

ANNUAL STATEMENT

OF THE

Ryder Health Plan, Inc.

TO THE

Insurance Department

OF THE

STATE OF

FOR THE YEAR ENDED
DECEMBER 31, 2015

HEALTH

2015

RECIBIDO OFICINA
COMISIONADO DE SEGUROS

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HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE

Ryder Health Plan, Inc

NAIC Group Code 0000 (Current) NAIC Company Code 95743 Employer's ID Number 66-0407821
Organized under the Laws of Puerto Rico (Prior) Puerto Rico, State of Domicile or Port of Entry Puerto Rico
Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 05/07/1984 Commenced Business 10/01/1984

Statutory Home Office 353 Font Martelo Ave, Suite 1 Humacao, PR, US 00791
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 353 Font Martelo Ave, Suite 1 Humacao, PR, US 00791
(Street and Number) (Area Code) (Telephone Number)

Mail Address 353 Font Martelo Ave, Suite 1 Humacao, PR, US 00791
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 353 Font Martelo Ave, Suite 1 Humacao, PR, US 00791
(Street and Number) (Area Code) (Telephone Number)

Internet Website Address www.planryder.com
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Statutory Statement Contact Yarlin M Rosa 787-852-0846
(Name) (Area Code) (Telephone Number)
planryder@yahoo.com 787-850-4863
(E-mail Address) (FAX Number)

OFFICERS

Executive Director Jose R Feliciano
Administrative Director Juan L De La Rosa

OTHER

DIRECTORS OR TRUSTEES

Edward Rivera	Heriberto Silva	Elsa Berrios
Jesus M Reina	Michael Diaz	Elisama Velazquez
Roque Lebron	Jose Fernandez	Esther Aleman
Boanerges Garcia	Elba Santana	Holly L MillerShank
Barbara T Baylor	Hector Rosario	Miriam Alicea
Francisca Rodriguez	Pedro Cepeda	Norelis Saldaña
Otto F Nadal		

State of Puerto Rico SS:
County of Humacao

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.

Jose R Feliciano Juan L De La Rosa
Executive Director Administrative Director

Subscribed and sworn to before me this 29th day of march 2016. Yes [X] No []
April 2-Josue Sepulveda 1. State the amendment number
2. Date filed
3. Number of pages attached



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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

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)	225,000		225,000	225,000
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):			0	0
4.1 Properties occupied by the company (less \$ encumbrances)				
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ 850,388, Schedule E - Part 1), cash equivalents (\$, Schedule E - Part 2) and short-term investments (\$, Schedule DA)	850,388		850,388	983,891
6. Contract loans, (including \$ premium notes)			0	0
7. Derivatives (Schedule DB)			0	0
8. Other invested assets (Schedule BA)			0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL)			0	0
11. Aggregate write-ins for invested assets	10,856	10,856	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	1,086,244	10,856	1,075,388	1,208,891
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	4,964		4,964	5,420
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	185,246	2,937	182,309	224,379
15.2 Deferred premiums and agents' balances and instalments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)	6,735	6,735	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	46,950		46,950	0
24. Health care (\$ 10,013) and other amounts receivable	10,013		10,013	11,360
25. Aggregate write-ins for other than invested assets	72	0	72	112
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,340,224	20,528	1,319,696	1,450,162
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 25 and 27)	1,340,224	20,528	1,319,696	1,450,162
DETAILS OF WRITE-INS				
1101. Prepaid expenses	10,856	10,856	0	0
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	10,856	10,856	0	0
2501. POPI Fee Receivable	72		72	112
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	72	0	72	112

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

LIABILITIES, CAPITAL AND SURPLUS

	Current Year		Prior Year	
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	117,545		117,545	100,290
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses			0	0
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	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	34,274		34,274	33,792
9. General expenses due or accrued	47,347		47,347	49,493
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including current)				0
15. Amounts due to parent, subsidiaries and affiliates			0	0
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$ companies)			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)				0
24. Total liabilities (Lines 1 to 23)	600,000	0	600,000	600,000
25. Aggregate write-ins for special surplus funds	799,166	0	799,166	783,575
26. Common capital stock	XXX	XXX	0	0
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX		
29. Surplus notes	XXX	XXX	25,000	25,000
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	495,530	641,587
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	520,530	666,587
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	1,319,896	1,450,162
DETAILS OF WRITE-INS				
2301. State Mandatory Reserve	600,000		600,000	600,000
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	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 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	XXX	36,140	43,506
2. Net premium income (including \$ non-health premium income)	XXX	1,905,712	2,469,476
3. Change in unearned premium reserves and reserve for rate credits	XXX	0	0
4. Fee-for-service (net of \$ medical expenses)	XXX	0	0
5. Risk revenue	XXX	0	0
6. Aggregate write-ins for other health care related revenues	XXX	14,324	23,150
7. Aggregate write-ins for other non-health revenues	XXX	9,382	6,602
8. Total revenues (Lines 2 to 7)	XXX	1,929,418	2,499,228
Hospital and Medical:			
9. Hospital/medical benefits		1,298,269	1,647,465
10. Other professional services		0	0
11. Outside referrals		0	0
12. Emergency room and out-of-area		0	0
13. Prescription drugs		387,070	437,385
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		0	0
16. Subtotal (Lines 9 to 15)	0	1,685,339	2,084,850
Less:			
17. Net reinsurance recoveries		0	0
18. Total hospital and medical (Lines 16 minus 17)	0	1,685,339	2,084,850
19. Non-health claims (net)		0	0
20. Claims adjustment expenses, including \$ 0 cost containment expenses		0	0
21. General administrative expenses		405,941	389,859
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		0	0
23. Total underwriting deductions (Lines 18 through 22)	0	2,091,280	2,474,709
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(161,862)	24,519
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		8,775	10,378
26. Net realized capital gains (losses) less capital gains tax of \$	0	8,775	10,378
27. Net investment gains (losses) (Lines 25 plus 26)			
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(153,087)	34,897
31. Federal and foreign income taxes incurred	XXX		
32. Net income (loss) (Lines 30 minus 31)	XXX	(153,087)	34,897
DETAILS OF WRITE-INS			
0601. Pharmacy rebates	XXX	14,324	23,150
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	14,324	23,150
0701. Miscellaneous Income	XXX	9,382	6,602
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	9,382	6,602
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	686,587	714,396
34. Net income or (loss) from Line 32.	(153,087)	34,897
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax		
39. Change in nonadmitted assets	4,030	7,893
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	(25,000)
43. Cumulative effect of changes in accounting principles		
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0
44.3 Transferred to surplus		
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders		
47. Aggregate write-ins for gains or (losses) in surplus	3,000	(65,599)
48. Net change in capital and surplus (Lines 34 to 47)	(146,057)	(47,809)
49. Capital and surplus end of reporting period (Line 33 plus 48)	520,530	686,587
DETAILS OF WRITE-INS		
4701. Adjustment necessary to reconcile net assets to net liabilities and capital	3,000	4,844
4702. Accrued interest on surplus note (since note originated in 1984)		(70,443)
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	3,000	(65,599)

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

CASH FLOW

		1	2
		Current Year	Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	1,957,965	2,518,848
2.	Net investment income	9,231	13,901
3.	Miscellaneous income	23,706	29,752
4.	Total (Lines 1 through 3)	1,990,902	2,562,501
5.	Benefit and loss related payments	1,688,084	2,113,655
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	415,022	365,253
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	0
10.	Total (Lines 5 through 9)	2,083,106	2,478,908
11.	Net cash from operations (Line 4 minus Line 10)	(92,204)	83,593
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds	0	0
12.2	Stocks	0	0
12.3	Mortgage loans	0	0
12.4	Real estate	0	0
12.5	Other invested assets	0	0
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7	Miscellaneous proceeds	0	0
12.8	Total investment proceeds (Lines 12.1 to 12.7)	0	0
13.	Cost of investments acquired (long-term only):		
13.1	Bonds	0	0
13.2	Stocks	0	0
13.3	Mortgage loans	0	0
13.4	Real estate	0	0
13.5	Other invested assets	0	0
13.6	Miscellaneous applications	0	0
13.7	Total investments acquired (Lines 13.1 to 13.6)	0	0
14.	Net increase (decrease) in contract loans and premium notes	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	0	0
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes	0	(25,000)
16.2	Capital and paid in surplus, less treasury stock	0	0
16.3	Borrowed funds	0	0
16.4	Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5	Dividends to stockholders	0	0
16.6	Other cash provided (applied)	(41,299)	(138,583)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(41,299)	(163,583)
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)	(133,503)	(79,990)
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	983,891	1,063,881
19.2	End of year (Line 18 plus Line 19.1)	850,388	983,891

