization trends.

Note 26 – Intercompany Pooling Arrangements - Not applicable

NOTES TO FINANCIAL STATEMENTS

A. Not applicable

B. Not applicable

C. Not applicable

D. Not applicable

E. Not applicable

F. Not applicable

G. Not applicable

Note 27 – Structured Settlements - Not applicable

Note 28 – Health Care Receivables - Not applicable

Note 29 – Participating Policies - Not applicable

Note 30 – Premium Deficiency Reserves - Not applicable

Note 31 – Anticipated Salvage and Subrogation - Not applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1, 1A and 2. Yes [X] No [ ]

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [ ] N/A [ ]

1.3 State regulating? Puerto Rico

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]

2.2 If yes, date of change:

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

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

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

3.4 By what department or departments?

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes [ ] No [ ] N/A [X]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ ] N/A [X]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [ ] No [X]

4.12 renewals? Yes [ ] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [ ] No [X]

4.22 renewals? Yes [ ] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

5.2 If yes, provide the 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

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [X]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [X]

7.2 If yes,

7.21 State the percentage of foreign control %

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

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 locations (city and state of the main office) of any affiliates regulated by a federal financial 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. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
KPMG, LLP 250 Muñoz Rivera Ave. Suite 100 San Juan PR 0091

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [ ] N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Timothy Dickson Innovacare HealthFort Lee NJ

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [X]

12.11 Name of real estate holding company

12.12 Number of parcels involved 0

12.13 Total book/adjusted carrying value $ 0

12.2 If yes, provide explanation

13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [X]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [X]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [X]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof? Yes [X] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No [ ]

18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No [ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers $ 0

20.12 To stockholders not officers $ 0

20.13 Trustees, supreme or grand (Fraternal only) $ 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers $ 0

20.22 To stockholders not officers $ 0

20.23 Trustees, supreme or grand (Fraternal only) $ 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement? Yes [ ] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others $

21.22 Borrowed from others $

21.23 Leased from others $

21.24 Other $

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [ ] No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment $

22.22 Amount paid as expenses $

22.23 Other amounts paid $

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 0

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

INVESTMENT

24.01 Were all of stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)? Yes [X] No [ ]

24.02 If no, give full and complete information, relating thereto:

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the *Risk-Based Capital Instructions*? Yes [ ] No [ ] N/A [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. $

24.06 If answer to 24.04 is no, report amount of collateral for other programs $

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] N/A [X]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] N/A [X]

24.09. Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] N/A [X]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	$ 0
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	$ 0
24.103	Total payable for securities lending reported on the liability page:	$ 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.) Yes [X] No [ ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21	Subject to repurchase agreements	$ 0
25.22	Subject to reverse repurchase agreements	$ 0
25.23	Subject to dollar repurchase agreements	$ 0
25.24	Subject to reverse dollar repurchase agreements	$ 0
25.25	Placed under option agreements	$ 0
25.26	Letter stock or securities restricted as sale – excluding FHLB Capital Stock	$ 0
25.27	FHLB Capital Stock	$ 0
25.28	On deposit with states	$ 600,000
25.29	On deposit with other regulatory bodies	$ 0
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	$ 0
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	$ 0
25.32	Other	$ 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		$

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [X]

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

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year: $

28. 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 [ ]

28.01 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's Address
Conning	One Financial Plaza, Hartford, CT 06103, USA

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [X]

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

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

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

1 Name of Firm or Individual	2 Affiliation

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? Yes [ ] No [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [ ] No [ ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [ ] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	28,157,107	28,157,107	0
30.2	Preferred Stocks	0	0	0
30.3	Totals	28,157,107	28,157,107	0

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

SVO

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No [ ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No [ ]

32.2 If no, list exceptions:

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? $ 0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	$

34.1 Amount of payments for legal expenses, if any? $ 180,515

34.2 List the name of the firm and the amount paid if any such payment represented25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
	$

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? $ 0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	$

GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?		Yes [ ] No [X]
1.2	If yes, indicate premium earned on U.S. business only.	$	0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	$	0
1.31	Reason for excluding:		
	-		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	$	0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	$	0
1.6	Individual policies:		
	Most current three years:		
1.61	Total premium earned	$	0
1.62	Total incurred claims	$	0
1.63	Number of covered lives	$	0
	All years prior to most current three years:		
1.64	Total premium earned	$	0
1.65	Total incurred claims	$	0
1.66	Number of covered lives	$	0
1.7	Group policies:		
	Most current three years:		
1.71	Total premium earned	$	0
1.72	Total incurred claims	$	0
1.73	Number of covered lives	$	0
	All years prior to most current three years:		
1.74	Total premium earned	$	0
1.75	Total incurred claims	$	0
1.76	Number of covered lives	$	0

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	$ 249,582,009	$ 193,401,014
2.2	Premium Denominator	$ 249,582,009	$ 193,401,014
2.3	Premium Ratio (2.1/2.2)	$ 100.000	$ 100.000
2.4	Reserve Numerator	$ 42,051,427	$ 45,573,479
2.5	Reserve Denominator	$ 42,051,427	$ 45,573,479
2.6	Reserve Ratio (2.4/2.5)	$ 100.000	$ 100.000

3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?	Yes [ ] No [X]
3.2	If yes, give particulars:	
	-	
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes [X] No [ ]
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [X] No [ ]
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [X] No [ ]
5.2	If no, explain:	
	-	

5.3	Maximum retained risk (see instructions)		
5.31	Comprehensive Medical	$	0
5.32	Medical Only	$	0
5.33	Medicare Supplement	$	0
5.34	Dental and Vision	$	0
5.35	Other Limited Benefit Plan	$	0
5.36	Other	$	0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

-

GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?		Yes [ ] No [X]
7.2	If no, give details		
	-		
8.	Provide the following information regarding participating providers:		
	8.1 Number of providers at start of reporting year		0
	8.2 Number of providers at end of reporting year		0
9.1	Does the reporting entity have business subject to premium rate guarantees?		Yes [ ] No [X]
9.2	If yes, direct premium earned:		
	9.21 Business with rate guarantees with rate guarantees between 15-36 months	$	0
	9.22 Business with rate guarantees over 36 months	$	0
10.1	Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?		Yes [X] No [ ]
10.2	If yes:		
	10.21 Maximum amount payable bonuses	$	13,874,623
	10.22 Amount actually paid for year bonuses	$	11,733,515
	10.23 Maximum amount payable withholds	$	0
	10.24 Amount actually paid for year withholds	$	0
11.1	Is the reporting entity organized as:		
	11.12 A Medical Group/Staff Model,		Yes [ ] No [X]
	11.13 An Individual Practice Association (IPA), or,		Yes [ ] No [X]
	11.14 A Mixed Model (combination of above)?		Yes [ ] No [X]
11.2	Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?		Yes [X] No [ ]
	11.3 If yes, show the name of the state requiring such minimum capital and surplus. Puerto Rico		
	11.4 If yes, show the amount required.	$	17,640,538
11.5	Is this amount included as part of a contingency reserve in stockholder's equity?		Yes [ ] No [X]
11.6	If the amount is calculated, show the calculation Refer to RBC Report		

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area

13.1	Do you act as a custodian for health savings accounts?		Yes [ ] No [X]
13.2	If yes, please provide the amount of custodial funds held as of the reporting date.	$	0
13.3	Do you act as an administrator for health savings accounts?		Yes [ ] No [X]
13.4	If yes, please provide the balance of the funds administered as of the reporting date.	$	0
14.1	Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?		Yes [ ] No [ ] N/A [X]

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
	0		$	$	$	$

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1	Direct Premium Written	$	0
15.2	Total Incurred Claims	$	0
15.3	Number of Covered Lives		0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

FIVE-YEAR HISTORICAL DATA

	1 2016	2 2015	3 2014	4 2013	5 2012
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	63,500,491	67,467,380	645,582	600,000	600,000
2. Total liabilities (Page 3, Line 24)	44,714,663	51,873,240	600,000	613,371	608,124
3. Statutory minimum capital and surplus requirement	17,640,538				
4. Total capital and surplus (Page 3, Line 33)	18,785,828	15,594,140	45,582	(13,371)	(8,124)
Income Statement Items (Page 4)					
5. Total revenues (Line 8)	249,582,009	193,401,014			
6. Total medical and hospital expenses (Line 18)	224,937,623	173,570,100			
7. Claims adjustment expenses (Line 20)					
8. Total administrative expenses (Line 21)	26,987,340	22,734,585	16,048	5,247	8,124
9. Net underwriting gain (loss) (Line 24)	(2,342,954)	(2,903,671)	(16,048)	(5,247)	(8,124)
10. Net investment gain (loss) (Line 27)	1,016,896	650,540			
11. Total other income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	(1,326,058)	(2,253,131)	(16,048)	(5,247)	(8,124)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(10,567,204)	52,083,039			
Risk-Based Capital Analysis					
14. Total adjusted capital	18,785,828	15,594,140	45,582	(13,371)	(8,124)
15. Authorized control level risk-based capital	8,820,269	6,601,057	18,043	18,000	15,000
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	125,674	129,770			
17. Total member months (Column 6, Line 7)	1,518,308	1,198,249			
Operating Percentage (Page 4) **(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0**					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19)	90.1	89.7			
20. Cost containment expenses					
21. Other claims adjustment expenses					
22. Total underwriting deductions (Line 23)	100.9	101.5			
23. Total underwriting gain (loss) (Line 24)	(0.9)	(1.5)			
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13 Col. 5)	40,684,591				
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	45,573,479				
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [ ] No [ ]

If no, please explain:

* 1 2 5 3 4 2 0 1 6 4 3 0 5 9 1 0 0 *

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....MMM Multi Health, LLC 2. SAN JUAN, PR

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR (Location)

NAIC Group Code.....4812 NAIC Company Code.....12534

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	129,770								129,770	
2. First quarter	125,430								125,430	
3. Second quarter	124,137								124,137	
4. Third quarter	128,670								128,670	
5. Current year	125,674								125,674	
6. Current year member months	1,518,308								1,518,308	
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	39,899								39,899	
11. Number of inpatient admissions	11,757								11,757	
12. Health premiums written (b)	0									
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	249,582,009								249,582,009	
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	219,097,013								219,097,013	
18. Amount incurred for provision of health care services	224,937,623								224,937,623	

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

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Sch. S - Pt. 1 - Sn. 2
NONE

Sch. S - Pt. 2
NONE

Sch. S - Pt. 3 - Sn. 2
NONE

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

Sch. S - Pt. 6
NONE

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	59,428,589		59,428,589
2.	Accident and health premiums due and unpaid (Line 15)	3,465,092		3,465,092
3.	Amounts recoverable from reinsurers (Line 16.1)			0
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)	606,810		606,810
6.	Totals assets (Line 28)	63,500,491	0	63,500,491
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	28,176,804		28,176,804
8.	Accrued medical incentive pool and bonus payments (Line 2)	13,874,623		13,874,623
9.	Premiums received in advance (Line 8)			0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			0
12.	Reinsurance with certified reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount)			0
14.	All other liabilities (balance)	2,663,236		2,663,236
15.	Total liabilities (Line 24)	44,714,663	0	44,714,663
16.	Total capital and surplus (Line 33)	18,785,828	XXX	18,785,828
17.	Total liabilities, capital and surplus (Line 34)	63,500,491	0	63,500,491
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with certified reinsurers	0		
28.	Funds held under reinsurance treaties with certified reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only 2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & 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	N							0	
5. California CA	N							0	
6. Colorado CO	N							0	
7. Connecticut CT	N							0	
8. Delaware DE	N							0	
9. District of Columbia DC	N							0	
10. Florida FL	N							0	
11. Georgia GA	N							0	
12. Hawaii HI	N							0	
13. Idaho ID	N							0	
14. Illinois IL	N							0	
15. Indiana IN	N							0	
16. Iowa IA	N							0	
17. Kansas KS	N							0	
18. Kentucky KY	N							0	
19. Louisiana LA	N							0	
20. Maine ME	N							0	
21. Maryland MD	N							0	
22. Massachusetts MA	N							0	
23. Michigan MI	N							0	
24. Minnesota MN	N							0	
25. Mississippi MS	N							0	
26. Missouri MO	N							0	
27. Montana MT	N							0	
28. Nebraska NE	N							0	
29. Nevada NV	N							0	
30. New Hampshire NH	N							0	
31. New Jersey NJ	N							0	
32. New Mexico NM	N							0	
33. New York NY	N							0	
34. North Carolina NC	N							0	
35. North Dakota ND	N							0	
36. Ohio OH	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	L			249,582,009				249,582,009	
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	0	249,582,009	0	0	0	249,582,009	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 1	0	0	249,582,009	0	0	0	249,582,009	0

DETAILS OF WRITE-INS

58001.							0	
58002.							0	
58003.							0	
58998. Summary of remaining write-ins for line 58	0	0	0	0	0	0	0	0
58999. Total (Lines 58001 through 58003 + 58998)	0	0	0	0	0	0	0	0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;
(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, premiums by state, etc.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE T - PART 2

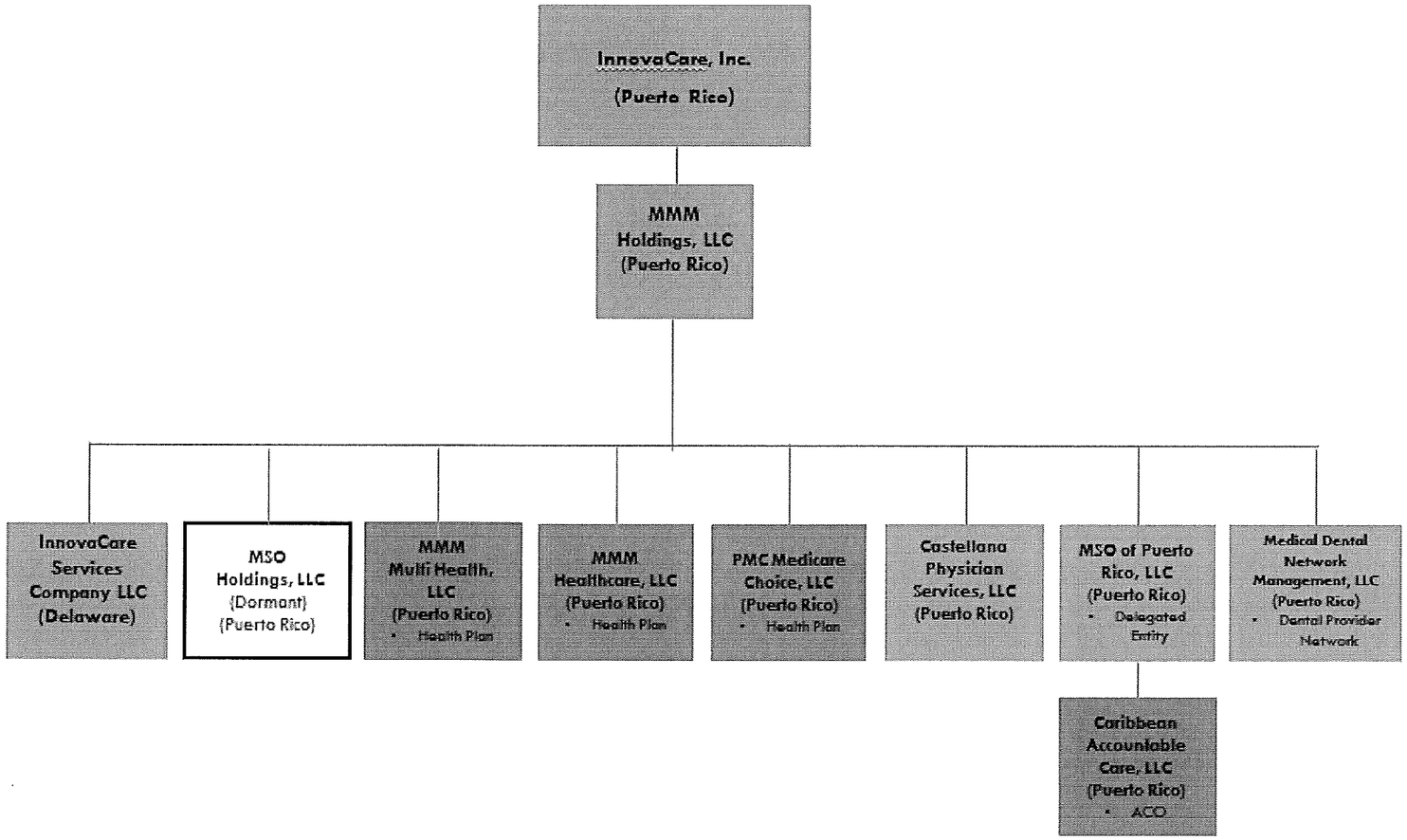
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama AL						0
2. Alaska AK						0
3. Arizona AZ						0
4. Arkansas AR						0
5. California CA						0
6. Colorado CO						0
7. Connecticut CT						0
8. Delaware DE						0
9. District of Columbia DC						0
10. Florida FL						0
11. Georgia GA						0
12. Hawaii HI						0
13. Idaho ID						0
14. Illinois IL						0
15. Indiana IN						0
16. Iowa IA						0
17. Kansas KS						0
18. Kentucky KY						0
19. Louisiana LA						0
20. Maine ME						0
21. Maryland MD						0
22. Massachusetts MA						0
23. Michigan MI						0
24. Minnesota MN						0
25. Mississippi MS						0
26. Missouri MO		NONE				0
27. Montana MT						0
28. Nebraska NE						0
29. Nevada NV						0
30. New Hampshire NH						0
31. New Jersey NJ						0
32. New Mexico NM						0
33. New York NY						0
34. North Carolina NC						0
35. North Dakota ND						0
36. Ohio OH						0
37. Oklahoma OK						0
38. Oregon OR						0
39. Pennsylvania PA						0
40. Rhode Island RI						0
41. South Carolina SC						0
42. South Dakota SD						0
43. Tennessee TN						0
44. Texas TX						0
45. Utah UT						0
46. Vermont VT						0
47. Virginia VA						0
48. Washington WA						0
49. West Virginia WV						0
50. Wisconsin WI						0
51. Wyoming WY						0
52. American Samoa AS						0
53. Guam GU						0
54. Puerto Rico PR						0
55. US Virgin Islands VI						0
56. Northern Mariana Islands MP						0
57. Canada CAN						0
58. Aggregate Other Alien OT						0
59. Totals	0	0	0	0	0	0

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

PART 1 – ORGANIZATIONAL CHART



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
Members															
.....	.....	00000...	66-0794203..	.....	.....	.....	InnovaCare, Inc.	PR	UDP	.....	.....	.....	.....	N	.....
.....	.....	00000...	66-0649625..	.....	.....	.....	MMM Holding, LLC	PR	UDP	InnovaCare, Inc.	Ownership	1.000	InnovaCare, Inc.	N	.....
.....	.....	00000...	46-1717639..	.....	.....	.....	Innovacare Services Company, LLC	DE	NIA	MMM Holding, LLC	Ownership	1.000	InnovaCare, Inc.	N	.....
4812	.....	12534...	66-0653763..	.....	.....	.....	MMM Multi Health, LLC	PR	RE	MMM Holding, LLC	Ownership	1.000	InnovaCare, Inc.	Y	.....
4812	.....	11157...	66-0588600..	.....	.....	.....	MMM Heatlcare, LLC	PR	IA	MMM Holding, LLC	Ownership	1.000	InnovaCare, Inc.	Y	.....
4812	.....	12178...	66-0592131..	.....	.....	.....	PMC Medicare Choice, LLC	PR	IA	MMM Holding, LLC	Ownership	1.000	InnovaCare, Inc.	Y	.....
.....	.....	00000...	66-0554720..	.....	.....	.....	Castellana Physician Services, LLC	PR	NIA	MMM Holding, LLC	Ownership	1.000	InnovaCare, Inc.	N	.....
.....	.....	00000...	66-0719637..	.....	.....	.....	MSO of Puerto Rico, LLC	PR	NIA	MMM Holding, LLC	Ownership	1.000	InnovaCare, Inc.	N	.....
.....	.....	00000...	66-0823267..	.....	.....	.....	Medical Dental Network Managament, LLC	PR	NIA	MMM Holding, LLC	Ownership	1.000	InnovaCare, Inc.	N	.....
.....	.....	00000...	66-0787011..	.....	.....	.....	Carbbean Accountable Care, LLC	PR	NIA	MMM Holding, LLC	Ownership	1.000	InnovaCare, Inc.	N	.....

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
.....	66-0649625.....	MMM Holding, LLC.....	1,559,000	.....(6,300,000)	.....	.....	26,673,444	.....	.....	.....	21,932,444	.....
12534.....	66-0653763.....	MMM Multi Health, LLC.....	.....(1,559,000)	6,300,000	.....	.....	.....(26,673,444)	.....	.....	.....	.....(21,932,444)	.....
9999999.	Control Totals.....		0	0	0	0	0	0	XXX	0	0	0

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	WAIVED
2.	Will an actuarial opinion be filed by March 1?	SEE EXPLANATION
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	SEE EXPLANATION
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	SEE EXPLANATION
	APRIL FILING	
5.	Will the Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

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.

	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
25.	Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BAR CODE:

1.
2. As per the Office of the Commissioner of Insurance of PR, the due date for filing the report is at the e
3. As per the Office of the Commissioner of Insurance of PR, the due date for filing the report is at the e
4. As per the Office of the Commissioner of Insurance of PR, the due date for filing the report is at the e
5.
6.
7.
8.
9.
10.
11. The data for this supplement is not required to be filed.
12. The data for this supplement is not required to be filed.
13. The data for this supplement is not required to be filed.
14. The data for this supplement is not required to be filed.
15. The data for this supplement is not required to be filed.
16. As per the Office of the Commissioner of Insurance of PR, the due date for filing the report is at the e
17. The data for this supplement is not required to be filed.
18. The data for this supplement is not required to be filed.
19. The data for this supplement is not required to be filed.
20. The data for this supplement is not required to be filed.
21. The data for this supplement is not required to be filed.
22. The data for this supplement is not required to be filed.
23. The data for this supplement is not required to be filed.
24. The data for this supplement is not required to be filed.
25. The data for this supplement is not required to be filed.
26.

Overflow Page
NONE

Overflow Page
NONE

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings 1 Amount	Gross Investment Holdings 2 Percentage	Admitted Assets as Reported in the Annual Statement 3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities	6,484,855	10.9	6,484,855		6,484,855	10.9
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies		0.0			0	0.0
1.22 Issued by U.S. government sponsored agencies		0.0			0	0.0
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities)	199,907	0.3	199,907		199,907	0.3
1.4 Securities issued by states, territories and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations		0.0			0	0.0
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations		0.0			0	0.0
1.43 Revenue and assessment obligations	5,841,693	9.8	5,841,693		5,841,693	9.8
1.44 Industrial development and similar obligations		0.0			0	0.0
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA		0.0			0	0.0
1.512 Issued or guaranteed by FNMA and FHLMC	3,013,765	5.1	3,013,764		3,013,764	5.1
1.513 All other		0.0			0	0.0
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA		0.0			0	0.0
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-based securities issued or guaranteed by agencies shown in Line 1.521		0.0			0	0.0
1.523 All other	907,977	1.5	907,977		907,977	1.5
2. Other debt and other fixed income securities (excluding short-term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)	8,815,697	14.8	8,815,697		8,815,697	14.8
2.2 Unaffiliated non-U.S. securities (including Canada)	825,785	1.4	825,785		825,785	1.4
2.3 Affiliated securities		0.0			0	0.0
3. Equity interests:						
3.1 Investments in mutual funds		0.0			0	0.0
3.2 Preferred stocks:						
3.21 Affiliated		0.0			0	0.0
3.22 Unaffiliated		0.0			0	0.0
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated		0.0			0	0.0
3.32 Unaffiliated		0.0			0	0.0
3.4 Other equity securities:						
3.41 Affiliated		0.0			0	0.0
3.42 Unaffiliated		0.0			0	0.0
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated		0.0			0	0.0
3.52 Unaffiliated		0.0			0	0.0
4. Mortgage loans:						
4.1 Construction and land development		0.0			0	0.0
4.2 Agricultural		0.0			0	0.0
4.3 Single family residential properties		0.0			0	0.0
4.4 Multifamily residential properties		0.0			0	0.0
4.5 Commercial loans		0.0			0	0.0
4.6 Mezzanine real estate loans		0.0			0	0.0
5. Real estate investments:						
5.1 Property occupied by company		0.0			0	0.0
5.2 Property held for production of income (including $.....0 of property acquired in satisfaction of debt)		0.0			0	0.0
5.3 Property held for sale (including $.....0 property acquired in satisfaction of debt)		0.0			0	0.0
6. Contract loans		0.0			0	0.0
7. Derivatives		0.0			0	0.0
8. Receivables for securities		0.0			0	0.0
9. Securities lending (Line 10, Asset Page reinvested collateral)		0.0		XXX	XXX	XXX
10. Cash, cash equivalents and short-term investments	32,738,911	55.1	32,738,911		32,738,911	55.1
11. Other invested assets	600,000	1.0	600,000		600,000	1.0
12. Total invested assets	59,428,590	100.0	59,428,589	0	59,428,589	100.0

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition (Part 2, Column 6)		
	2.2 Additional investment made after acquisition (Part 2, Column 9)		0
3.	Current year change in encumbrances:		
	3.1 Totals, Part 1, Column 13		
	3.2 Totals, Part 3, Column 11		0
4.	Total gain (loss) on disposals, Part 3, Column 18		
5.	Deduct amounts received on disposals, Part 3, Column 15		
6.	Total foreign exchange change in book/adjusted carrying value:		
	6.1 Totals, Part 1, Column 15		
	6.2 Totals, Part 3, Column 13		0
7.	Deduct current year's other-than-temporary impairment recognized:		
	7.1 Totals, Part 1, Column 12		
	7.2 Totals, Part 3, Column 10		0
8.	Deduct current year's depreciation:		
	8.1 Totals, Part 1, Column 11		
	8.2 Totals, Part 3, Column 9		0
9.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8)		0
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		0

NONE

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition (Part 2, Column 7)		
	2.2 Additional investment made after acquisition (Part 2, Column 8)		0
3.	Capitalized deferred interest and other:		
	3.1 Totals, Part 1, Column 12		
	3.2 Totals, Part 3, Column 11		0
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease):		
	5.1 Totals, Part 1, Column 9		
	5.2 Totals, Part 3, Column 8		0
6.	Total gain (loss) on disposals, Part 3, Column 18		
7.	Deduct amounts received on disposals, Part 3, Column 15		
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:		
	9.1 Totals, Part 1, Column 13		
	9.2 Totals, Part 3, Column 13		0
10.	Deduct current year's other-than-temporary impairment recognized:		
	10.1 Totals, Part 1, Column 11		
	10.2 Totals, Part 3, Column 10		0
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
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		0
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		0

NONE

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition (Part 2, Column 8)		
	2.2 Additional investment made after acquisition (Part 2, Column 9)		0
3.	Capitalized deferred interest and other:		
	3.1 Totals, Part 1, Column 16		
	3.2 Totals, Part 3, Column 12		0
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease):		
	5.1 Totals, Part 1, Column 13		
	5.2 Totals, Part 3, Column 9		0
6.	Total gain (loss) on disposals, Part 3, Column 19		
7.	Deduct amounts received on disposals, Part 3, Column 16		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value:		
	9.1 Totals, Part 1, Column 17		
	9.2 Totals, Part 3, Column 14		0
10.	Deduct current year's other-than-temporary impairment recognized:		
	10.1 Totals, Part 1, Column 15		
	10.2 Totals, Part 3, Column 11		0
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		0
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		0

NONE

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of bonds and stocks acquired, Part 3, Column 7		26,469,707
3.	Accrual of discount		6,162
4.	Unrealized valuation increase (decrease):		
	4.1 Part 1, Column 12		
	4.2 Part 2, Section 1, Column 15		
	4.3 Part 2, Section 2, Column 13		
	4.4 Part 4, Column 11		0
5.	Total gain (loss) on disposals, Part 4, Column 19		
6.	Deduct consideration for bonds and stocks disposed of, Part 4, Column 7		356,342
7.	Deduct amortization of premium		29,849
8.	Total foreign exchange change in book/adjusted carrying value:		
	8.1 Part 1, Column 15		
	8.2 Part 2, Section 1, Column 19		
	8.3 Part 2, Section 2, Column 16		
	8.4 Part 4, Column 15		0
9.	Deduct current year's other-than-temporary impairment recognized:		
	9.1 Part 1, Column 14		
	9.2 Part 2, Section 1, Column 17		
	9.3 Part 2, Section 2, Column 14		
	9.4 Part 4, Column 13		0
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)		26,089,678
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)		26,089,678