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business				
1	2	3	4	
Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)	
1. Comprehensive (hospital and medical)	1,884,312		1,884,312	
2. Medicare Supplement	21,400		21,400	
3. Dental only			0	
4. Vision only			0	
5. Federal Employees Health Benefits Plan	0		0	
6. Title XVIII - Medicare	0		0	
7. Title XIX - Medicaid	0		0	
8. Other health			0	
9. Health subtotal (Lines 1 through 8)	1,905,712	0	1,905,712	
10. Life	0		0	
11. Property/casualty	0		0	
12. Totals (Lines 9 to 11)	1,905,712	0	1,905,712	

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.
UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

1	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	4	5	6 Federal Health Employees Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1.	Payments during the year:	1,668,084	1,649,879	18,205	0	0	0	0	0	0
1.1	Direct:	0	0	0	0	0	0	0	0	0
1.2	Reinsurance assumed	0	0	0	0	0	0	0	0	0
1.3	Reinsurance ceded	0	0	0	0	0	0	0	0	0
2.	Paid medical incentive pools and bonuses	1,668,084	1,649,879	18,205	0	0	0	0	0	0
3.	Claim liability December 31, current year from Part 2A:	117,545	114,433	3,112	0	0	0	0	0	0
3.1	Direct:	0	0	0	0	0	0	0	0	0
3.2	Reinsurance assumed	0	0	0	0	0	0	0	0	0
3.3	Reinsurance ceded	0	0	0	0	0	0	0	0	0
3.4	Net:	117,545	114,433	3,112	0	0	0	0	0	0
4.	Claim reserve December 31, current year from Part 2D:	0	0	0	0	0	0	0	0	0
4.1	Direct:	0	0	0	0	0	0	0	0	0
4.2	Reinsurance assumed	0	0	0	0	0	0	0	0	0
4.3	Reinsurance ceded	0	0	0	0	0	0	0	0	0
4.4	Net:	0	0	0	0	0	0	0	0	0
5.	Accrued medical incentive pools and bonuses, current year	0	0	0	0	0	0	0	0	0
6.	Net healthcare receivables (a)	0	0	0	0	0	0	0	0	0
7.	Amounts recoverable from reinsurers December 31, current year	0	0	0	0	0	0	0	0	0
8.	Claim liability December 31, prior year from Part 2A:	100,290	96,858	3,432	0	0	0	0	0	0
8.1	Direct:	0	0	0	0	0	0	0	0	0
8.2	Reinsurance assumed	0	0	0	0	0	0	0	0	0
8.3	Reinsurance ceded	0	0	0	0	0	0	0	0	0
8.4	Net:	100,290	96,858	3,432	0	0	0	0	0	0
9.	Claim reserve December 31, prior year from Part 2D:	0	0	0	0	0	0	0	0	0
9.1	Direct:	0	0	0	0	0	0	0	0	0
9.2	Reinsurance assumed	0	0	0	0	0	0	0	0	0
9.3	Reinsurance ceded	0	0	0	0	0	0	0	0	0
9.4	Net:	0	0	0	0	0	0	0	0	0
10.	Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0
11.	Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0
12.	Incurred Benefits:	1,665,339	1,667,454	17,885	0	0	0	0	0	0
12.1	Direct:	0	0	0	0	0	0	0	0	0
12.2	Reinsurance assumed	0	0	0	0	0	0	0	0	0
12.3	Reinsurance ceded	0	0	0	0	0	0	0	0	0
12.4	Net:	1,665,339	1,667,454	17,885	0	0	0	0	0	0
13.	Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.
UNDERWRITING AND INVESTMENT EXHIBIT

	PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR									
	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Other Health	Other Non-Health
1. Reported in Process of Adjustment:	1.1 Direct	100,797	98,642	2,155	0	0	0	0	0	0
	1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0
	1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0
	1.4 Net	100,797	98,642	2,155	0	0	0	0	0	0
2. Incurred but Unreported:	2.1 Direct	16,748	15,791	957	0	0	0	0	0	0
	2.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0
	2.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0
	2.4 Net	16,748	15,791	957	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:	3.1 Direct	0	0	0	0	0	0	0	0	0
	3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0
	3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0
	3.4 Net	0	0	0	0	0	0	0	0	0
4. TOTALS:	4.1 Direct	117,545	114,433	3,112	0	0	0	0	0	0
	4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0
	4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0
	4.4 Net	117,545	114,433	3,112	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	On Claims Incurred Prior to January 1 of Current Year		On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4			
1. Comprehensive (hospital and medical)	16,547	1,626,899	80,311		34,122	96,858	96,858
2. Medicare Supplement	1,658	22,980	1,774		1,338	3,432	3,432
3. Dental Only						0	0
4. Vision Only						0	0
5. Federal Employees Health Benefits Plan						0	0
6. Title XVIII - Medicare						0	0
7. Title XIX - Medicaid						0	0
8. Other health						0	0
9. Health subtotal (Lines 1 to 8)	18,205	1,649,879	82,085		35,460	100,290	100,290
10. Healthcare receivables (a)						0	0
11. Other non-health						0	0
12. Medical incentive pools and bonus amounts						0	0
13. Totals (Lines 9 - 10 + 11 + 12)	18,205	1,649,879	82,085		35,460	100,290	100,290

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Section A - Paid Health Claims - Medicare Supplement

Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year		Year in Which Losses Were Incurred	
1	2011	0	0
2	2012	0	0
3	2013	0	0
4	2014	0	0
5	2015	0	0

Section 9 - Net Net Claims and Claims Adjustment Expense Ratio - Medicare Supplement																					
Years in which Premiums were Earned and Claims were Incurred		1		2		3		4		5		6		7		8		9		10	
Premiums Earned		Claims Payment		Claim Adjustment		(Col. 3/2) Percent		Claim and Claim Adjustment Expense Payments (Col. 2 + 3)		(Col. 5/1) Percent		Claims Unpaid		Unpaid Claims Adjustment		Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)		(Col. 9/1) Percent			
1. 2011	126	116	0.0	116	0.0	0.0	0.0	116	92.1	92.1	92.1	116	92.1	92.1	116	92.1	92.1	92.1	92.1	92.1	
2. 2012	100	69	0.0	69	0.0	0.0	0.0	69	69.0	69.0	69.0	69	69.0	69.0	69	69.0	69.0	69.0	69.0	69.0	
3. 2013	80	53	0.0	53	0.0	0.0	0.0	53	66.3	66.3	66.3	53	66.3	66.3	53	66.3	66.3	66.3	66.3	66.3	
4. 2014	57	35	0.0	35	0.0	0.0	0.0	35	61.4	61.4	61.4	35	61.4	61.4	35	61.4	61.4	61.4	61.4	61.4	
5. 2015	21	18	0.0	18	0.0	0.0	0.0	18	85.7	85.7	85.7	18	85.7	85.7	18	85.7	85.7	85.7	85.7	85.7	

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred					Cumulative Net Amounts Paid					
1.	2.	3.	4.	5.	6.	1	2	3	4	5
Prior	2011	2012	2013	2014	2015					
	0	0	0	0	0	0	0	0	0	4,807
	0	0	0	0	0	0	0	0	0	2,365
	0	0	0	0	0	0	0	0	0	2,382
	0	0	0	0	0	0	0	0	0	2,362
	0	0	0	0	0	0	0	0	0	2,113
	0	0	0	0	0	0	0	0	0	1,668