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS	1. United States	6,484,855	6,449,453	6,481,308	6,500,000
Governments (Including all obligations	2. Canada				
guaranteed by governments)	3. Other Countries	199,907	198,839	199,890	200,000
	4. Totals	6,684,762	6,648,292	6,681,198	6,700,000
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals				
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals				
U.S. Special Revenue and Special Assessment Obligations and All Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions	7. Totals	8,855,458	8,744,167	8,854,117	8,706,681
Industrial and Miscellaneous, SVO Identified	8. United States	9,723,673	9,652,673	9,743,183	9,630,000
Funds and Hybrid Securities (unaffiliated)	9. Canada	299,873	299,950	299,871	300,000
	10. Other Countries	525,912	523,240	529,698	500,000
	11. Totals	10,549,458	10,475,863	10,572,752	10,430,000
Parent, Subsidiaries and Affiliates	12. Totals				
	13. Total Bonds	26,089,678	25,868,322	26,108,067	25,836,681
PREFERRED STOCKS	14. United States				
Industrial and Miscellaneous (Unaffiliated)	15. Canada				
	16. Other Countries				
	17. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	18. Totals				
	19. Total Preferred Stocks	0	0	0	
COMMON STOCKS	20. United States				
Industrial and Miscellaneous (Unaffiliated)	21. Canada				
	22. Other Countries				
	23. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	24. Totals				
	25. Total Common Stocks	0	0	0	
	26. Total Stocks	0	0	0	
	27. Total Bonds and Stocks	26,089,678	25,868,322	26,108,067	

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.7	9 Total from Column 6 Prior Year	10 % from Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. **U.S. Governments**												
1.1 NAIC 1	3,065,709	4,985,617				XXX	8,051,326	28.6		0.0	8,051,326	
1.2 NAIC 2						XXX	0	0.0		0.0		
1.3 NAIC 3						XXX	0	0.0		0.0		
1.4 NAIC 4						XXX	0	0.0		0.0		
1.5 NAIC 5						XXX	0	0.0		0.0		
1.6 NAIC 6						XXX	0	0.0		0.0		
1.7 Totals	3,065,709	4,985,617	0	0	0	XXX	8,051,326	28.6	0	0.0	8,051,326	0
2. **All Other Governments**												
2.1 NAIC 1		199,907				XXX	199,907	0.7		0.0	199,907	
2.2 NAIC 2						XXX	0	0.0		0.0		
2.3 NAIC 3						XXX	0	0.0		0.0		
2.4 NAIC 4						XXX	0	0.0		0.0		
2.5 NAIC 5						XXX	0	0.0		0.0		
2.6 NAIC 6						XXX	0	0.0		0.0		
2.7 Totals	0	199,907	0	0	0	XXX	199,907	0.7	0	0.0	199,907	0
3. **U.S. States, Territories and Possessions, etc., Guaranteed**												
3.1 NAIC 1						XXX	0	0.0		0.0		
3.2 NAIC 2						XXX	0	0.0		0.0		
3.3 NAIC 3						XXX	0	0.0		0.0		
3.4 NAIC 4						XXX	0	0.0		0.0		
3.5 NAIC 5						XXX	0	0.0		0.0		
3.6 NAIC 6						XXX	0	0.0		0.0		
3.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4. **U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed**												
4.1 NAIC 1						XXX	0	0.0		0.0		
4.2 NAIC 2						XXX	0	0.0		0.0		
4.3 NAIC 3						XXX	0	0.0		0.0		
4.4 NAIC 4						XXX	0	0.0		0.0		
4.5 NAIC 5						XXX	0	0.0		0.0		
4.6 NAIC 6						XXX	0	0.0		0.0		
4.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5. **U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed**												
5.1 NAIC 1	438,138	7,079,105	713,272	490,879	134,064	XXX	8,855,458	31.5		0.0	8,855,458	
5.2 NAIC 2						XXX	0	0.0		0.0		
5.3 NAIC 3						XXX	0	0.0		0.0		
5.4 NAIC 4						XXX	0	0.0		0.0		
5.5 NAIC 5						XXX	0	0.0		0.0		
5.6 NAIC 6						XXX	0	0.0		0.0		
5.7 Totals	438,138	7,079,105	713,272	490,879	134,064	XXX	8,855,458	31.5	0	0.0	8,855,458	0

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.7	9 Total from Column 6 Prior Year	10 % from Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
6. **Industrial and Miscellaneous (unaffiliated)**												
6.1 NAIC 1	1,506,330	8,290,224				XXX	9,796,554	34.8		0.0	9,796,555	
6.2 NAIC 2		1,253,861				XXX	1,253,861	4.5		0.0	1,253,861	
6.3 NAIC 3						XXX	0	0.0		0.0		
6.4 NAIC 4						XXX	0	0.0		0.0		
6.5 NAIC 5						XXX	0	0.0		0.0		
6.6 NAIC 6						XXX	0	0.0		0.0		
6.7 Totals	1,506,330	9,544,085	0	0	0	XXX	11,050,415	39.2	0	0.0	11,050,416	0
7. **Hybrid Securities**												
7.1 NAIC 1						XXX	0	0.0		0.0		
7.2 NAIC 2						XXX	0	0.0		0.0		
7.3 NAIC 3						XXX	0	0.0		0.0		
7.4 NAIC 4						XXX	0	0.0		0.0		
7.5 NAIC 5						XXX	0	0.0		0.0		
7.6 NAIC 6						XXX	0	0.0		0.0		
7.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. **Parent, Subsidiaries and Affiliates**												
8.1 NAIC 1						XXX	0	0.0		0.0		
8.2 NAIC 2						XXX	0	0.0		0.0		
8.3 NAIC 3						XXX	0	0.0		0.0		
8.4 NAIC 4						XXX	0	0.0		0.0		
8.5 NAIC 5						XXX	0	0.0		0.0		
8.6 NAIC 6						XXX	0	0.0		0.0		
8.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
9. **SVO Identified Funds**												
9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.7 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.7	9 Total from Column 6 Prior Year	10 % from Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
10. **Total Bonds Current Year**												
10.1 NAIC 1	(d) 5,010,177	20,554,853	713,272	490,879	134,064	0	26,903,245	95.5	XXX	XXX	26,903,246	0
10.2 NAIC 2	(d) 0	1,253,861	0	0	0	0	1,253,861	4.5	XXX	XXX	1,253,861	0
10.3 NAIC 3	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 NAIC 4	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.5 NAIC 5	(d) 0	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
10.6 NAIC 6	(d) 0	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
10.7 Totals	5,010,177	21,808,714	713,272	490,879	134,064	0	(b) 28,157,106	100.0	XXX	XXX	28,157,107	0
10.8 Line 10.7 as a % of Col. 7	17.8	77.5	2.5	1.7	0.5	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. **Total Bonds Prior Year**												
11.1 NAIC 1						XXX	XXX	XXX	0	0.0		
11.2 NAIC 2						XXX	XXX	XXX	0	0.0		
11.3 NAIC 3						XXX	XXX	XXX	0	0.0		
11.4 NAIC 4						XXX	XXX	XXX	0	0.0		
11.5 NAIC 5						XXX	XXX	XXX	(c) 0	0.0		
11.6 NAIC 6						XXX	XXX	XXX	(c) 0	0.0		
11.7 Totals	0	0	0	0	0	XXX	XXX	XXX	(b) 0	0.0	0	0
11.8 Line 11.7 as a % of Col. 9	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	0.0	XXX	0.0	0.0
12. **Total Publicly Traded Bonds**												
12.1 NAIC 1	5,010,177	20,554,853	713,272	490,879	134,064		26,903,245	95.5	0	0.0	26,903,245	XXX
12.2 NAIC 2		1,253,861					1,253,861	4.5	0	0.0	1,253,861	XXX
12.3 NAIC 3							0	0.0	0	0.0	0	XXX
12.4 NAIC 4							0	0.0	0	0.0	0	XXX
12.5 NAIC 5							0	0.0	0	0.0	0	XXX
12.6 NAIC 6							0	0.0	0	0.0	0	XXX
12.7 Totals	5,010,177	21,808,714	713,272	490,879	134,064	0	28,157,106	100.0	0	0.0	28,157,106	XXX
12.8 Line 12.7 as a % of Col. 7	17.8	77.5	2.5	1.7	0.5	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 7, Section 10	17.8	77.5	2.5	1.7	0.5	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. **Total Privately Placed Bonds**												
13.1 NAIC 1							0	0.0	0	0.0	XXX	0
13.2 NAIC 2							0	0.0	0	0.0	XXX	0
13.3 NAIC 3							0	0.0	0	0.0	XXX	0
13.4 NAIC 4							0	0.0	0	0.0	XXX	0
13.5 NAIC 5							0	0.0	0	0.0	XXX	0
13.6 NAIC 6							0	0.0	0	0.0	XXX	0
13.7 Totals	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 7, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes $.....0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes $.....0 current year, $.....0 prior year of bonds with Z designations and $.....0 current year, $.....0 prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class are under regulatory review.

(c) Includes $.....0 current year, $.....0 prior year of bonds with 5* designations and $.....0 current year, $.....0 prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

(d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 $.....2,067,428; NAIC 2 $.....0; NAIC 3 $.....0; NAIC 4 $.....0; NAIC 5 $.....0; NAIC 6 $.....0.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.6	9 Total from Column 6 Prior Year	10 % from Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
1. **U.S. Governments**												
1.1 Issuer Obligations	3,065,708	4,985,617				XXX	8,051,325	28.6		0.0	8,051,325	
1.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		
1.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		
1.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		
1.5 Totals	3,065,708	4,985,617	0	0	0	XXX	8,051,325	28.6	0	0.0	8,051,325	0
2. **All Other Governments**												
2.1 Issuer Obligations		199,907				XXX	199,907	0.7		0.0	199,907	
2.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		
2.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		
2.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		
2.5 Totals	0	199,907	0	0	0	XXX	199,907	0.7	0	0.0	199,907	0
3. **U.S. States, Territories and Possessions, Guaranteed**												
3.1 Issuer Obligations						XXX	0	0.0		0.0		
3.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		
3.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		
3.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		
3.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4. **U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed**												
4.1 Issuer Obligations						XXX	0	0.0		0.0		
4.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		
4.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		
4.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		
4.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5. **U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed**												
5.1 Issuer Obligations		5,841,693				XXX	5,841,693	20.7		0.0	5,841,693	
5.2 Residential Mortgage-Backed Securities	438,138	1,237,412	713,272	490,879	134,064	XXX	3,013,765	10.7		0.0	3,013,765	
5.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		
5.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		
5.5 Totals	438,138	7,079,105	713,272	490,879	134,064	XXX	8,855,458	31.5	0	0.0	8,855,458	0
6. **Industrial and Miscellaneous (unaffiliated)**												
6.1 Issuer Obligations	751,015	7,396,626				XXX	8,147,641	28.9		0.0	8,147,641	
6.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		
6.3 Commercial Mortgage-Backed Securities	10,348	897,629				XXX	907,977	3.2		0.0	907,977	
6.4 Other Loan-Backed and Structured Securities	744,968	1,249,830				XXX	1,994,798	7.1		0.0	1,994,798	
6.5 Totals	1,506,331	9,544,085	0	0	0	XXX	11,050,416	39.2	0	0.0	11,050,416	0
7. **Hybrid Securities**												
7.1 Issuer Obligations						XXX	0	0.0		0.0		
7.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		
7.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		
7.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		
7.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. **Parent, Subsidiaries and Affiliates**												
8.1 Issuer Obligations						XXX	0	0.0		0.0		
8.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		
8.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		
8.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		
8.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.6	9 Total from Column 6 Prior Year	10 % from Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
9. **SVO Identified Funds**												
9.1 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.2 Bond Mutual Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.3 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
10. **Total Bonds Current Year**												
10.1 Issuer Obligations	3,816,723	18,423,843	0	0	0	XXX	22,240,566	79.0	XXX	XXX	22,240,566	0
10.2 Residential Mortgage-Backed Securities	438,138	1,237,412	713,272	490,879	134,064	XXX	3,013,765	10.7	XXX	XXX	3,013,765	0
10.3 Commercial Mortgage-Backed Securities	10,348	897,629	0	0	0	XXX	907,977	3.2	XXX	XXX	907,977	0
10.4 Other Loan-Backed and Structured Securities	744,968	1,249,830	0	0	0	XXX	1,994,798	7.1	XXX	XXX	1,994,798	0
10.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
10.6 Totals	5,010,177	21,808,714	713,272	490,879	134,064	0	28,157,106	100.0	XXX	XXX	28,157,106	0
10.7 Line 10.6 as a % of Col. 7	17.8	77.5	2.5	1.7	0.5	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. **Total Bonds Prior Year**												
11.1 Issuer Obligations						XXX	XXX	XXX	0	0.0		
11.2 Residential Mortgage-Backed Securities						XXX	XXX	XXX	0	0.0		
11.3 Commercial Mortgage-Backed Securities						XXX	XXX	XXX	0	0.0		
11.4 Other Loan-Backed and Structured Securities						XXX	XXX	XXX	0	0.0		
11.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11.6 Totals	0	0	0	0	0	XXX	XXX	XXX	0	100.0	0	0
11.7 Line 11.6 as a % of Col. 9	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	0.0	XXX	0.0	0.0
12. **Total Publicly Traded Bonds**												
12.1 Issuer Obligations	3,816,722	18,423,844				XXX	22,240,566	79.0	0	0.0	22,240,566	XXX
12.2 Residential Mortgage-Backed Securities	438,138	1,237,412	713,272	490,879	134,064	XXX	3,013,765	10.7	0	0.0	3,013,765	XXX
12.3 Commercial Mortgage-Backed Securities	10,348	897,629				XXX	907,977	3.2	0	0.0	907,977	XXX
12.4 Other Loan-Backed and Structured Securities	744,968	1,249,830				XXX	1,994,798	7.1	0	0.0	1,994,798	XXX
12.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX	0	XXX
12.6 Totals	5,010,176	21,808,715	713,272	490,879	134,064	0	28,157,106	100.0	0	0.0	28,157,106	XXX
12.7 Line 12.6 as a % of Col. 7	17.8	77.5	2.5	1.7	0.5	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.8 Line 12.6 as a % of Line 10.6, Col. 7, Section 10	17.8	77.5	2.5	1.7	0.5	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. **Total Privately Placed Bonds**												
13.1 Issuer Obligations						XXX	0	0.0	0	0.0	XXX	0
13.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0	XXX	0
13.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0	XXX	0
13.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0	XXX	0
13.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX	XXX	0
13.6 Totals	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.7 Line 13.6 as a % of Col. 7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.8 Line 13.6 as a % of Line 10.6, Col. 7, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1 Total	2 Bonds	3 Mortgage Loans	4 Other Short-term Investment Assets (a)	5 Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year	0				
2. Cost of short-term investments acquired	97,745,588	97,745,588			
3. Accrual of discount	21,180	21,180			
4. Unrealized valuation increase (decrease)	0				
5. Total gain (loss) on disposals	4,026	4,026			
6. Deduct consideration received on disposals	95,698,806	95,698,806			
7. Deduct amortization of premium	4,560	4,560			
8. Total foreign exchange change in book/adjusted carrying value	0				
9. Deduct current year's other-than-temporary impairment recognized	0				
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	2,067,428	2,067,428	0	0	0
11. Deduct total nonadmitted amounts	0				
12. Statement value at end of current period (Line 10 minus Line 11)	2,067,428	2,067,428	0	0	0

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

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

Sch. E - Verification
NONE

Sch. A - Pt. 1
NONE

Sch. A - Pt. 2
NONE

Sch. A - Pt. 3
NONE

Sch. B - Pt. 1
NONE

Sch. B - Pt. 2
NONE

Sch. B - Pt. 3
NONE

Sch. BA - Pt. 1
NONE

Sch. BA - Pt. 2
NONE

Sch. BA - Pt. 3
NONE

SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	Foreign	Bond CHAR	NAIC Desig-nation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date
U.S. Government - Issuer Obligations																					
912828 L6 5	US TREASURY N/B		..		1	496,953	98.859	494,297	500,000	497,472		519			1.375	1.510	MS	1,757	6,875	03/16/2016.	09/30/2020.
912828 L8 1	US TREASURY N/B		..		1	997,733	99.515	995,156	1,000,000	998,309		574			0.875	0.970	AO	1,875	4,375	05/20/2016.	10/15/2018.
912828 P9 5	US TREASURY N/B		..		1	997,383	99.468	994,688	1,000,000	997,528		145			1.000	1.110	MS	2,983		11/14/2016.	03/15/2019.
912828 Q3 7	US TREASURY N/B		..		1	995,039	97.687	976,875	1,000,000	995,713		674			1.250	1.350	MS	3,194	6,250	04/22/2016.	03/31/2021.
912828 Q5 2	US TREASURY N/B		..		1	995,547	99.093	990,938	1,000,000	996,559		1,015			0.875	1.020	AO	1,875	4,375	04/26/2016.	04/15/2019.
912828 TS 9	US TREASURY N/B		..		1	998,398	99.843	998,438	1,000,000	999,166		767			0.625	0.730	MS	1,597	3,125	04/22/2016.	09/30/2017.
912828 UU 2	US TREASURY N/B		..		1	500,059	99.703	498,516	500,000	500,037		(22)			0.750	0.740	MS	958	1,875	04/06/2016.	03/31/2018.
912828 WP 1	US TREASURY N/B		..		1	500,195	100.109	500,547	500,000	500,072		(124)			0.875	0.840	JD	204	4,375	03/16/2016.	06/15/2017.
0199999. U.S. Government - Issuer Obligations						6,481,307	XXX	6,449,455	6,500,000	6,484,856	0	3,548	0	0	XXX	XXX	XXX	14,443	31,250	XXX	XXX
0599999. Total - U.S. Government						6,481,307	XXX	6,449,455	6,500,000	6,484,856	0	3,548	0	0	XXX	XXX	XXX	14,443	31,250	XXX	XXX
All Other Governments - Issuer Obligations																					
500769 HB 3	KFW		D		1FE	199,890	99.419	198,839	200,000	199,907		17			1.000	1.020	MS	633		08/31/2016.	09/07/2018.
0699999. All Other Governments - Issuer Obligations						199,890	XXX	198,839	200,000	199,907	0	17	0	0	XXX	XXX	XXX	633	0	XXX	XXX
1099999. Total - All Other Governments						199,890	XXX	198,839	200,000	199,907	0	17	0	0	XXX	XXX	XXX	633	0	XXX	XXX
U.S. Special Revenue & Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their U.S. Political Subdivisions - Issuer Obligations																					
3130A8 BD 4	FEDERAL HOME LOAN BANK		..		1	847,951	99.632	846,880	850,000	848,529		578			0.875	0.990	JD	41	4,380	05/26/2016.	06/29/2018.
3130AA 3R 7	FEDERAL HOME LOAN BANK		..		1	999,770	99.616	996,170	1,000,000	999,779		9			1.375	1.380	MN	1,681		11/16/2016.	11/15/2019.
3135G0 J6 1	FANNIE MAE		..		1	998,000	99.841	998,413	1,000,000	998,793		793			0.875	0.970	MS	2,260	4,958	03/02/2016.	03/28/2018.
3135G0 K6 9	FANNIE MAE		..		1	497,390	97.258	486,293	500,000	497,708		318			1.250	1.350	MN	955	2,951	05/12/2016.	05/06/2021.
3135G0 P4 9	FANNIE MAE		..		1	998,440	98.827	988,279	1,000,000	998,610		170			1.000	1.050	FA	3,306		08/31/2016.	08/28/2019.
3135G0 Q8 9	FANNIE MAE		..		1	998,320	97.259	972,594	1,000,000	998,396		76			1.375	1.400	AO	3,208		10/05/2016.	10/07/2021.
3137EA DZ 9	FREDDIE MAC		..		1	499,835	99.508	497,541	500,000	499,877		42			1.125	1.130	AO	1,188	3,187	03/18/2016.	04/15/2019.
2599999. U.S. Special Revenue & Assessment Obligations - Issuer Obligations						5,839,706	XXX	5,786,170	5,850,000	5,841,692	0	1,986	0	0	XXX	XXX	XXX	12,639	15,476	XXX	XXX
U.S. Special Revenue & Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their U.S. Political Subdivisions - Residential Mortgage-Backed Securities																					
3128MJ YJ 3	FG G08712		..		1	519,323	105.231	516,168	490,506	519,323					4.000	2.930	MON	1,635		11/14/2016.	06/01/2046.
3138WE 3W 7	FN AS5312		..		1	493,315	102.806	481,863	468,708	492,670		(2,145)			3.500	2.580	MON	1,367	10,937	04/06/2016.	07/01/2045.
3138WG 6K 5	FN AS7173		..		1	1,008,786	102.562	980,701	956,196	1,008,787		(1,116)			3.500	2.350	MON	2,789	5,578	10/04/2016.	05/01/2046.
3138WG AM 6	FN AS6311		..		1	466,650	102.579	455,826	444,363	466,651		(2,417)			3.500	2.460	MON	1,296	9,072	05/05/2016.	12/01/2045.
3138WH NU 2	FN AS7602		..		1	526,334	105.339	523,439	496,908	526,334		(295)			4.000	2.970	MON	1,656	1,656	11/22/2016.	07/01/2046.
2699999. U.S. Special Revenue - Residential Mortgage-Backed Securities						3,014,408	XXX	2,957,997	2,856,681	3,013,765	0	(5,973)	0	0	XXX	XXX	XXX	8,743	27,243	XXX	XXX
3199999. Total - U.S. Special Revenue & Special Assessment Obligations						8,854,114	XXX	8,744,167	8,706,681	8,855,457	0	(3,987)	0	0	XXX	XXX	XXX	21,382	42,719	XXX	XXX
Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations																					
00287Y AT 6	ABBVIE INC		..		12	254,773	100.038	250,097	250,000	253,989		(783)			2.500	1.990	MN	816	6,250	04/26/2016.	05/14/2020.
02665W BK 6	AMERICAN HONDA FINANCE		..		1	499,795	99.770	498,855	500,000	499,806		11			1.500	1.520	MN	833		11/16/2016.	11/19/2018.
035242 AJ 5	ANHEUSER-BUSCH INBEV FIN		..		12	256,062	100.432	251,080	250,000	255,230		(835)			2.650	2.100	FA	2,760	3,423	04/26/2016.	02/01/2021.
037833 AQ 3	APPLE INC		..		1	255,108	100.952	252,382	250,000	254,108		(1,000)			2.100	1.380	MN	802	2,625	05/25/2016.	05/06/2019.
037833 CB 4	APPLE INC		..		1	499,500	98.340	491,703	500,000	499,567		67			1.100	1.130	FA	2,246		07/28/2016.	08/02/2019.
14912L 6R 7	CATERPILLAR FINL SERVICE		..		1	249,860	98.429	246,074	250,000	249,888		28			1.350	1.360	MN	403	1,687	05/13/2016.	05/18/2019.
166764 AE 0	CHEVRON CORP		..		12	252,493	100.294	250,736	250,000	251,687		(806)			1.718	1.220	JD	84	4,295	04/22/2016.	06/24/2018.
17401Q AD 3	CITIZENS BANK NA/RI		..		2	249,973	100.761	251,903	250,000	249,980		7			2.500	2.500	MS	1,858	3,125	03/09/2016.	03/14/2019.
20826F AS 5	CONOCOPHILLIPS COMPANY		..		12	265,748	106.163	265,408	250,000	263,669		(2,075)			4.200	2.780	MS	3,092	5,454	04/26/2016.	03/15/2021.
38148L AA 4	GOLDMAN SACHS GROUP INC		..		2	252,218	99.943	249,859	250,000	251,893		(324)			2.600	2.350	AO	1,228	3,250	05/25/2016.	04/23/2020.

SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	Foreign	Bond CHAR	NAIC Designation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date
48127H AA 7	JPMORGAN CHASE & CO				1FE	251,965	100.399	250,998	250,000	251,638		(327)			2.200	1.950	AO	1,054	2,750	05/25/2016.	10/22/2019.
548661 DL 8	LOWES COS INC			1	1FE	499,323	98.727	493,637	500,000	499,479		156			1.150	1.190	AO	1,214	2,795	04/12/2016.	04/15/2019.
585055 BA 3	MEDTRONIC INC			1	1FE	251,093	99.767	249,420	250,000	250,748		(345)			1.375	1.130	AO	859	1,719	05/25/2016.	04/01/2018.
594918 BP 8	MICROSOFT CORP			12	1FE	250,096	96.845	242,113	250,000	250,089		(8)			1.550	1.540	FA	1,539		08/01/2016.	08/08/2021.
59562V AW 7	BERKSHIRE HATHAWAY ENERG			1	1FE	250,160	99.929	249,825	250,000	250,057		(103)			1.100	1.030	MN	351	2,750	04/26/2016.	05/15/2017.
61746B DM 5	MORGAN STANLEY				1FE	253,628	100.775	251,938	250,000	252,751		(876)			2.500	1.950	JJ	2,726	3,125	04/22/2016.	01/24/2019.
68389X AX 3	ORACLE CORP			1	1FE	257,055	100.983	252,459	250,000	255,704		(1,349)			2.250	1.400	AO	1,297	2,813	04/26/2016.	10/08/2019.
69353R ET 1	PNC BANK NA			2	1FE	251,758	100.098	250,247	250,000	251,279		(478)			1.800	1.500	MN	700	4,525	04/26/2016.	11/05/2018.
842587 CN 5	SOUTHERN CO			1	2FE	499,645	99.905	499,528	500,000	499,748		103			1.550	1.580	JJ	4,672		05/19/2016.	07/01/2018.
89236T CX 1	TOYOTA MOTOR CREDIT CORP				1FE	249,940	99.610	249,026	250,000	249,962		22			1.200	1.210	AO	708	1,483	04/05/2016.	04/06/2018.
92826C AB 8	VISA INC			12	1FE	255,550	100.272	250,682	250,000	254,757		(793)			2.200	1.690	JD	260	5,500	04/26/2016.	12/14/2020.
931427 AM 0	WALGREENS BOOTS ALLIANCE			1	2FE	250,203	100.034	250,087	250,000	250,144		(59)			1.750	1.700	MN	377	2,175	05/26/2016.	05/30/2018.
94974B EV 8	WELLS FARGO & COMPANY				1FE	278,695	107.444	268,611	250,000	274,725		(3,970)			4.600	2.150	AO	2,875	5,750	04/07/2016.	04/01/2021.
06367T PX 2	BANK OF MONTREAL		A		1FE	299,871	99.983	299,950	300,000	299,873		3			2.100	2.110	JD	332		12/07/2016.	12/12/2019.
05565Q BR 8	BP CAPITAL MARKETS PLC		D	1	1FE	277,405	108.721	271,804	250,000	274,221		(3,184)			4.742	2.300	MS	3,622	5,928	05/25/2016.	03/11/2021.
822582 AW 2	SHELL INTERNATIONAL FIN		D	1	1FE	252,293	100.574	251,436	250,000	251,691		(602)			1.900	1.470	FA	1,860	2,375	05/25/2016.	08/10/2018.
3299999. Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations						7,664,210	XXX	7,589,858	7,550,000	7,646,683	0	(17,520)	0	0	XXX	XXX	XXX	38,568	73,797	XXX	XXX
Industrial & Miscellaneous (Unaffiliated) - Commercial Mortgage-Backed Securities																					
36248G AB 6	GSMS 2013-GC16 A2				1FM	257,168	102.240	255,600	250,000	254,778		(2,390)			3.033	1.820	MON	632	5,687	02/29/2016.	11/13/2046.
46590L AR 3	JPMDB 2016-C2 A2				1FM	396,550	100.854	388,288	385,000	395,058		(1,492)			2.661	1.960	MON	854	5,978	05/04/2016.	06/17/2049.
61764P BR 2	MSBAM 2014-C19 A2				1FM	260,078	102.512	256,280	250,000	258,140		(1,938)			3.101	1.860	MON	646	4,522	04/27/2016.	12/17/2047.
3499999. Industrial & Miscellaneous - Commercial Mortgage-Backed Securities						913,796	XXX	900,168	885,000	907,976	0	(5,820)	0	0	XXX	XXX	XXX	2,132	16,187	XXX	XXX
Industrial & Miscellaneous (Unaffiliated) - Other Loan-Backed and Structured Securities																					
03065D AD 9	AMCAR 2016-3 A3				1FE	149,992	99.540	149,310	150,000	149,994		1			1.460	1.460	MON	140	712	08/02/2016.	05/10/2021.
14314M AC 7	CARMX 2016-2 A3				1FE	214,988	99.643	214,234	215,000	214,992		3			1.520	1.520	MON	145	2,133	04/12/2016.	02/16/2021.
161571 HH 0	CHAIT 2016-A7 A7				1FE	499,957	99.923	499,620	500,000	499,970		13			1.060	1.060	MON	236	1,354	09/06/2016.	09/16/2019.
58769B AD 6	MBART 2016-1 A3				1FE	249,970	99.206	248,014	250,000	249,974		4			1.260	1.260	MON	140	796	09/09/2016.	02/16/2021.
87165L AX 9	SYNCT 2016-1 A				1FE	214,955	100.300	215,645	215,000	214,967		12			2.040	2.040	MON	195	3,253	03/14/2016.	03/15/2022.
89231U AB 3	TAOT 2016-B A2A				1FE	244,996	99.969	244,925	245,000	244,998		3			1.020	1.020	MON	111	1,486	05/02/2016.	10/15/2018.
98161P AD 5	WOART 2016-B A3				1FE	419,892	98.592	414,087	420,000	419,904		11			1.300	1.300	MON	243	1,380	09/07/2016.	02/15/2022.
3599999. Industrial & Miscellaneous - Other Loan-Backed and Structured Securities						1,994,750	XXX	1,985,835	1,995,000	1,994,799	0	47	0	0	XXX	XXX	XXX	1,210	11,114	XXX	XXX
3899999. Total - Industrial & Miscellaneous (Unaffiliated)						10,572,756	XXX	10,475,861	10,430,000	10,549,458	0	(23,293)	0	0	XXX	XXX	XXX	41,910	101,098	XXX	XXX
Totals																					
7799999. Total - Issuer Obligations						20,185,113	XXX	20,024,322	20,100,000	20,173,138	0	(11,969)	0	0	XXX	XXX	XXX	66,283	120,523	XXX	XXX
7899999. Total - Residential Mortgage-Backed Securities						3,014,408	XXX	2,957,997	2,856,681	3,013,765	0	(5,973)	0	0	XXX	XXX	XXX	8,743	27,243	XXX	XXX
7999999. Total - Commercial Mortgage-Backed Securities						913,796	XXX	900,168	885,000	907,976	0	(5,820)	0	0	XXX	XXX	XXX	2,132	16,187	XXX	XXX
8099999. Total - Other Loan-Backed and Structured Securities						1,994,750	XXX	1,985,835	1,995,000	1,994,799	0	47	0	0	XXX	XXX	XXX	1,210	11,114	XXX	XXX
8399999. Grand Total - Bonds						26,108,067	XXX	25,868,322	25,836,681	26,089,678	0	(23,715)	0	0	XXX	XXX	XXX	78,368	175,067	XXX	XXX