Section B - Incurred Health Claims - Grand Total

Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year		Year in Which Losses Were Incurred				
		1	2	3	4	5
		2011	2012	2013	2014	2015
		0	0	0	0	0
		0		0	2,341	2,515
		XXX	XXX	0	2,295	2,085
		XXX	XXX	XXX	2,085	1,685
		XXX	XXX	XXX	XXX	XXX
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Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred		Claim Adjustment Expense Payments		Claim and Claim Adjustment Expense Payments (Col. 2 + 3)		Claims Unpaid		Unpaid Claims Adjustment Expenses		Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)		Percent (Col. 9/1)	
1	Premiums Earned	3	(Col. 3/2)	5	(Col. 5/1)	7	8	9	10				
1. 2011	2,580	2,365	0.0	2,365	91.7	72	0	2,437	94.5				
2. 2012	2,733	2,382	0.0	2,382	87.2	8	0	2,390	87.4				
3. 2013	2,618	2,362	0.0	2,362	90.2	1	0	2,363	90.3				
4. 2014	2,469	2,113	0.0	2,113	85.6	1	0	2,114	85.6				
5. 2015	1,906	1,668	0.0	1,668	87.5	35	0	1,703	89.3				

UNDERWRITING AND INVESTMENT EXHIBIT

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

1.	Unearned premium reserves	
2.	Additional policy reserves (a)	
3.	Reserve for future contingent benefits	
4.	Reserve for rate credits or experience rating refunds (including \$) for investment income	
5.	Aggregate write-ins for other policy reserves	
6.	Totals (gross)	
7.	Reinsurance ceded	
8.	Totals (Net)(Page 3, Line 4)	
9.	Present value of amounts not yet due on claims	
10.	Reserve for future contingent benefits	
11.	Aggregate write-ins for other claim reserves	
12.	Totals (gross)	
13.	Reinsurance ceded	
14.	Totals (Net)(Page 3, Line 7)	
DETAILS OF WRITE-INS		
0501.		
0502.		
0503.		
0598.	Summary of remaining write-ins for Line 5 from overflow page	
0599.	Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	
1101.		
1102.		
1103.		
1198.	Summary of remaining write-ins for Line 11 from overflow page	
1199.	Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES				
	Claim Adjustment Expenses			
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses
				5 Total
1. Rent (\$ for occupancy of own building)			24,000	24,000
2. Salary, wages and other benefits			140,512	140,512
3. Commissions (less \$ assumed)				0
4. Legal fees and expenses			529	529
5. Certifications and accreditation fees				0
6. Auditing, actuarial and other consulting services			109,856	109,856
7. Traveling expenses				0
8. Marketing and advertising			19,109	19,109
9. Postage, express and telephone			7,519	7,519
10. Printing and office supplies			5,487	5,487
11. Occupancy, depreciation and amortization			3,040	3,040
12. Equipment			920	920
13. Cost or depreciation of EDP equipment and software			3,775	3,775
14. Outsourced services including EDP, claims, and other services				0
15. Boards, bureaus and association fees				0
16. Insurance, except on real estate			10,687	10,687
17. Collection and bank service charges			5,692	5,692
18. Group service and administration fees				0
19. Reimbursements by uninsured plans				0
20. Reimbursements from fiscal intermediaries				0
21. Real estate expenses				0
22. Real estate taxes				0
23. Taxes, licenses and fees:				0
23.1 State and local insurance taxes			1,353	1,353
23.2 State premium taxes			19,057	19,057
23.3 Regulatory authority licenses and fees			5,000	5,000
23.4 Payroll taxes			12,459	12,459
23.5 Other (excluding federal income and real estate taxes)			3,792	3,792
24. Investment expenses not included elsewhere				0
25. Aggregate write-ins for expenses	0	0	33,174	33,174
26. Total expenses incurred (Lines 1 to 25)	0	0	405,941	(a) 405,941
27. Less expenses unpaid December 31, current year			47,347	47,347
28. Add expenses unpaid December 31, prior year			49,493	49,493
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	408,087	408,087
DETAILS OF WRITE-INS				
2501. Bad Debts			8,377	8,377
2502. Purchases Expenses			107	107
2503. Repairs			6,943	6,943
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	17,747	17,747
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	33,174	33,174
(a) Includes management fees of \$ to affiliates and \$ to non-affiliates.				

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.
EXHIBIT OF NET INVESTMENT INCOME

		1		2	
		Collected During Year		Earned During Year	
		(a)	(a)	(g)	(g)
1.	U.S. government bonds				
1.1	Bonds exempt from U.S. tax				
1.2	Other bonds (unaffiliated)		3,375		3,375
1.3	Bonds of affiliates				
2.1	Preferred stocks (unaffiliated)				
2.11	Preferred stocks of affiliates				
2.2	Common stocks (unaffiliated)				
2.21	Common stocks of affiliates				
3.	Mortgage loans				
4.	Real estate				
5.	Contract Loans				
6.	Cash, cash equivalents and short-term investments				
7.	Derivative instruments				
8.	Other invested assets				
9.	Aggregate write-ins for investment income		5,856		5,400
10.	Total gross investment income		9,231		8,775
11.	Investment expenses				
12.	Investment taxes, licenses and fees, excluding federal income taxes				
13.	Interest expense				
14.	Depreciation on real estate and other invested assets				
15.	Aggregate write-ins for deductions from investment income				
16.	Total deductions (Lines 11 through 15)				
17.	Net investment income (Line 10 minus Line 16)				
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998.	Summary of remaining write-ins for Line 9 from overflow page		0		0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)		0		0
1501.					
1502.					
1503.					
1598.	Summary of remaining write-ins for Line 15 from overflow page				0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)				0

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

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds	0	0	0	0	0
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)	0	0	0	0	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	0	0	0	0	0
5.	Contract loans	0	0	0	0	0
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	0	0	0	0	0
DETAILS OF WRITE-INS						
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

EXHIBIT OF NON-ADMITTED 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):			0
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			0
3.1 First liens			0
3.2 Other than first liens			0
4. Real estate (Schedule A):			0
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	10,856	2,534	(8,322)
12. Subtotals, cash and invested assets (Lines 1 to 11)	10,856	2,534	(8,322)
13. Title plants (for Title insurers only)			0
14. Investment income due and accrued			0
15. Premiums and considerations:			0
15.1 Uncollected premiums and agents' balances in the course of collection	2,937	12,638	9,701
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:			0
16.1 Amounts recoverable from reinsurers			0
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans			0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset			0
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software			0
21. Furniture and equipment, including health care delivery assets	6,735	9,385	2,651
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivable from parent, subsidiaries and affiliates			0
24. Health care and other amounts receivable		0	0
25. Aggregate write-ins for other than invested assets	0		0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	20,528	24,558	4,030
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	20,528	24,558	4,030
DETAILS OF WRITE-INS			
1101. PREPAID EXPENSES	10,856	2,534	(8,322)
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	10,856	2,534	(8,322)
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment							6 Member Months Current Year						
							5 Current Year						
							4 Third Quarter						
							3 Second Quarter						
							2 First Quarter						
							1 Prior Year						
1. Health Maintenance Organizations							3,450	2,978	3,023	3,085	3,020	36,140	
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	0
7. Total							3,450	2,978	3,023	3,085	3,020	36,140	
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	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)							0	0	0	0	0	0	0

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

Name of Debtor		1 - 30 Days		31 - 60 Days		61 - 90 Days		Over 90 Days		Nonadmitted		Admitted	
019999 Total Individuals		25,796		7,508		666		908		908		33,970	
Group Subscribers:													
029998, Premiums due and unpaid not individually listed		50,128		48,514		49,697		2,029		2,029		148,339	
029999, Total group		50,128		48,514		49,697		2,029		2,029		148,339	
039999, Premiums due and unpaid from Medicare entities													
049999, Premiums due and unpaid from Medicaid entities													
059999 Accident and health premiums due and unpaid (Page 2, Line 15)		75,924		56,022		50,363		2,937		2,937		182,309	