Sch. D - Pt. 2 - Sn. 1
NONE

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

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends
Bonds - U.S. Government								
912828 L6 5	US TREASURY N/B		03/16/2016	DEUTSCHE BANK		496,953	500,000	3,175
912828 L8 1	US TREASURY N/B		05/20/2016	DEUTSCHE BANK		997,734	1,000,000	908
912828 P9 5	US TREASURY N/B		11/14/2016	BARCLAYS AMERICAN		997,383	1,000,000	1,685
912828 Q3 7	US TREASURY N/B		04/22/2016	CITIGROUP GLOBAL MARKETS		995,038	1,000,000	854
912828 Q5 2	US TREASURY N/B		04/26/2016	CITIGROUP GLOBAL MARKETS		995,547	1,000,000	287
912828 TS 9	US TREASURY N/B		04/22/2016	BARCLAYS AMERICAN		998,398	1,000,000	426
912828 UU 2	US TREASURY N/B		04/06/2016	MORGAN STANLEY		500,059	500,000	72
912828 WP 1	US TREASURY N/B		03/16/2016	CITIGROUP GLOBAL MARKETS		500,195	500,000	1,112
0599999.	Total - Bonds - U.S. Government					6,481,307	6,500,000	8,519
Bonds - All Other Government								
500769 HB 3	KFW	D	08/31/2016	NOMURA SECURITIES DOMESTIC		199,890	200,000	
1099999.	Total - Bonds - All Other Government					199,890	200,000	0
Bonds - U.S. Special Revenue and Special Assessment								
3128MJ YJ 3	FG G08712		11/14/2016	WELLS FARGO SECURITIES LLC		519,323	490,506	654
3130A8 BD 4	FEDERAL HOME LOAN BANK		05/26/2016	MORGAN STANLEY		847,951	850,000	
3130AA 3R 7	FEDERAL HOME LOAN BANK		11/16/2016	BANK AMERICA		999,770	1,000,000	
3135G0 J6 1	FANNIE MAE		03/02/2016	CITIGROUP GLOBAL MARKETS		998,000	1,000,000	
3135G0 K6 9	FANNIE MAE		05/12/2016	J.P. MORGAN		497,390	500,000	
3135G0 P4 9	FANNIE MAE		08/31/2016	GOLDMAN SACHS		998,440	1,000,000	
3135G0 Q8 9	FANNIE MAE		10/05/2016	GOLDMAN SACHS		998,320	1,000,000	
3137EA DZ 9	FREDDIE MAC		03/18/2016	MORGAN STANLEY		499,835	500,000	
3138WE 3W 7	FN AS5312		04/06/2016	CITIGROUP GLOBAL MARKETS		524,609	498,441	582
3138WG 6K 5	FN AS7173		10/04/2016	NOMURA SECURITIES DOMESTIC		1,030,288	976,577	1,138
3138WG AM 6	FN AS6311		05/05/2016	J.P. MORGAN		519,625	494,808	529
3138WH NU 2	FN AS7602		11/22/2016	GOLDMAN SACHS		531,611	501,890	1,506
3199999.	Total - Bonds - U.S. Special Revenue and Special Assessments					8,965,162	8,812,222	4,409
Bonds - Industrial and Miscellaneous								
00287Y AT 6	ABBVIE INC		04/26/2016	WELLS FARGO SECURITIES LLC		254,773	250,000	2,865
02665W BK 6	AMERICAN HONDA FINANCE		11/16/2016	MORGAN STANLEY		499,795	500,000	
03065D AD 9	AMCAR 2016-3 A3		08/02/2016	CITIGROUP GLOBAL MARKETS		149,992	150,000	
035242 AJ 5	ANHEUSER-BUSCH INBEV FIN		04/26/2016	CITIGROUP GLOBAL MARKETS		256,062	250,000	1,730
037833 AQ 3	APPLE INC		05/25/2016	RAYMOND JAMES		255,108	250,000	364
037833 CB 4	APPLE INC		07/28/2016	GOLDMAN SACHS		499,500	500,000	
14314M AC 7	CARMX 2016-2 A3		04/12/2016	RBC CAPITAL MARKETS SECURITIES - US		214,988	215,000	
14912L 6R 7	CATERPILLAR FINL SERVICE		05/13/2016	J.P. MORGAN		249,860	250,000	
161571 HH 0	CHAIT 2016-A7 A7		09/06/2016	J.P. MORGAN		499,957	500,000	
166764 AE 0	CHEVRON CORP		04/22/2016	TORONTO DOMINION - US		252,493	250,000	1,467
17401Q AD 3	CITIZENS BANK NA/RI		03/09/2016	CITIGROUP GLOBAL MARKETS		249,972	250,000	
20826F AS 5	CONOCOPHILLIPS COMPANY		04/26/2016	SG AMERICAS SECURITIES (DOMESTIC)		265,748	250,000	1,488
36248G AB 6	GSMS 2013-GC16 A2		02/29/2016	SG AMERICAS SECURITIES (DOMESTIC)		257,168	250,000	42
38148L AA 4	GOLDMAN SACHS GROUP INC		05/25/2016	MESIROW FINANCIAL INC		252,218	250,000	686
46590L AR 3	JPMDB 2016-C2 A2		05/04/2016	J.P. MORGAN		396,550	385,000	626
48127H AA 7	JPMORGAN CHASE & CO		05/25/2016	BARCLAYS AMERICAN		251,965	250,000	596
548661 DL 8	LOWES COS INC		04/12/2016	VARIOUS		499,323	500,000	
585055 BA 3	MEDTRONIC INC		05/25/2016	MIZUHO SECURITIES		251,093	250,000	573
58769B AD 6	MBART 2016-1 A3		09/09/2016	CITIGROUP GLOBAL MARKETS		249,970	250,000	

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends
594918 BP 8	MICROSOFT CORP		08/01/2016	VARIOUS		250,096	250,000	
59562V AW 7	BERKSHIRE HATHAWAY ENERG		04/26/2016	MORGAN STANLEY		250,160	250,000	1,253
61746B DM 5	MORGAN STANLEY		04/22/2016	TORONTO DOMINION - US		253,628	250,000	1,615
61764P BR 2	MSBAM 2014-C19 A2		04/27/2016	WELLS FARGO SECURITIES LLC		260,078	250,000	22
68389X AX 3	ORACLE CORP		04/26/2016	MILLENNIUM ADVISORS		257,055	250,000	328
69353R ET 1	PNC BANK NA		04/26/2016	MIZUHO SECURITIES		251,758	250,000	2,200
842587 CN 5	SOUTHERN CO		05/19/2016	CITIGROUP GLOBAL MARKETS		499,645	500,000	
87165L AX 9	SYNCT 2016-1 A		03/14/2016	WELLS FARGO SECURITIES LLC		214,955	215,000	
89231U AB 3	TAOT 2016-B A2A		05/02/2016	CITIGROUP GLOBAL MARKETS		244,996	245,000	
89236T CX 1	TOYOTA MOTOR CREDIT CORP		04/05/2016	CITIGROUP GLOBAL MARKETS		249,940	250,000	
92826C AB 8	VISA INC		04/26/2016	US BANCORP INVESTMENTS INC		255,550	250,000	2,062
931427 AM 0	WALGREENS BOOTS ALLIANCE		05/26/2016	VARIOUS		250,203	250,000	
94974B EV 8	WELLS FARGO & COMPANY		04/07/2016	VARIOUS		278,695	250,000	351
98161P AD 5	WOART 2016-B A3		09/07/2016	J.P. MORGAN		419,893	420,000	
06367T PX 2	BANK OF MONTREAL	A	12/07/2016	BMO CAPITAL MARKETS - US		299,870	300,000	
05565Q BR 8	BP CAPITAL MARKETS PLC	D	05/25/2016	MESIROW FINANCIAL INC		277,405	250,000	2,634
822582 AW 2	SHELL INTERNATIONAL FIN	D	05/25/2016	US BANCORP INVESTMENTS INC		252,293	250,000	1,465
3899999.	Total - Bonds - Industrial and Miscellaneous					10,572,755	10,430,000	22,367
8399997.	Total - Bonds - Part 3					26,219,114	25,942,222	35,295
8399998.	Total - Bonds - Summary Item from Part 5					250,593	250,000	1,613
8399999.	Total - Bonds					26,469,707	26,192,222	36,908
9999999.	Total - Bonds, Preferred and Common Stocks					26,469,707	XXX	36,908

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21
										11	12	13	14	15						
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in 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
Bonds - U.S. Special Revenue and Special Assessment																				
3138WE 3W 7	FN AS5312	..	12/01/2016.	MBS PAYMENT		29,732	29,733	31,293			(62)		(62)		29,732			0	418	07/01/2045.
3138WG 6K 5	FN AS7173	..	12/01/2016.	MBS PAYMENT		20,381	20,382	21,503			(5)		(5)		20,382			0	100	05/01/2046.
3138WG AM 6	FN AS6311	..	12/01/2016.	MBS PAYMENT		50,444	50,444	52,974			(114)		(114)		50,443			0	632	12/01/2045.
3138WH NU 2	FN AS7602	..	12/01/2016.	MBS PAYMENT		4,982	4,982	5,277					0		4,982			0	17	07/01/2046.
3199999.	Total - Bonds - U.S. Special Revenue and Special Assessments					105,539	105,541	111,047	0	0	(181)	0	(181)	0	105,539	0	0	0	1,167	XXX
8399997.	Total - Bonds - Part 4					105,539	105,541	111,047	0	0	(181)	0	(181)	0	105,539	0	0	0	1,167	XXX
8399998.	Total - Bonds - Summary Item from Part 5					250,803	250,000	250,593			210		210		250,803				3,338	XXX
8399999.	Total - Bonds					356,342	355,541	361,640	0	0	29	0	29	0	356,342	0	0	0	4,505	XXX
9999999.	Total - Bonds, Preferred and Common Stocks					356,342	XXX	361,640	0	0	29	0	29	0	356,342	0	0	0	4,505	XXX

SCHEDULE D - PART 5

Showing all Long-Term Bonds and Stocks ACQUIRED During Year and Fully DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	11	Change in Book/Adjusted Carrying Value					17	18	19	20	21
											12	13	14	15	16					
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Disposal Date	Name of Purchaser	Par Value (Bonds) or Number of Shares (Stock)	Actual Cost	Consideration	Book/Adjusted Carrying Value at Disposal	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (12+13-14)	Total Foreign Exchange Change in B./A.C.V.	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Interest and Dividends Received During Year	Paid for Accrued Interest and Dividends
Bonds - Industrial and Miscellaneous																				
92343V CE 2	VERIZON COMMUNICATIONS	..	05/25/2016	BARCLAYS AMERICAN	12/05/2016	CALLED BY ISSUE at 100.3	250,000	250,593	250,803	250,803		210		210				0	3,338	1,613
3899999.	Total - Bonds - Industrial and Miscellaneous						250,000	250,593	250,803	250,803	0	210	0	210	0	0	0	0	3,338	1,613
8399998.	Total - Bonds						250,000	250,593	250,803	250,803	0	210	0	210	0	0	0	0	3,338	1,613
9999999.	Total - Bonds, Preferred and Common Stocks							250,593	250,803	250,803	0	210	0	210	0	0	0	0	3,338	1,613

SCHEDULE D - PART 6 - SECTION 1

Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1	2	3	4	5	6	7	8	9	10	Stock of Such Company Owned by Insurer on Statement Date	
										11	12
CUSIP Identification	Description Name of Subsidiary, Controlled or Affiliated Company	Foreign	NAIC Company Code	ID Number	*NAIC Valuation Method (See Purposes and Procedures Manual of the NAIC Investment Analysis Office)*	Do Insurer's Assets Include Intangible Assets Connected with Holding of Such Company's Stock?	Total Amount of Such Intangible Assets	Book/Adjusted Carrying Value	Nonadmitted Amount	Number of Shares	% of Outstanding

1. Amount of insurer's capital and surplus from the prior period's statutory statement reduced by any admitted EDP, goodwill and net deferred tax assets included therein: $.....0.
2. Total amount of intangible assets nonadmitted $.....0.