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	Name of Debtor						7
	2	3	4	5	6	0	Admitted
0199998, Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	1,194	1,194	1,194	6,431	0	0	10,013
0199999, Total Pharmaceutical Rebate Receivables	1,194	1,194	1,194	6,431	0	0	
0299998, Aggregate Claim Overpayment Receivables Not Individually Listed							
0299999, Total Claim Overpayment Receivables	0	0	0	0	0	0	0
0399998, Aggregate Loans and Advances to Providers Not Individually Listed							
0399999, Total Loans and Advances to Providers	0	0	0	0	0	0	0
0499998, Aggregate Capitation Arrangement Receivables Not Individually Listed							
0499999, Total Capitation Arrangement Receivables	0	0	0	0	0	0	0
0599998, Aggregate Risk Sharing Receivables Not Individually Listed							
0599999, Total Risk Sharing Receivables	0	0	0	0	0	0	0
0699998, Aggregate Other Receivables Not Individually Listed							
0699999, Total Other Receivables	0	0	0	0	0	0	0
0799999 Gross health care receivables							10,013
	1,194	1,194	1,194	6,431	0	0	

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)	35,269				82,276	117,545
0199999. Individually listed claims unpaid		0	0	0		117,545
0299999. Aggregate accounts not individually listed - uncovered						0
0399999. Aggregate accounts not individually listed - covered						0
0499999. Subtotals						
0599999. Unreported claims and other claim reserves	35,269	0	0	0	82,276	117,545
0699999. Total amounts withheld						
0799999. Total claims unpaid						117,545
0899999. Accrued medical incentive pool and bonus amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	Name of Affiliate	Ryder Memorial Hospital, Inc.					
		0199999, Individually listed receivables					
		46,950	0	0	0	0	46,950
2	1 - 30 Days	46,950					
3	31 - 60 Days						
4	61 - 90 Days						
5	Over 90 Days						
6	Nonadmitted		0				
7	Current	46,950					46,950
	Admitted						
8	Non-Current						
		0299999, Receivables not individually listed					
		0399999 Total gross amounts receivable					

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate		2 Description	3 Amount	4 Current	5 Non-Current
0199999. Individually listed payables			0	0	0
0299999. Payables not individually listed			0		
0399999 Total gross payables			0	0	0

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

24

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1	2	3	4	5	6
	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	153,186		146,151	6,735	6,735	
2. Medical furniture, equipment and fixtures						0
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	153,186	0	146,151	6,735	6,735	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

Ryder Health Plan, Inc.
Notes to Statutory-Basis Financial Statement
For the Period Ended December 31, 2015

Note 1 - Summary of Significant Accounting Policies

A. The accompanying statutory basis financial statement has been completed in accordance with the Accounting Practices and Procedures Manual. Such practices make a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America (GAAP).

Reconciliation of the Company's net income and capital & surplus between NAIC SAP and the state of PR is shown below.

NET INCOME

	2015	2014	State
01. Ryder Health Plan, Inc. state basis	\$(153,087.63)	34,897	PR
02. State Prescribed Practices that increase/(decrease) NAIC SAP: NONE			
03. State Permitted Practices that increase/(decrease) NAIC SAP: NONE			
04. NAIC SAP	\$(153,087.63)	34,897	PR

SURPLUS

	2015	2014	State
05. Ryder Health Plan, Inc. state basis	520,530	666,587	PR
06. State Prescribed Practices that increase/(decrease) NAIC SAP: NONE			
07. State Permitted Practices that increase/(decrease) NAIC SAP: NONE			
08. NAIC SAP	520,530	666,587	PR

B. The preparation of financial statements in conformity the Annual Statement Instructions and Accounting Practices and Procedures Manual requires management to make estimates and assumptions that affect the amounts reported in the financial statements.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

C. Accounting policies

Health Plan premiums are due monthly and are recognized as revenue during the period in which the Plan is obligated to provide services to the members. Investment income is recognized monthly as the investments mature.

In addition, the company uses the following accounting policies:

1. Short-term investments are stated using the cost method. They consist of three certificates of deposit of \$341,630, \$300,000, and \$75,000, which maturity dates fall within a year or less. These are presented as cash. The changes that may occur would be on interest rates at maturity date. Interest accrued on the certificate of deposit of \$341,630 is capitalized at maturity.
2. SSAP No. 26 – Bonds requires long-term certificates of deposit (\$225,000) to be presented as bonds in the Annual Statement. These are stated at cost, the principal amount is fixed and untouched. The changes that may occur would be on interest rates at maturity date.
3. The company does not have common stocks.
4. The company does not have preferred stocks.
5. The company does not have mortgage loans.
6. The company does not have loan-backed securities.
7. The company does not have subsidiaries or controlled entities. Neither has it any investments in affiliated entities.
8. The company does not have any investments in joint ventures, partnerships or limited liability companies.
9. The company does not have derivatives.
10. The company does not utilize an anticipated investment income as a factor in the premium deficiency calculation.
11. The company records allowed claims as liability at the date they are received. Claim liability for services rendered prior to year-end is reported as "Incurred But Not Reported" and the amount is estimated using the average of prior year's claims received after year-end during the last two years.
12. There have been no changes to the capitalization policy from the prior period.
13. Pharmaceutical rebate receivables are estimated using the average of actual pharmaceutical rebates received during the last two years.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

Additional information:

The long-term certificates of deposit of \$225,000 and the short-term ones of \$300,000 and \$75,000 are restricted mandatorily by the state. The total of the restricted deposit is \$600,000.

Detail of investments:

Bank	Interest rate	Amount	Maturity
Banco Popular de Puerto Rico	0.65%	\$ 341,630	1 year
Oriental Group	0.85%	300,000	1 year
Oriental Group	0.50%	75,000	1 year
Oriental Group	1.50%	75,000	3 years
Oriental Group	1.50%	75,000	3 years
Oriental Group	1.50%	75,000	3 years

Note 2 – Accounting Changes and Correction of Errors

- Not applicable.

Note 3 – Business Combinations and Goodwill

- Not applicable.

Note 4 – Discontinued Operations

- Not applicable.

Note 5 – Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans
Not applicable. The company does not have mortgage or real estate loans.
- B. Debt Restructuring
Not applicable. The company does not have restructured debts.
- C. Reverse Mortgages
Not applicable. The company does not have reverse mortgages.
- D. Loan-Backed Securities
Not applicable. The company does not have loan-backed securities.
- E. Repurchase Agreements and/or Securities Lending Transactions
Not applicable. The company does not have repurchase agreements or securities lending transactions.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

- F. Real Estate
Not applicable. The company does not have investments in real estate.
- G. Investments in low-income tax credits (LIHTC)
Not applicable. The company does not have investments in low-income tax credits.
- H. Restricted Assets

Restricted Asset Category	1	2	3	4	5	6
	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase / (Decrease)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown						
b. Collateral held under security lending agreements						
c. Subject to repurchase agreements						
d. Subject to reverse repurchase agreements						
e. Subject to dollar repurchase agreements						
f. Subject to dollar reverse repurchase agreements						
g. Placed under option contracts						
h. Letter stock or securities restricted as to sale						
i. On deposit with states	\$ 600,000	\$ 600,000	-	\$ 600,000	44.769%	45.465%
j. On deposit with other regulatory bodies						
k. Pledged as collateral not captured in other category						
l. Other restricted assets						
m. Total Restricted Assets	\$ 600,000	\$ 600,000	-	\$ 600,000	44.769%	45.465%

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

- Not applicable.

Note 7 – Investment Income

- All investment due and accrued with amounts that are over 90 days past due are excluded from surplus.