NONE

SCHEDULE D - PART 6 - SECTION 2

1	2	3	4	Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date	
				5	6
CUSIP Identification	Name of Lower-Tier Company	Name of Company Listed in Section 1 Which Controls Lower-Tier Company	Total Amount of Intangible Assets Included in Amount Shown in Column 8, Section 1	Number of Shares	% of Outstanding

NONE

SCHEDULE DA - PART 1

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

1	2	Codes		5	6	7	8	Change in Book/Adjusted Carrying Value				13	14	Interest					21
		3	4					9	10	11	12			15	16	17	18	19	20	
CUSIP Identification	Description	Code	Foreign	Date Acquired	Name of Vendor	Maturity Date	Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Par Value	Actual Cost	Amount Due and Accrued December 31 of Current Year on Bond Not in Default	Nonadmitted Due and Accrued	Rate of	Effective Rate of	When Paid	Amount Received During Year	Paid for Accrued Interest
Bonds - Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations																				
	ALTERA CORP		..	05/25/2016.	WELLS FARGO SECURITIE	05/15/2017.	250,828		(1,292)			250,000	252,120	559		1.750	0.857	MN	2,188	195
	IBM CORP		..	04/22/2016.	TORONTO DOMINION - US	02/06/2017.	250,130		(903)			250,000	251,033	1,259		1.250	0.714	FA	1,563	703
3299999. Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations							500,958	0	(2,195)	0	0	500,000	503,153	1,818	0	XXX	XXX	XXX	3,751	898
3899999. Total - Industrial & Miscellaneous (Unaffiliated)							500,958	0	(2,195)	0	0	500,000	503,153	1,818	0	XXX	XXX	XXX	3,751	898
Total Bonds																				
7799999. Subtotals - Issuer Obligations							500,958	0	(2,195)	0	0	500,000	503,153	1,818	0	XXX	XXX	XXX	3,751	898
8399999. Subtotals - Bonds							500,958	0	(2,195)	0	0	500,000	503,153	1,818	0	XXX	XXX	XXX	3,751	898
Exempt Money Market Mutual Funds as Identified by the SVO																				
38141W 26 5	GOLDMAN SACHS FIN SQ GOVT-AD		..	12/29/2016.	DIRECT	XXX	1,566,470						1,566,470	133		0.200	0.200	MAT		
8899999. Total - Exempt Money Market Mutual Funds as Identified by the SVO							1,566,470	0	0	0	0	XXX	1,566,470	133	0	XXX	XXX	XXX	0	0
9199999. Total - Short-Term Investments							2,067,428	0	(2,195)	0	0	XXX	2,069,623	1,951	0	XXX	XXX	XXX	3,751	898

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

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

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

Sch. DB - Pt. B - Sn. 2
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

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7 *
Open Depositories							
Banco Popular de Puerto Rico	Deposit Account					30,671,482	XXX
Banco Popular de Puerto Rico	Certificate of Deposit		0.010			600,000	XXX
0199999. Total - Open Depositories		XXX	XXX	0	0	31,271,482	XXX
0399999. Total Cash on Deposit		XXX	XXX	0	0	31,271,482	XXX
0599999. Total Cash		XXX	XXX	0	0	31,271,482	XXX

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January	24,046,912	4. April	10,418,265	7. July	12,391,433	10. October	24,555,890
2. February	23,464,949	5. May	16,082,907	8. August	19,146,421	11. November	23,024,419
3. March	17,049,945	6. June	15,058,696	9. September	15,218,509	12. December	31,271,482

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year

NONE

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

States, Etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits for the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusting Carrying Value	4 Fair Value	5 Book/Adjusting Carrying Value	6 Fair Value
1. Alabama AL						
2. Alaska AK						
3. Arizona AZ						
4. Arkansas AR						
5. California CA						
6. Colorado CO						
7. Connecticut CT						
8. Delaware DE						
9. District of Columbia DC						
10. Florida FL						
11. Georgia GA						
12. Hawaii HI						
13. Idaho ID						
14. Illinois IL						
15. Indiana IN						
16. Iowa IA						
17. Kansas KS						
18. Kentucky KY						
19. Louisiana LA						
20. Maine ME						
21. Maryland MD						
22. Massachusetts MA						
23. Michigan MI						
24. Minnesota MN						
25. Mississippi MS						
26. Missouri MO						
27. Montana MT						
28. Nebraska NE						
29. Nevada NV						
30. New Hampshire NH						
31. New Jersey NJ						
32. New Mexico NM						
33. New York NY						
34. North Carolina NC						
35. North Dakota ND						
36. Ohio OH						
37. Oklahoma OK						
38. Oregon OR						
39. Pennsylvania PA						
40. Rhode Island RI						
41. South Carolina SC						
42. South Dakota SD						
43. Tennessee TN						
44. Texas TX						
45. Utah UT						
46. Vermont VT						
47. Virginia VA						
48. Washington WA						
49. West Virginia WV						
50. Wisconsin WI						
51. Wyoming WY						
52. American Samoa AS						
53. Guam GU						
54. Puerto Rico PR	C	Regulatory Purposes	600,000	600,000		
55. US Virgin Islands VI						
56. Northern Mariana Islands MP						
57. Canada CAN						
58. Aggregate Alien and Other OT	XXX	XXX	0	0	0	0
59. Total	XXX	XXX	600,000	600,000	0	0
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Summary of remaining write-ins for line 58 from overflow page	XXX	XXX	0	0	0	0
5899. Total (Lines 5801 thru 5803+5898) (Line 58 above)	XXX	XXX	0	0	0	0

Relief Related to the Five-Year Rotation Requirement for Lead Audit Partners

12534201622400100

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Relief Related to the One-Year Cooling Off Period for Independent CPA

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Relief Related to the Requirements for Audit Committees

12534201622600100

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12534201636500000

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

(To Be Filed By March 1)

NAIC Group Code....4812 NAIC Company Code.....12534

	Individual Coverage		Group Coverage		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Premiums Collected:					
1.1 Standard Coverage:					
1.11 With Reinsurance Coverage		XXX		XXX	0
1.12 Without Reinsurance Coverage		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	0
1.2 Supplemental Benefits		XXX		XXX	0
2. Premiums Due and Uncollected-Change:					
2.1 Standard Coverage:					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-Change:					
3.1 Standard Coverage:					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-Change:					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums:					
5.1 Standard Coverage:					
5.11 With Reinsurance Coverage	0	XXX	0	XXX	XXX
5.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments		XXX	0	XXX	XXX
5.2 Supplemental Benefits		XXX	0	XXX	XXX
6. Total Premiums	0	XXX	0	XXX	0
7. Claims Paid:					
7.1 Standard Coverage:					
7.11 With Reinsurance Coverage		XXX		XXX	0
7.12 Without Reinsurance Coverage		XXX		XXX	0
7.2 Supplemental Benefits		XXX		XXX	0
8. Claim Reserves and Liabilities-Change:					
8.1 Standard Coverage:					
8.11 With Reinsurance Coverage		XXX		XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Health Care Receivables-Change:					
9.1 Standard Coverage:					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred:					
10.1 Standard Coverage:					
10.11 With Reinsurance Coverage	0	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits	0	XXX	0	XXX	XXX
11. Total Claims	0	XXX	0	XXX	0
12. Reinsurance Coverage and Low Income Cost Sharing:					
12.1 Claims Paid - Net of Reimbursements Applied	XXX		XXX		0
12.2 Reimbursements Received but Not Applied-Change	XXX		XXX		0
12.3 Reimbursements Receivable-Change	XXX		XXX		XXX
12.4 Health Care Receivables-Change	XXX		XXX		XXX
13. Aggregate Policy Reserves-Change					XXX
14. Expenses Paid		XXX		XXX	0
15. Expenses Incurred		XXX		XXX	XXX
16. Underwriting Gain/Loss	0	XXX	0	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	0

NONE

NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

SCHEDULE SIS

STOCKHOLDER INFORMATION SUPPLEMENT

For the Year Ended December 31, 2016
(To Be Filed by March 1)

REQUIRED BY THE APPLICABLE QUESTION ON THE SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES
FOR THE PROPERTY/CASUALTY, LIFE ACCIDENT AND HEALTH,
TITLE, AND HEALTH INSURANCE BLANKS

TO ANNUAL STATEMENT OF

MMM Multi Health, LLC
COMPANY

Sch. SIS-Page 2
NONE

Sch. SIS-Page 3
NONE

Sch. SIS-Page 4
NONE

INNOVACARE
HEALTH SOLUTIONS

March 24th, 2017

Orlando Gonzalez-Rivera
President
MMM Multi Health, LLC
Torre Chardon
350 Ave. Chardon, Suite 500
San Juan, PR 00918-2101

Dear Orlando,

Enclosed is our statement of actuarial opinion dated December 31, 2016.

This opinion is based on a review of actuarial liabilities and related items identified herein, as shown in the December 31, 2016 statutory annual statements for MMM Multi Health, LLC. This opinion has been prepared for the sole purpose of attaching it to the above described annual statement, in accordance with the instructions for completing the health statement blank.

Publication or use of the opinion, except as specifically provided above is prohibited without our prior written consent.

I can be reached at (551) 574-8000 for any questions regarding this Actuarial Opinion.

Timothy Dickson ASA, MAAA
InnovaCare Services Company, LLC
AVP, Actuarial Services

INNOVACARE
HEALTH SOLUTIONS

MMM Multi Health, LLC

Statement of Actuarial Opinion – 2016

TABLE of KEY INDICATORS

This Opinion is: X Unqualified ☐ Qualified ☐ Adverse ☐ Inconclusive

IDENTIFICATION SECTION
X Prescribed Wording Only ☐ Prescribed Wording with Additional Wording ☐ Revised Wording

SCOPE SECTION
X Prescribed Wording Only ☐ Prescribed Wording with Additional Wording ☐ Revised Wording

RELIANCE SECTION
X Prescribed Wording Only ☐ Prescribed Wording with Additional Wording ☐ Revised Wording

OPINION SECTION
☐ Prescribed Wording Only ☐ Prescribed Wording with Additional Wording X Revised Wording – removed 'and are at least as great as the minimum aggregate amounts required by any state' reference from section C.

RELEVANT COMMENTS
X Revised Wording

☐ The Actuarial Memorandum includes "Deviation from Standard" wording regarding conformity with an Actuarial Standard of Practice

Identification Section

I, Timothy Dickson, AVP, Actuarial Services, am an employee of InnovaCare Services Company, LLC, and a member of the American Academy of Actuaries. I was appointed on December 2nd, 2015 in accordance with the requirements of the annual statement instructions. I meet the Academy qualification standards for rendering the opinion.

Scope Section

I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities and related items listed below, as shown in the annual statement of the organization as prepared for filing with state regulatory officials, as of December 31, 2016.

A.	Claims unpaid (Page 3, Line 1);	**$ 28,176,804**
B.	Accrued medical incentive pool and bonus payments (Page 3, Line 2);	**$ 13,874,623**
C.	Unpaid claims adjustment expenses (Page 3, Line 3);	**$ 229,995**
D.	Aggregate health policy reserves (Page 3, Line 4);	-
E.	Aggregate life policy reserves (Page 3, Line 5);	-
F.	Property/casualty unearned premium reserves (Page 3, Line 6);	-
G.	Aggregate health claim reserves (Page 3, Line 7);	-
H.	Any other loss reserves, actuarial liabilities, or related items presented as liabilities in the annual statement;	-
I.	Specified actuarial items presented as assets in the annual statement;	-

Reliance Section

In forming my opinion on items A, B, C, D, E, F, G, H, and I above I relied upon the following parties and items as certified in the attached statements:
Orlando Gonzalez, MMM/PMC President – Data and Provider Insolvency Risk
Carlos A. Vivaldi, CFO – Accounts Receivables, Manual Items, and Provider Insolvency Risk
Lilliana Negron-Rivera, VP, MSO of PR – Inventory Reporting and Provider Insolvency Risk
Vadim Potievsky, Director of Strategic Analytics, InnovaCare Services Company, LLC – Actuarial Data

My examination included review of the actuarial assumptions and actuarial methods and of the underlying basic liability records and tests of the actuarial calculations as I considered necessary.

Opinion Section

In my opinion, the amounts carried in the balance sheet on account of the items identified above:

A. Are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles,

B. Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the statement was prepared,

C. Meet the requirements of the Insurance Laws and regulations of the Commonwealth of Puerto Rico,

D. Make good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements,

E. Are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement of the preceding year-end,

F. Include appropriate provision for all actuarial items that ought to be established.

The Underwriting and Investment Exhibit – Part 2B was reviewed for reasonableness and consistency with the applicable Actuarial Standards of Practice.

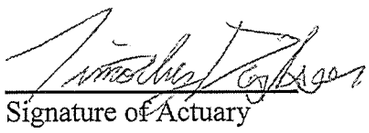
Actuarial methods, considerations, and analyses used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this statement of opinion.

Relevant Comment Section

My review covered the effect on reserves of incentive contracts with service providers and potential provider insolvencies. Based upon this review and the opinion of the Company, I have no reason to believe that any party under contract to the Company is not in a financial position to meet all liabilities resulting from such contracts.

This statement of opinion is not based on an asset adequacy analysis.

The impact of the unanticipated events subsequent to the date of this opinion is beyond the scope of this opinion.