Note 8 – Derivative Instruments

- Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

Note 9 – Income taxes

- Not applicable. The Plan is a not-for-profit organization under the laws of the Commonwealth of Puerto Rico and enjoys tax exemption on income, property, municipal and excise taxes under Chapter 10, Section 1101, of the Puerto Rico Internal Revenue Code of 2011, as amended. Also, the Plan is a tax exempt entity under Section 501 (c) 3 of the U.S. Internal Revenue Code.

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

- A. Ryder Health Plan, Inc. is affiliated to Ryder Memorial Hospital, Inc., among other, by common ownership and management.
- B. The Hospital provides hospitalization and medical services to the Plan's subscribers based on a capitation rate of \$45 per month as per a Provider Services Agreement entered by the parties. In addition, the Plan provides medical insurance coverage to certain Hospital's employees and other from various affiliated companies. There have been no assets receipts or transfers between affiliates and the reporting entity.
- C. During 2015, the Plan paid the Hospital \$1,579,590 for hospital and medical services.
- D. The company has a surplus note payable to Ryder Memorial Hospital, Inc. (parent). Full information on this note payable is disclosed further in Note 13.
- E. There are no guarantees or undertakings between affiliates and the reporting entity.
- F. There is no material management, service contracts or cost-sharing arrangements between affiliates and the reporting entity.
- G. The reporting entity and affiliates are nonprofit entities that belong to the community and are controlled by a Board of Directors; there is not a specific owner.
- H. Neither the reporting entity nor affiliates offer any shares or securities in the market.
- I. The reporting entity does not have investments in SCA entities.
- J. The reporting entity does not have investments in impaired SCA entities.
- K. The reporting entity does not have foreign insurance subsidiaries.
- L. The reporting entity does not have any downstream holding company.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

Note 11 – Debt

- Not applicable.

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

- Not applicable.

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

1. Not applicable. The company does not offer any kind of shares in the market.
2. Not applicable. The company does not pay dividends.
3. Not applicable. The company does not pay dividends.
4. Not applicable. The company does not pay dividends.
5. Not applicable. The company does not pay dividends.
6. Not applicable. There is no restriction placed on unassigned funds.
7. Not applicable. There have been no advances to surplus.
8. Not applicable. The company does not offer any kind of shares.
9. Not applicable. There have been no changes to any special surplus funds.
10. Not applicable. The company does not have cumulative unrealized gains or losses.

11. The company issued the following surplus note:

Date Issued	Interest Rate	Par Value (Face amount of note)	Carrying Value of note	Interest and/or Principal paid Current Year	Total Interest and/or Principal paid	Unapproved Interest and/or Principal	Date of Maturity
1984	12%	\$50,000.00	\$25,000.00	\$0	\$143,943	\$98,443	N/A

- a. The surplus note was issued in 1984.
- b. The asset received was cash only.
- c. The holder of the note is Ryder Memorial Hospital, Inc. (parent).

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

- d. Face amount of the note is \$50,000.
- e. Carrying value of the note is \$25,000.
- f. Interest accrues at 12% APY.
- g. The note has no maturity date and there is not an established calendar for repayments.
- h. Unapproved interest and principal: \$98,443.
- i. Payment during 2015: principal (\$0) and interest (\$0).
- j. Total interest and principal paid on surplus note: \$143,943.
- k. The company does not have any shareholders. The parent is a non-priority creditor to the company.
- l. There is no liquidation preference in terms of shareholders because the company does not offer any shares.
- m. Payments conditions and restrictions consist on giving the Office of the Insurance Commissioner of Puerto Rico (OCI) a written notice, at least sixty (60) days before the intended date to make a repayment. Then, the OCI evaluates the company's financial condition in order to approve or disapprove the repayment. The company cannot make any repayments without the OCI authorization.
- n. No other affiliate holds any portion of this surplus note.

Note 14 – Liabilities, Contingencies and Assessments

- 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.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

E. All Other Contingencies

The company has an administrative proceeding before the Puerto Rico Industrial Commission in which the State Insurance Fund Corporation is claiming the company the payment of approximately \$196,000 related to insurance premiums on professional services provided by various physicians of the health plan. Management and its legal counsel believe that the claim of the State Insurance Fund Corporation does not have merits and it is being defended vigorously. The accompanying financial statements do not include any provision in relation with this matter.

Note 15 – Leases

- Not applicable.

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

The table below summarizes the face amount of the company’s financial instruments with off-balance-sheet risk.

Type of instrument	Assets	Liabilities
Certificates of deposit	\$225,000.00	N/A

These 3 certificates of deposit of \$75,000.00 each are on deposit as part of the state mandatory reserve. The maturity date of these certificates has been every three years and they are renewed at the prevailing interest rate in the market at maturity.

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

- Not applicable.

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

- Not applicable.

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

- Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

Note 20 – Fair Value Measurements

- Not applicable.

Note 21 – Other Items

- Not applicable.

Note 22 – Events Subsequent

- No events have occurred subsequent to the statements of admitted assets, liabilities, and net assets date that would require additional adjustment to or disclosure in the financial statements.

Note 23 – Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

No.

2. Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

No.

Section 2 – Ceded Reinsurance Report – Part A

1. Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

No.

2. Does the company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

reinsurer, exceed the total direct premium collected under the reinsured policies?

No.

Section 3 – Ceded Reinsurance Report – Part B

1. What is the estimated amount of the aggregate reduction in surplus (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement?

None, if no claims arise.

2. Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

No.

B. Uncollectible reinsurance

1. Not applicable. The company has not written off any reinsurance balances due.

C. Commutation of Ceded Reinsurance

1. Not applicable. The company has not reported in its operations in the current year any amounts as a result of commutation of reinsurance with any company.

Note 24 – Retrospectively Rated Contracts & Contracts Subject to Redetermination

- No adjustments are made to accrue retrospective premiums.
- The company paid rebate amounts to Small Group members as the result of the calculations for the Medical Loss Ratio Report of prior year. The payment total amount was \$2,019,92, made in September 2015. Calculations for this year have not been made yet.

Note 25 – Change in Incurred Claims and Claim Adjustment Expenses

- The amount of increase of the reserve for incurred, but not reported claims was based on prior years' results of claims received after year-end.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

Note 26 – Intercompany Pooling Arrangements

- Not applicable.

Note 27 – Structured Settlements

- Not applicable.

Note 28 – Health Care Receivables

- The company estimates pharmacy rebates receivable of \$10,013 generated during 2015. Payments totaling \$15,671 were received during this year.

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/15	\$ 14,324	\$ 10,013	\$ 0	\$ 0	\$ 5,069
9/30/15	0	0	0	0	0
6/30/15	0	0	0	0	2,934
3/31/15	0	0	0	0	7,668
12/31/14	\$ 23,150	\$ 11,360	\$ 0	\$ 0	\$ 11,790
9/30/14	0	0	0	0	0
6/30/14	0	0	0	0	0
3/31/14	0	0	0	0	0
12/31/13	4,028	4,028	4,028	0	0
9/30/13	0	0	0	0	0
6/30/13	0	0	0	0	0
3/31/13	0	0	0	0	0
12/31/12	6,902	6,902	0	0	6,902

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

9/30/12	0	0	0	0	0
6/30/12	0	0	0	0	0
3/31/12	0	0	0	0	0

Note 29 – Participating Policies

- Not applicable.

Note 30 – Premium Deficiency Reserve

- The company does not provide an estimated amount for premium deficiency reserve.

Note 31 – Anticipated Salvage and Subrogation

- The company does not provide an estimated amount for anticipated salvage and subrogation to determine liability for unpaid claims or losses.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

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.

06/19/2014
- 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.

06/19/2014
- 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).

03/26/2015
- 3.4

By what department or departments?
Office of the Insurance Commissioner of Puerto Rico
- 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 [X] No [] N/A []
- 3.6

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

Yes [X] No [] N/A []
- 4.1

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

Yes [] No [X]
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:
4.2.1 sales of new business?
4.2.2 renewals?

Yes [] No [X]
Yes [] No [X]
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
- 5.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
- 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,
7.2.1 State the percentage of foreign control:
7.2.2 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 or government, manager or attorney in fact).

¹ Nationality	² Type of Entity

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

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

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

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

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
FPV & Galindez, CPA, PSC, PO Box 364152, San Juan, PR 00936-4152

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?

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

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

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?

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

11. What is the name, address and affiliation (officer/employees of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Luis F. Kianes, KACS, LLC, PO Box 8752, Caguas, PR 00725-8752

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value \$

12.2 If yes provide explanation:

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

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

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

13.3 Have there been any changes made to any of the trust indentures during the year?

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

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

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

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

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

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?

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

GENERAL INTERROGATORIES

24.10 For the reporting entity's security lending program state the amount of the following as 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 currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

Yes [] No [X]

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

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

25.3 For category (25.26) provide the following:

¹	²	³
Nature of Restriction	Description	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? If no, attach a description with this statement.

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

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 agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

¹	²
Name of Custodian(s)	Custodian's Address
Oriental Bank and Trust	Humacao Plaza Mall Carr. 3 Km. 82.0 Humacao, PR 00791

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	²	³
Name(s)	Location(s)	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	²	³	⁴
Old Custodian	New Custodian	Date of Change	Reason

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of brokers/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

¹	²	³
Central Registration Depository Number(s)	Name	Address

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

GENERAL INTERROGATORIES

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	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
29,2999 - Total		0

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

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	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	2	3	4
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (+), or Fair Value over Statement (-)	
30.1 Bonds	225,000	225,000	0	
30.2 Preferred stocks	0	0	0	
30.3 Totals	225,000	225,000	0	

30.4 Describe the sources or methods utilized in determining the fair values: N/A.

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 [] No [X]

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 [] No [X]

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: These are long-term certificates of deposit. The principal amount is fixed.

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: N/A.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

GENERAL INTERROGATORIES

OTHER

33.1

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

\$

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?

\$

34.2

List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

¹ Name	² Amount Paid

35.1

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

\$

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [X] No []

1.2 If yes, indicate premium earned on U.S. business only. \$ 21,400

1.3 What portion of item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in item (1.2) above \$

1.5 Indicate total incurred claims on all Medicare Supplement Insurance. \$ 24,318

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 \$ 21,400

1.65 Total incurred claims \$ 24,318

1.66 Number of covered lives 35

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		2	
	Current Year	Prior Year		
2.1 Premium Numerator				
2.2 Premium Denominator	1,905,712	2,469,476		
2.3 Premium Ratio (2.1/2.2)	0.000	0.000		
2.4 Reserve Numerator				
2.5 Reserve Denominator	117,545	100,290		
2.6 Reserve Ratio (2.4/2.5)	0.000	0.000		

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] No [X]

5.1 Does the reporting entity have stop-loss reinsurance? Yes [X] No []

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical	\$	100,000
5.32 Medical Only	\$	
5.33 Medicare Supplement	\$	
5.34 Dental & Vision	\$	
5.35 Other Limited Benefit Plan	\$	
5.36 Other	\$	

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
Under the terms of the contract between Ryder Memorial Hospital, Inc. and Ryder Health Plan, Inc., the Hospital has agreed to satisfy all debts of the Plan in case of economic insolvency of the organization.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No []

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

8.2 Number of providers at end of reporting year

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months \$

9.22 Business with rate guarantees over 36 months \$

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

GENERAL INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No [X]

10.2 If yes:

10.21 Maximum amount payable bonuses. \$

10.22 Amount actually paid for year bonuses \$

10.23 Maximum amount payable withholds \$

10.24 Amount actually paid for year withholds \$

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model. Yes [] No [X]

11.13 An Individual Practice Association (IPA), or, Yes [] No [X]

11.14 A Mixed Model (combination of above)? Yes [] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

11.4 If yes, show the amount required. \$

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

11.6 If the amount is calculated, show the calculation

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]

Puerto Rico, Not a specific amount. The Commissioner requires that statutory liabilities do not exceed statutory assets.

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

1	Name of Service Area
Health	

13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$

13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

13.4 If yes, please provide the balance of funds administered as of the reporting date. \$

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [X] N/A []

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

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

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

15.1 Direct Premium Written \$

15.2 Total Incurred Claims \$

15.3 Number of Covered Lives

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

FIVE-YEAR HISTORICAL DATA

	1 2015	2 2014	3 2013	4 2012	5 2011
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	1,319,696	1,450,162	1,538,561	1,532,635	1,513,280
2. Total liabilities (Page 3, Line 24)	799,166	783,575	824,165	838,729	800,801
3. Statutory minimum capital and surplus requirement	0	0	0	0	0
4. Total capital and surplus (Page 3, Line 33)	520,530	666,587	714,396	693,906	712,479
Income Statement (Page 4)					
5. Total revenues (Line 8)	1,929,418	2,499,228	2,639,523	2,759,961	2,611,199
6. Total medical and hospital expenses (Line 18)	1,685,339	2,084,850	2,295,086	2,515,731	2,341,386
7. Claims adjustment expenses (Line 20)	0	0	0	0	0
8. Total administrative expenses (Line 21)	405,941	389,959	343,006	283,748	282,522
9. Net underwriting gain (loss) (Line 24)	(161,862)	24,519	(9,695)	(39,518)	(12,709)
10. Net investment gain (loss) (Line 27)	8,775	10,378	11,125	12,800	0
11. Total other income (Lines 28 plus 29)	0	0	0	(12,800)	0
12. Net income or (loss) (Line 32)	(153,087)	34,897	1,431	(39,518)	(12,709)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(92,204)	83,593	57,565	(41,450)	(29,584)
Risk-Based Capital Analysis					
14. Total adjusted capital	520,530	666,587	714,396	693,906	712,479
15. Authorized control level risk-based capital	105,925	106,708	754,922	803,302	200,771
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	3,020	3,450	3,873	4,039	3,903
17. Total members months (Column 6, Line 7)	36,140	43,506	46,476	48,970	3,903
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 (Lines 18 plus Line 19)	88.4	84.4	87.7	92.0	89.7
20. Cost containment expenses	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	0.0	0.0	0.0	0.0	0.0
22. Total underwriting deductions (Line 23)	109.7	100.2	101.0	102.4	100.5
23. Total underwriting gain (loss) (Line 24)	(8.5)	1.0	(0.2)	(1.4)	(0.5)
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	100,290	129,095	185,969	135,105	159,605
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	100,290	129,095	195,969	135,105	159,605
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)			0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)			0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)		0	0	0	0
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?
If no, please explain:

Yes [] No []



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

REPORT FOR: 1. CORPORATION

Ryder Health Plan, Inc

2. Humacao, PR

NAIC Group Code	0000	BUSINESS IN THE STATE OF				Puerto Rico		DURING THE YEAR				2015		NAIC Company Code		95743
	1	Total	3,450	2,978	1,725	1,218	35	35	1,209	1,221	1,225	14,619	420			
Total Members at end of:	1.	Prior Year														
	2.	First Quarter														
	3.	Second Quarter														
	4.	Third Quarter														
	5.	Current Year														
	6.	Current Year Member Months	36,140	21,101	1,760	1,221	1,225	14,619	420							
		Total Member Ambulatory Encounters for Year:	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Physician	0														
8.	Non-Physician	0														
9.	Total	0														
10.	Hospital Patient Days Incurred	0														
11.	Number of Inpatient Admissions	0														
12.	Health Premiums Written (b)	1,905,712	1,221,351	662,961	21,400											
13.	Life Premiums Direct	0														
14.	Property/Casualty Premiums Written	0														
15.	Health Premiums Earned	1,905,712	1,221,351	662,961	21,400											
16.	Property/Casualty Premiums Earned	0														
17.	Amount Paid for Provision of Health Care Services	1,668,084	965,830	677,616	24,638											
18.	Amount Incurred for Provision of Health Care Services	1,685,339	975,422	685,599	24,318											

(a) For health business: number of persons insured under PPO managed care products
(b) For health premiums written: amount of Medicare Title XVII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

REPORT FOR: 1. CORPORATION

Ryder Health Plan, Inc.