Signature of Actuary

Timothy Dickson
Printed Name of Actuary

173 Bridge Plaza North, Fort Lee, NJ 07024
Address of Actuary

(551) 574-8000
Telephone number of Actuary

March 24th, 2017
Date Opinion was Rendered

Supplement for the year 2016 of the **MMM Multi Health, LLC**

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT: 1. CORPORATION: MMM Multi Health, LLC 2. LOCATION: SAN JUAN PR

NAIC Group Code.....4812 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2016 NAIC Company Code.....12534

	Business Subject to MLR														
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Pt D Stand-Alone Subject to ACA	Subtotal (Cols 1 thru 12)	Uninsured Plans	Total (Cols 13 + 14)
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.2 Federal high risk pools													0	XXX	0
1.3 State high risk pools													0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1+1.2+1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.5 Federal taxes and federal assessments													0		0
1.6 State insurance, premium and other taxes (Similar local taxes of $.....0)													0		0
1.6a Community benefit expenditures (informational only)													0		0
1.7 Regulatory authority licenses and fees													0		0
1.8 Adjusted premiums earned (Lines 1.4-1.5-1.6-1.7)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.9 Net assumed less ceded reinsurance premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.10 Other adjustments due to MLR calculations - premiums	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.11 Risk revenue													0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (lines 1.8+1.9+1.10+1.11)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2. Claims:															
2.1 Incurred claims excluding prescription drugs													0	XXX	0
2.2 Prescription drugs													0	XXX	0
2.3 Pharmaceutical rebates													0	XXX	0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)													0	XXX	0
3. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4. Deductible fraud and abuse detection/recovery expenses (for MLR use only)	0	0	0	0	0	0	0	0	0				0		0
5. 5.0 Total incurred claims (Lines 2.1+2.2-2.3+3) (From Part 2, Line 2.15)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.1 Net assumed less ceded reinsurance claims incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.2 Other adjustments due to MLR calculations - claims													0	XXX	0
5.3 Rebates paid										XXX	XXX		0	XXX	0
5.4 Estimated rebates unpaid prior year										XXX	XXX		0	XXX	0
5.5 Estimated rebates unpaid current year										XXX	XXX		0	XXX	0
5.6 Fee for service and co-pay revenue													0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0+5.1+5.2+5.3-5.4+5.5-5.6)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
6. Improving health care quality expenses incurred:															
6.1 Improve health outcomes	0	0	0	0	0	0	0	0	0				0		0
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0				0		0
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0				0		0
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0				0		0
6.5 Health information technology expenses related to health improvement	0	0	0	0	0	0	0	0	0				0		0
6.6 Total of defined expenses incurred for improving health care quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Preliminary medical loss ratio: MLR (Lines 4+5.0+6.6-Footnote 2.0) / Line 1.8	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX
8. Claims adjustment expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6													0		0
8.2 All other claims adjustment expenses													0		0
8.3 Total claims adjustment expenses (Lines 8.1+8.2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Claims adjustment expense ratio (Line 8.3 / Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	XXX

NONE

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Supplement for the year 2016 of the **MMM Multi Health, LLC**

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT: 1. CORPORATION: MMM Multi Health, LLC 2. LOCATION: SAN JUAN PR

NAIC Group Code.....4812 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2016 NAIC Company Code.....12534

	Business Subject to MLR													
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9	10	11	12	13	14	15
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Pt D Stand-Alone Subject to ACA	Subtotal (Cols 1 thru 12)	Uninsured Plans	Total (Cols 13 + 14)
10. General and administrative (G&A) expenses:															
10.1 Direct sales salaries and benefits													0		0
10.2 Agents and brokers fees and commissions													0		0
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)													0		0
10.4 Other general and administrative expenses													0		0
10.4a Community benefits expenditures (informational only)													0		0
10.5 Total general and administrative (Lines 10.1+10.2+10.3+10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Underwriting gain/(loss) (Lines 1.12-5.7-6.6-8.3-10.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15. Net gain or (loss) (Lines 11+12+13-14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
16. ICD-10 Implementation Expenses (information only, already included in general expenses and Line 6.5)													0		0
16a. ICD-10 Implementation Expenses (information only; already included in Line 6.5)													0		0
OTHER INDICATORS:															
1. Number of certificates/policies													0		0
2. Number of covered lives													0		0
3. Number of groups	XXX			XXX									0		0
4. Member months													0		0

Is run off business reported in Columns 1 through 9 or 12?.....Yes[ ].....No[ ] If yes, show the amount of premiums and claims included. Premiu $.....0 Clai $.....0

NONE

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES

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

Supplement for the year 2016 of the **MMM Multi Health, LLC**

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: MMM Multi Health, LLC 2. LOCATION: SAN JUAN PR

NAIC Group Code.....4812 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2016 NAIC Company Code.....12534

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9	10	11	12	13
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health premiums earned:													
1.1 Direct premiums written													0
1.2 Unearned premium prior year													0
1.3 Unearned premium current year													0
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits													0
1.6 Reserve for rate credits current year													0
1.7 Reserve for rate credits prior year													0
1.8 Change in reserve for rate credits (Lines 1.6 -1.7)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.9 Premium balances written off													0
1.10 Group conversion charges													0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.12 Assumed premiums earned from non-affiliates													0
1.13 Net assumed less ceded premiums earned from affiliates													0
1.14 Ceded premiums earned to non-affiliates													0
1.15 Other adjustments due to MLR calculation - premiums													0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	0	0	0	NONE	0	0	0	0	0	0	0	0	0
2. Direct claims incurred:													
2.1 Paid claims during the year													0
2.2 Direct claim liability current year													0
2.3 Direct claim liability prior year													0
2.4 Direct claim reserves current year													0
2.5 Direct claim reserves prior year													0
2.6 Direct contract reserves current year													0
2.7 Direct contract reserves prior year													0
2.8 Paid rate credits													0
2.9 Reserve for rate credits current year													0
2.10 Reserve for rate credits prior year													0
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11a Paid medical incentive pools and bonuses current year													0
2.11b Accrued medical incentive pools and bonuses current year													0
2.11c Accrued medical incentive pools and bonuses prior year													0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12a Healthcare receivables current year													0
2.12b Healthcare receivables prior year													0
2.13 Group conversion charge													0
2.14 Multi-option coverage blended rate adjustment													0
2.15 Total incurred claims (Lines 2.1+2.2-2.3+2.4-2.5+2.6-2.7+2.8+2.9-2.10+2.11-2.12+2.13+2.14)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.16 Assumed incurred claims from non-affiliates													0
2.17 Net assumed less ceded incurred claims from affiliates													0
2.18 Ceded incurred claims to non-affiliates													0
2.19 Other adjustments due to MLR calculation - claims													0
2.20 Net incurred claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Fraud and abuse recoveries that reduced PAID claims in Line 2.1 above (informational only)													0

(a) Column 13, line 1.1 includes direct written premium of $.....0 for stand-alone dental and $.....0 for stand-alone vision policies.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: MMM Multi Health, LLC 2. LOCATION: SAN JUAN PR

NAIC Group Code.....4812 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2016 NAIC Company Code.....12534

All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
	1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1. Individual comprehensive coverage expenses:										
1.1 Salaries (including $.....0 for affiliated services)						0				0
1.2 Outsourced services						0				0
1.3 EDP equipment and software (including $.....0 for affiliated services)						0				0
1.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)						0				0
1.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX	0				0
1.6 Other expenses (including $.....0 for affiliated services)						0				0
1.7 Subtotal before reimbursements and taxes (Lines 1.1 to 1.6)	0	0	0	0	0	0	0	0	0	0
1.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
1.9 Taxes, licenses and fes (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
1.10 Total (Lines 1.7 to 1.9)	0	0	0	0	0	0	0	0	0	0
1.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)						0				0
2. Small group comprehensive coverage expenses:			NONE							
2.1 Salaries (including $.....0 for affiliated services)						0				0
2.2 Outsourced services						0				0
2.3 EDP equipment and software (including $.....0 for affiliated services)						0				0
2.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)						0				0
2.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX	0				0
2.6 Other expenses (including $.....0 for affiliated services)						0				0
2.7 Subtotal before reimbursements and taxes (Lines 2.1 to 2.6)	0	0	0	0	0	0	0	0	0	0
2.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
2.9 Taxes, licenses and fes (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
2.10 Total (Lines 2.7 to 2.9)	0	0	0	0	0	0	0	0	0	0
2.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)						0				0
3. Large group comprehensive coverage expenses:										
3.1 Salaries (including $.....0 for affiliated services)						0				0
3.2 Outsourced services						0				0
3.3 EDP equipment and software (including $.....0 for affiliated services)						0				0
3.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)						0				0
3.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX	0				0
3.6 Other expenses (including $.....0 for affiliated services)						0				0
3.7 Subtotal before reimbursements and taxes (Lines 3.1 to 3.6)	0	0	0	0	0	0	0	0	0	0
3.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
3.9 Taxes, licenses and fes (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
3.10 Total (Lines 3.7 to 3.9)	0	0	0	0	0	0	0	0	0	0
3.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)						0				0

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SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: MMM Multi Health, LLC 2. LOCATION: SAN JUAN PR

NAIC Group Code.....4812 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2016 NAIC Company Code.....12534

All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
	1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4. Individual mini-med plans expenses:										
4.1 Salaries (including $.....0 for affiliated services)						0				0
4.2 Outsourced services						0				0
4.3 EDP equipment and software (including $.....0 for affiliated services)						0				0
4.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)						0				0
4.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX	0				0
4.6 Other expenses (including $.....0 for affiliated services)						0				0
4.7 Subtotal before reimbursements and taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
4.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
4.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
4.10 Total (Lines 4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
4.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)						0				0
5. Small group mini-med plans expenses:			NONE							
5.1 Salaries (including $.....0 for affiliated services)						0				0
5.2 Outsourced services						0				0
5.3 EDP equipment and software (including $.....0 for affiliated services)						0				0
5.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)						0				0
5.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX	0				0
5.6 Other expenses (including $.....0 for affiliated services)						0				0
5.7 Subtotal before reimbursements and taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
5.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
5.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
5.10 Total (Lines 5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
5.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)						0				0
6. Large group mini-med plans expenses:										
6.1 Salaries (including $.....0 for affiliated services)						0				0
6.2 Outsourced services						0				0
6.3 EDP equipment and software (including $.....0 for affiliated services)						0				0
6.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)						0				0
6.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX	0				0
6.6 Other expenses (including $.....0 for affiliated services)						0				0
6.7 Subtotal before reimbursements and taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
6.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
6.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
6.10 Total (Lines 6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
6.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)						0				0

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: MMM Multi Health, LLC 2. LOCATION: SAN JUAN PR

NAIC Group Code.....4812 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2016 NAIC Company Code.....12534

All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
	1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claim Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7. Small group expatriate plans expenses										
7.1 Salaries (including $.....0 for affiliated services)						0				0
7.2 Outsourced services						0				0
7.3 EDP equipment and software (including $.....0 for affiliated services)						0				0
7.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)						0				0
7.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX	0				0
7.6 Other expenses (including $.....0 for affiliated services)						0				0
7.7 Subtotal before reimbursements and taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
7.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
7.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
7.10 Total (Lines 7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
7.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)						0				0
8. Large group expatriate plans expenses			NONE							
8.1 Salaries (including $.....0 for affiliated services)						0				0
8.2 Outsourced services						0				0
8.3 EDP equipment and software (including $.....0 for affiliated services)						0				0
8.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)						0				0
8.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX	0				0
8.6 Other expenses (including $.....0 for affiliated services)						0				0
8.7 Subtotal before reimbursements and taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
8.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
8.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
8.10 Total (Lines 8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
8.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)						0				0
9. Student health plans expenses										
9.1 Salaries (including $.....0 for affiliated services)						0				0
9.2 Outsourced services						0				0
9.3 EDP equipment and software (including $.....0 for affiliated services)						0				0
9.4 Other equipment (excl. EDP) (including $.....0 for affiliated services)						0				0
9.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX	0				0
9.6 Other expenses (including $.....0 for affiliated services)						0				0
9.7 Subtotal before reimbursements and taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
9.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
9.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
9.10 Total (Lines 9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
9.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only)						0				0

SUPPLEMENTAL HEALTH CARE EXHIBIT'S EXPENSE ALLOCATION REPORT

(To Be Filed by April 1)

NAIC Group Code.....4812 NAIC Company Code.....12534

Description of allocation methodology:

NONE

Detailed Description of Quality Improvement Expenses:

Expense Type from Part 3	New	Detailed Description of Expense

NONE

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For the year ended December 31, 2016

(To be filed by April 1)

Of MMM Multi Health, LLC

Address (City, State, Zip Code): SAN JUAN PR 00918

NAIC Group Code.....4812 NAIC Company Code.....12534 Employer's ID Number.....660653763

The Investment Risks Interrogatories are to be filed by April 1. They are also to be included with the Audited Statutory Financial Statements.

Answer the following interrogatories by reporting the applicable U.S. dollar amounts and percentages of the reporting entity's total admitted assets held in that category of investments.

1. Reporting entity's total admitted assets as reported on Page 2 of this annual statement. $.....63,500,491

2. Ten largest exposures to a single issuer/borrower/investment.

	1 Issuer	2 Description of Exposure	3 Amount	4 Percentage of Total Admitted Assets
2.01	Sauthern Co		$.....499,748	.....0.787 %
2.02	Abbvie Inc		$.....253,989	.....0.400 %
2.03	Walgreens Boots Alliance		$.....250,144	.....0.394 %
2.04	Citizens Bank Na/Ri		$.....249,980	.....0.394 %
2.05			$.....	.....0.000 %
2.06			$.....	.....0.000 %
2.07			$.....	.....0.000 %
2.08			$.....	.....0.000 %
2.09			$.....	.....0.000 %
2.10			$.....	.....0.000 %

3. Amounts and percentages of the reporting entity's total admitted assets held in bonds and preferred stocks by NAIC designation.

	Bonds	1	2
3.01	NAIC-1	$.....26,903,245	.....42.367 %
3.02	NAIC-2	$.....1,253,861	.....1.975 %
3.03	NAIC-3	$.....	.....0.000 %
3.04	NAIC-4	$.....	.....0.000 %
3.05	NAIC-5	$.....	.....0.000 %
3.06	NAIC-6	$.....	.....0.000 %
	Preferred Stocks	**3**	**4**
3.07	P/RP-1	$.....	.....0.000 %
3.08	P/RP-2	$.....	.....0.000 %
3.09	P/RP-3	$.....	.....0.000 %
3.10	P/RP-4	$.....	.....0.000 %
3.11	P/RP-5	$.....	.....0.000 %
3.12	P/RP-6	$.....	.....0.000 %

4. Assets held in foreign investments:

4.01 Are assets held in foreign investments less than 2.5% of the reporting entity's total admitted assets? Yes [X] No [ ]

If response to 4.01 above is yes, responses are not required for interrogatories 5-10.