2. Humacao, PR

NAIC Group Code		0000		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		2015		NAIC Company Code		95743	
		1	2	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
															Comprehensive (Hospital & Medical)
Total Members at end of:		1. Prior Year	1,432	1,958	60	35	0	0	0	0	0	0	0	0	
		2. First Quarter	2,978	1,725	35	35	0	0	0	0	0	0	0	0	
		3. Second Quarter	3,023	1,779	35	35	0	0	0	0	0	0	0	0	
		4. Third Quarter	3,085	1,829	35	35	0	0	0	0	0	0	0	0	
		5. Current Year	3,020	1,760	35	35	0	0	0	0	0	0	0	0	
6. Current Year Member Months			38,140	21,101	420		0	0	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:		7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	
		8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total			0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred			0	0	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions			0	0	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)			1,905,712	1,221,351	21,400	0	0	0	0	0	0	0	0	0	
13. Life Premiums Direct			0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written			0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned			1,905,712	1,221,351	21,400	0	0	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned			0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services			1,668,084	965,830	24,638	0	0	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services			1,685,339	975,422	24,318	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products	0	and number of persons insured under indemnity only products	0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$	0		

Q

Schedule S - Part 1 - Section 2
NONE

Schedule S - Part 2
NONE

Schedule S - Part 3 - Section 2
NONE

Schedule S - Part 4
NONE

Schedule S - Part 4 - Bank Footnote
NONE

Schedule S - Part 5
NONE

Schedule S - Part 5 - Bank Footnote
NONE

Schedule S - Part 6
NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

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)	1,075,388		1,075,388
2. Accident and health premiums due and unpaid (Line 15)	182,309		182,309
3. Amounts recoverable from reinsurers (Line 16.1)	0		0
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	61,999		61,999
6. Total assets (Line 28)	1,319,696	0	1,319,696
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	117,545		117,545
8. Accrued medical incentive pool and bonus payments (Line 2)	0		0
9. Premiums received in advance (Line 8)	34,274		34,274
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	647,347		647,347
15. Total liabilities (Line 24)	799,166	0	799,166
16. Total capital and surplus (Line 33)	520,530	XXX	520,530
17. Total liabilities, capital and surplus (Line 34)	1,319,696	0	1,319,696
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		0
19. Accrued medical incentive pool	0		0
20. Premiums received in advance	0		0
21. Reinsurance recoverable on paid losses	0		0
22. Other ceded reinsurance recoverables	0		0
23. Total ceded reinsurance recoverables	0		0
24. Premiums receivable	0		0
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		0
26. Unauthorized reinsurance	0		0
27. Reinsurance with Certified Reinsurers	0		0
28. Funds held under reinsurance treaties with Certified Reinsurers	0		0
29. Other ceded reinsurance payables/offsets	0		0
30. Total ceded reinsurance payables/offsets	0		0
31. Total net credit for ceded reinsurance	0		0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories								
1	2	3	4	Direct Business Only			8	9
				5	6	7		
States, etc.	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/Casualty Premiums	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	1,905,712						1,905,712
55. U.S. Virgin Islands VI	N							0
56. Northern Mariana Islands MP	N							0
57. Canada CAN	N							0
58. Aggregate other alien	XXX	0	0	0	0	0	0	0
59. Subtotal	XXX	1,905,712	0	0	0	0	0	1,905,712
60. Reporting entity contributions for Employee Benefit Plans								0
61. Total (Direct Business)	(a) XXX 1	1,905,712	0	0	0	0	0	1,905,712
DETAILS OF WRITE-INS								
58001.	XXX							
58002.	XXX							
58003.	XXX							
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	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.

N/A.

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

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

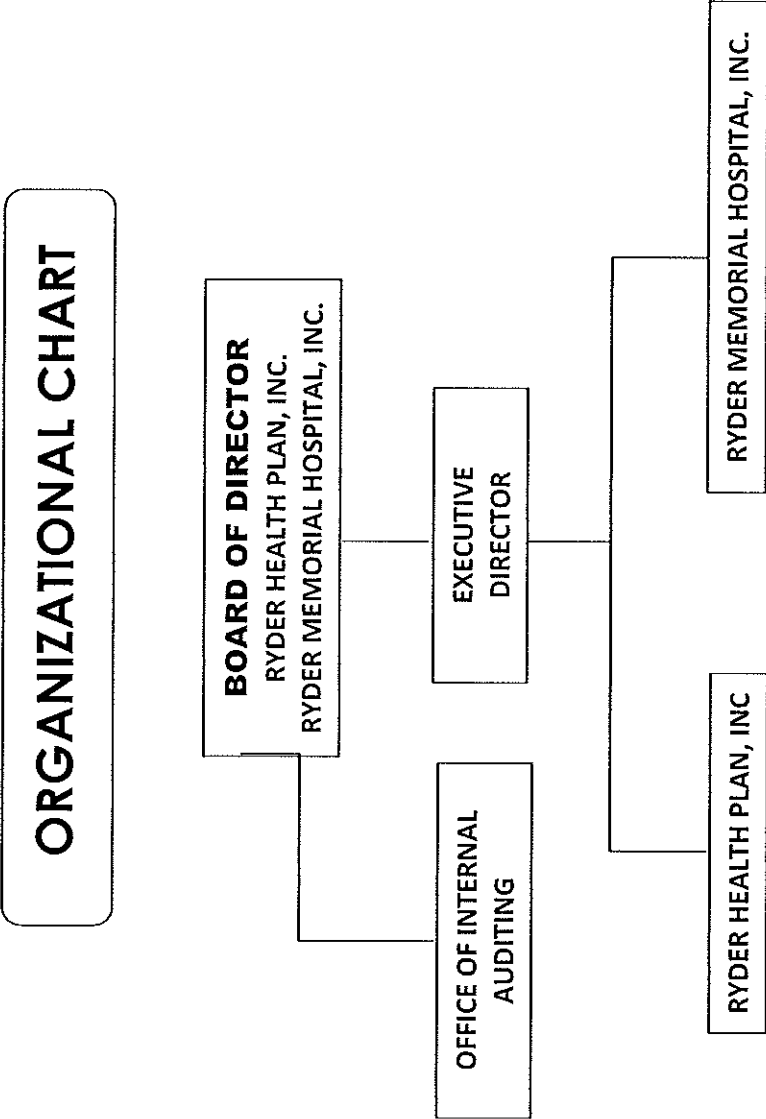
SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

		Direct Business Only				
States, Etc.		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
		1	2	3	4	6 Totals
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Other Alien	OT					
59. Total						

NONE



SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	Group Code	
2	Group Name	
3	NAIC Company Code	0000
4	ID Number	66-026919
5	Federal RSSD	
6	CIK	
7	Name of Securities Exchange (U.S. or International)	
8	Names of Parent, Subsidiaries Or Affiliates	Ryder Memorial Hospital, Inc.
9	Domestic Location	PR
10	Relationship to Reporting Entity	UPE
11	Directly Controlled by (Name of Entity/Person)	
12	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Other)	
13	Is Controlship Provided	
14	Ultimate Controlling Entity(ies)/Person(s)	Board of Directors
15		

Asienski	Explanation
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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

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.