4.02	Total admitted assets held in foreign investments	$.....	.....0.000 %
4.03	Foreign-currency-denominated investments	$.....	.....0.000 %
4.04	Insurance liabilities denominated in that same foreign currency	$.....	.....0.000 %

5. Aggregate foreign investment exposure categorized by NAIC sovereign designation:

		1	2
5.01	Countries designated NAIC-1	$.....	.....0.000 %
5.02	Countries designated NAIC-2	$.....	.....0.000 %
5.03	Countries designated NAIC-3 or below	$.....	.....0.000 %

6. Largest foreign investment exposures by country, categorized by the country's NAIC sovereign designation:

		1	2
	Countries designated NAIC-1:		
6.01	Country 1:	$.....	.....0.000 %
6.02	Country 2:	$.....	.....0.000 %
	Countries designated NAIC-2:		
6.03	Country 1:	$.....	.....0.000 %
6.04	Country 2:	$.....	.....0.000 %
	Countries designated NAIC-3 or below:		
6.05	Country 1:	$.....	.....0.000 %
6.06	Country 2:	$.....	.....0.000 %

		1	2
7.	Aggregate unhedged foreign currency exposure	$.....	.....0.000 %

8. Aggregate unhedged foreign currency exposure categorized by NAIC sovereign designation:

		1	2
8.01	Countries designated NAIC-1	$	0.000 %
8.02	Countries designated NAIC-2	$	0.000 %
8.03	Countries designated NAIC-3 or below	$	0.000 %

9. Largest unhedged foreign currency exposures by country, categorized by the country's NAIC sovereign designation:

		1	2
	Countries designated NAIC-1:		
9.01	Country 1:	$	0.000 %
9.02	Country 2:	$	0.000 %
	Countries designated NAIC-2:		
9.03	Country 1:	$	0.000 %
9.04	Country 2:	$	0.000 %
	Countries designated NAIC-3 or below:		
9.05	Country 1:	$	0.000 %
9.06	Country 2:	$	0.000 %

10. Ten largest non-sovereign (i.e. non-governmental) foreign issues:

	1 Issuer	2 NAIC Designation	3	4
10.01			$	0.000 %
10.02			$	0.000 %
10.03			$	0.000 %
10.04			$	0.000 %
10.05			$	0.000 %
10.06			$	0.000 %
10.07			$	0.000 %
10.08			$	0.000 %
10.09			$	0.000 %
10.10			$	0.000 %

11. Amounts and percentages of the reporting entity's total admitted assets held in Canadian investments and unhedged Canadian currency exposure:

11.01 Are assets held in Canadian investments less than 2.5% of the reporting entity's total admitted assets? Yes [X] No [ ]

If response to 11.01 is yes, detail is not required for the remainder of Interrogatory 11.

11.02	Total admitted assets held in Canadian Investments	$	0.000 %
11.03	Canadian currency-denominated investments	$	0.000 %
11.04	Canadian-denominated insurance liabilities	$	0.000 %
11.05	Unhedged Canadian currency exposure	$	0.000 %

12. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments with contractual sales restrictions.

12.01 Are assets held in investments with contractual sales restrictions less than 2.5% of the reporting entity's total admitted assets? Yes [X] No [ ]

If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.

		1	2	3
12.02	Aggregate statement value of investments with contractual sales restrictions	$		0.000 %
	Largest three investments with contractual sales restrictions:			
12.03		$		0.000 %
12.04		$		0.000 %
12.05		$		0.000 %

13. Amounts and percentages of admitted assets held in the ten largest equity interests:

13.01 Are assets held in equity interest less than 2.5% of the reporting entity's total admitted assets? Yes [X] No [ ]

If response to 13.01 above is yes, responses are not required for the remainder of Interrogatory 13.

	1 Name of Issuer	2	3
13.02		$	0.000 %
13.03		$	0.000 %
13.04		$	0.000 %
13.05		$	0.000 %
13.06		$	0.000 %
13.07		$	0.000 %
13.08		$	0.000 %
13.09		$	0.000 %
13.10		$	0.000 %
13.11		$	0.000 %

14. Amounts and percentages of the reporting entity's total admitted assets held in nonaffiliated, privately placed equities:

14.01 Are assets held in nonaffiliated, privately placed equities less than 2.5% of the reporting entity's total admitted assets? Yes [X] No [ ]

If response to 14.01 above is yes, responses are not required for the remainder of Interrogatory 14.

		1	2	3
14.02	Aggregate statement value of investments held in nonaffiliated, privately placed equities	$		0.000 %
	Largest three investments held in nonaffiliated, privately placed equities:			
14.03		$		0.000 %
14.04		$		0.000 %
14.05		$		0.000 %

15. Amounts and percentages of the reporting entity's total admitted assets held in general partnership interests:

15.01 Are assets held in general partnership interests less than 2.5% of the reporting entity's total admitted assets? Yes [X] No [ ]

If response to 15.01 above is yes, responses are not required for the remainder of Interrogatory 15.

	1	2	3
15.02	Aggregate statement value of investments held in general partnership interests	$	0.000 %
	Largest three investments in general partnership interests:		
15.03		$	0.000 %
15.04		$	0.000 %
15.05		$	0.000 %

16. Amounts and percentages of the reporting entity's total admitted assets held in mortgage loans:

16.01 Are mortgage loans reported in Schedule B less than 2.5% of the reporting entity's total admitted assets? Yes [X] No [ ]

If response to 16.01 above is yes, responses are not required for the remainder of Interrogatory 16 and Interrogatory 17.

	1 Type (Residential, Commercial, Agricultural)	2	3
16.02		$	0.000 %
16.03		$	0.000 %
16.04		$	0.000 %
16.05		$	0.000 %
16.06		$	0.000 %
16.07		$	0.000 %
16.08		$	0.000 %
16.09		$	0.000 %
16.10		$	0.000 %
16.11		$	0.000 %

Amount and percentage of the reporting entity's total admitted assets held in the following categories of mortgage loans:

		Loans	
16.12	Construction loans	$	0.000 %
16.13	Mortgage loans over 90 days past due	$	0.000 %
16.14	Mortgage loans in the process of foreclosure	$	0.000 %
16.15	Mortgage loans foreclosed	$	0.000 %
16.16	Restructured mortgage loans	$	0.000 %

17. Aggregate mortgage loans having the following loan-to-value ratios as determined from the most current appraisal as of the annual statement date:

Loan-to-Value	Residential		Commercial		Agricultural	
	1	2	3	4	5	6
17.01 above 95%	$	0.000 %	$	0.000 %	$	0.000 %
17.02 91% to 95%	$	0.000 %	$	0.000 %	$	0.000 %
17.03 81% to 90%	$	0.000 %	$	0.000 %	$	0.000 %
17.04 71% to 80%	$	0.000 %	$	0.000 %	$	0.000 %
17.05 below 70%	$	0.000 %	$	0.000 %	$	0.000 %

18. Amounts and percentages of the reporting entity's total admitted assets held in each of the five largest investments in real estate:

18.01 Are assets held in real estate reported less than 2.5% of the reporting entity's total admitted assets? Yes [X] No [ ]

If response to 18.01 above is yes, responses are not required for the remainder of Interrogatory 18.

Largest five investments in any one parcel or group of contiguous parcels of real estate:

	Description	2	3
18.02		$	0.000 %
18.03		$	0.000 %
18.04		$	0.000 %
18.05		$	0.000 %
18.06		$	0.000 %

19. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments held in mezzanine real estate loans.

19.01 Are assets held in investments held in mezzanine real estate loans less than 2.5% of the reporting entity's admitted assets? Yes [X] No [ ]

If response to 19.01 is yes, responses are not required for the remainder of Interrogatory 19.

	1	2	3
19.02	Aggregate statement value of investments held in mezzanine real estate loans	$	0.000 %
	Largest three investments held in mezzanine real estate loans:		
19.03		$	0.000 %
19.04		$	0.000 %
19.05		$	0.000 %

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

		At Year-End		At End of Each Quarter		
				1st Qtr	2nd Qtr	3rd Qtr
		1	2	3	4	5
20.01	Securities lending agreements (do not include assets held as collateral for such transactions)	$	0.000 %	$	$	$
20.02	Repurchase agreements	$	0.000 %	$	$	$
20.03	Reverse repurchase agreements	$	0.000 %	$	$	$
20.04	Dollar repurchase agreements	$	0.000 %	$	$	$
20.05	Dollar reverse repurchase agreements	$	0.000 %	$	$	$

21. Amounts and percentages of the reporting entity's total admitted assets for warrants not attached to other financial instruments, options, caps and floors:

	Owned		Written	
	1	2	3	4
21.01 Hedging	$	0.000 %	$	0.000 %
21.02 Income generation	$	0.000 %	$	0.000 %
21.03 Other	$	0.000 %	$	0.000 %

22. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for collars, swaps, and forwards:

	At Year-End		At End of Each Quarter		
			1st Qtr	2nd Qtr	3rd Qtr
	1	2	3	4	5
22.01 Hedging	$	0.000 %	$	$	$
22.02 Income generation	$	0.000 %	$	$	$
22.03 Replications	$	0.000 %	$	$	$
22.04 Other	$	0.000 %	$	$	$

23. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for futures contracts:

	At Year-End		At End of Each Quarter		
			1st Qtr	2nd Qtr	3rd Qtr
	1	2	3	4	5
23.01 Hedging	$	0.000 %	$	$	$
23.02 Income generation	$	0.000 %	$	$	$
23.03 Replications	$	0.000 %	$	$	$
23.04 Other	$	0.000 %	$	$	$

Long-Term Care Experience Reporting Form 1
NONE

Long-Term Care Experience Reporting Form 2 - Individual
NONE

Long-Term Care Experience Reporting Form 2 - Group
NONE

Long-Term Care Experience Reporting Form 2 - Summary
NONE

Long-Term Care Experience Reporting Form 3 - Individual
NONE

Long-Term Care Experience Reporting Form 3 - Group
NONE

Long-Term Care Experience Reporting Form 3 - Summary
NONE

Long-Term Care Experience Reporting Form 4
NONE

* 1 2 5 3 4 2 0 1 6 3 0 5 5 9 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM 5
EXPERIENCE IN THE STATE OF GRAND TOTAL

REPORTING YEAR 2016

NAIC Group Code: 4812 (To Be Filed By April 1) NAIC Company Code: 12534

NONE

	1 Earned Premiums	2 Incurred Claims	3 Inforce Count End of Year	4 Lives In Force End of Year
1. Individual				
2. Group				
3. Total	0	0	0	0
4. Actual total reported experience through prior year			XXX	XXX
5. Actual total reported experience through statement year	0	0	XXX	XXX

MANAGEMENT'S DISCUSSION AND ANALYSIS

12534201635000100

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Membership

Our primary source of revenue is monthly premium payments we received based on membership enrolled in our Medicaid Plan. The following table summarizes our Medicaid plan's membership as of the dates indicated.

	2016	2015
Medicaid	125,674	129,770
	125,674	129,770

Our Medicaid membership decreased by approximately 3% to 125,674 members at December 31, 2016 as compared to 129,770 members at December 31, 2015.

Twelve Months Ended December 31, 2016
In thousands

	2016		2015		Variance	%
Revenue:						
Premium revenue	$ 249,582	99.6%	$ 193,401	99.7%	$ 56,181	29.0%
Investment income	1,017	0.4%	651	0.3%	366	56.3%
Total revenue	250,599	100%	194,052	100%	56,547	29.1%
Operating expenses:						
Medical costs	224,938	89.8%	173,570	89.4%	51,368	29.6%
Selling, general and administrative	26,987	10.8%	22,735	11.7%	4,253	18.7%
Bad Debt Expense						
Total operating expenses	251,925	100.5%	196,305	101.2%	55,620	28.3%
Income before income taxes	(1,326)	-0.5%	(2,253)	-1.2%	927	-41.1%
Income tax expense	-	0.0%	-	0.0%	-	0.0%
Net Income	$ (1,326)	-0.5%	$ (2,253)	-1.2%	927	-41.1%

Comparison of the year ended December 31, 2016 to the year ended December 31, 2015

Revenue

Total revenue was $250.6 millions in the year ended December 31, 2016 as compared with $194.1 millions for the same period in 2015, representing an increase of $56.5 millions, or 29.1%. The components of revenue were as follows:

Premium Revenue:

Total premium revenue for the year ended December 31, 2016 was $249.6 millions as compared with $193.4 millions in the same period in 2015, representing an increase of $56.2 millions, or 29.0%. The primary reason(s) for such increase were as follows:

Volume:

Total member months were 1,518,308 for the year ended December 31, 2016 as compared to 1,198,249 for the year ended December 31, 2015 representing an increase of 320,059 member months or $51.7 millions. Such increase is due to that the Medicaid program started on April 2015. Year 2015 had nine months of premiums.

Rate/PMPM:

Total premium revenue per member per month (PMPM) was $164.38 for the year ended December 31, 2016 as compared to $161.40 for the same period in 2015 representing an increase of $4.5 millions.

Investment Income and other income:
Investment income was $1 million for the year ended December 31, 2016 compared to $.6 million for the same period of 2015, reflecting an increase of $.4 million, or 56.3%. Such increase is mainly to increase in investing activities during the period.

Medical Expense
Total medical costs for the year ended December 31, 2016 was $224.9 millions as compared with $173.5 millions in the same period for 2015, representing an increase of $51.4 millions. The medical loss ratio (MLR) was 90.1% for the year ended December 31, 2016 as compared to 89.8% in the same period in 2015. The primary reason(s) for such increase were as follows:

Volume:
Total member months were 1,518,308 for the year ended December 31, 2016 as compared with 1,198,249 for the year ended December 31, 2015 representing an increase of 320,059 member months or $46.4 millions. Such increase is due to that the Medicaid program started on April 2015. Year 2015 had nine months of claims.

Rate/PMPM:
Total medical costs PMPM was $148.15 for the year ended December 31, 2016 as compared with $144.85 in the same period in 2015 representing an increase of $5 millions. Such increase is mainly related increase in prescriptions drugs compared to prior year.

Selling, General and Administrative Expense
Selling, general and administrative expense, or "SG&A" for the twelve months ended December 31, 2016 was $27 millions as compared with $22.7 millions for the same period in 2015, an increase of $4.3 millions, or 18.7%. Increase in administrative is mainly due that year 2016 had more expenses since Medicaid program started in April 2015.