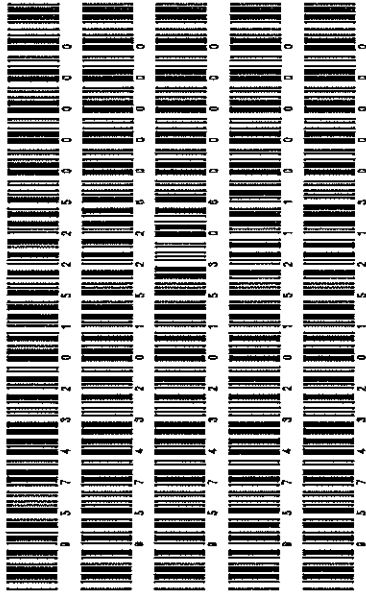
		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	SEE EXPLANATION
2.	Will an actuarial opinion be filed by March 1?	SEE EXPLANATION
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	SEE EXPLANATION
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 Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
The following supplemental reports are required to be filed as part of your annual 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?	SEE EXPLANATION
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 Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
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?	YES
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?	YES
AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:		
1.	The deadline for Puerto Rico is March 31.	
2.	The deadline for Puerto Rico is March 31.	
3.	The deadline for Puerto Rico is March 31.	
4.	The deadline for Puerto Rico is March 31.	
11.	The deadline for Puerto Rico is March 31.	
12.	Not applicable.	
13.	Not applicable.	
14.	Not applicable.	
15.	Not applicable.	
16.	Not applicable.	
17.	Not applicable.	
18.	Not applicable.	
19.	Not applicable.	
20.	Not applicable.	
21.	Not applicable.	
22.	Not applicable.	
23.	Not applicable.	

12.	Life Supplement [Document Identifier 205]	
13.	Property/Casualty Supplement [Document Identifier 207]	
14.	SIS Stockholder Information Supplement [Document Identifier 420]	
15.	Participating Opinion for Exhibit 5 [Document Identifier 371]	
16.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
17.	Medicare Part D Coverage Supplement [Document Identifier 365]	
18.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. Relief from the one-year cooling off period for independent CPA
[Document Identifier 225]
20. Relief from the Requirements for Audit Committees [Document Identifier 226]
21. Long-Term Care Experience Reporting Forms [Document Identifier 305]
22. Life Supplement [Document Identifier 211]
23. Property/Casualty Supplement Insurance Expense Exhibit
[Document Identifier 213]



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Underwriting and Investment Exhibit Part 3 Line 25

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. Electronic Filing Fees			716		716
2505. Auto Expenses			3,815		3,815
2506. Miscellaneous Expenses			13,216		13,216
2597. Summary of remaining write-ins for Line 25 from overflow page	0	0	17,747	0	17,747

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1	2	3	4	5	6
	Amount	Percentage	Amount	Securities Lending Reinvested Collateral Amount	Total (Col. 3 + 4) Amount	Percentage
1. Bonds:						
1.1 U.S. treasury securities		0.000		0		0.000
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies		0.000		0		0.000
1.22 Issued by U.S. government sponsored agencies		0.000		0		0.000
1.3 Non-U.S. government (including Canada, excluding mortgaged-backed securities)		0.000		0		0.000
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations		0.000		0		0.000
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations		0.000		0		0.000
1.43 Revenue and assessment obligations		0.000		0		0.000
1.44 Industrial development and similar obligations		0.000	225,000		225,000	20.923
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA		0.000		0		0.000
1.512 Issued or guaranteed by FNMA and FHLMC		0.000		0		0.000
1.513 All other		0.000		0		0.000
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA		0.000		0		0.000
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521		0.000		0		0.000
1.523 All other		0.000		0		0.000
2. Other debt and other fixed income securities (excluding short-term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)		0.000		0		0.000
2.2 Unaffiliated non-U.S. securities (including Canada)		0.000		0		0.000
2.3 Affiliated securities		0.000		0		0.000
3. Equity interests:						
3.1 Investments in mutual funds		0.000		0		0.000
3.2 Preferred stocks:						
3.21 Affiliated		0.000		0		0.000
3.22 Unaffiliated		0.000		0		0.000
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated		0.000		0		0.000
3.32 Unaffiliated		0.000		0		0.000
3.4 Other equity securities:						
3.41 Affiliated		0.000		0		0.000
3.42 Unaffiliated		0.000		0		0.000
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated		0.000		0		0.000
3.52 Unaffiliated		0.000		0		0.000
4. Mortgage loans:						
4.1 Construction and land development		0.000		0		0.000
4.2 Agricultural		0.000		0		0.000
4.3 Single family residential properties		0.000		0		0.000
4.4 Multifamily residential properties		0.000		0		0.000
4.5 Commercial loans		0.000		0		0.000
4.6 Mezzanine real estate loans		0.000		0		0.000
5. Real estate investments:						
5.1 Property occupied by company		0.000	0	0		0.000
5.2 Property held for production of income (including \$ of property acquired in satisfaction of debt)		0.000	0	0		0.000
5.3 Property held for sale (including \$ property acquired in satisfaction of debt)		0.000	0	0		0.000
6. Contract loans		0.000		0		0.000
7. Derivatives		0.000		0		0.000
8. Receivables for securities		0.000		0		0.000
9. Securities Lending (Line 10, Asset Page reinvested collateral)		0.000	0	XXX	XXX	XXX
10. Cash, cash equivalents and short-term investments		0.000	850,388		850,388	79.077
11. Other invested assets		0.000				0.000
12. Total invested assets	0	100.000	1,075,388	0	1,075,388	100.000

Schedule A - Verification - Real Estate

NONE

Schedule B - Verification - Mortgage Loans

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

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

NONE

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year	225,000
2.	Cost of bonds and stocks acquired, Part 3, Column 7	
3.	Accrual of discount	0
4.	Unrealized valuation increase (decrease):	
4.1.	Part 1, Column 12	0
4.2.	Part 2, Section 1, Column 15	
4.3.	Part 2, Section 2, Column 13	
4.4.	Part 4, Column 11	0
5.	Total gain (loss) on disposals, Part 4, Column 19	
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7	
7.	Deduct amortization of premium	0
8.	Total foreign exchange change in book/adjusted carrying value:	
8.1.	Part 1, Column 15	0
8.2.	Part 2, Section 1, Column 19	
8.3.	Part 2, Section 2, Column 16	
8.4.	Part 4, Column 15	0
9.	Deduct current year's other than temporary impairment recognized:	
9.1.	Part 1, Column 14	0
9.2.	Part 2, Section 1, Column 17	
9.3.	Part 2, Section 2, Column 14	
9.4.	Part 4, Column 13	0
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6+7+8+9)	225,000
11.	Deduct total nonadmitted amounts	0
12.	Statement value at end of current period (Line 10 minus Line 11)	225,000

SCHEDULE D - SUMMARY BY COUNTRY

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

Description		1	2	3	4
		Book/Adjusted Carrying Value	Fair Value	Actual Cost	Par Value of Bonds
BONDS	1. United States	0	0	0	0
	2. Canada				
	3. Other Countries				
	4. Totals	0	0	0	0
U.S. States, Territories and Possessions					
	(Direct and guaranteed)				
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	5. Totals	0	0	0	0
U.S. Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	6. Totals	0	0	0	0
Industrial and Miscellaneous Hybrid Securities (unaffiliated)	7. Totals				0
	8. United States	225,000	225,000	225,000	225,000
	9. Canada				
	10. Other Countries				
Parent, Subsidiaries and Affiliates	11. Totals	225,000	225,000	225,000	225,000
	12. Totals	0	0	0	0
	13. Total Bonds	225,000	225,000	225,000	225,000
PREFERRED STOCKS	14. United States				
	15. Canada				
	16. Other Countries				
	17. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	18. Totals				
COMMON STOCKS	19. Total Preferred Stocks	0	0	0	0
	20. United States				
	21. Canada				
	22. Other Countries				
Parent, Subsidiaries and Affiliates	23. Totals	0	0	0	0
	24. Totals				
	25. Total Common Stocks	0	0	0	0
	26. Total Stocks	0	0	0	0
	27. Total Bonds and Stocks	225,000	225,000	225,000	225,000

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	2	3	4	5	6	7	8	9	10	11
	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 9.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
1. U.S. Governments											
1.1 NAIC 1						0	0.0	0	0.0		0
1.2 NAIC 2						0	0.0	0	0.0		0
1.3 NAIC 3						0	0.0	0	0.0		0
1.4 NAIC 4						0	0.0	0	0.0		0
1.5 NAIC 5						0	0.0	0	0.0		0
1.6 NAIC 6						0	0.0	0	0.0		0
1.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
2. All Other Governments											
2.1 NAIC 1						0	0.0	0	0.0		0
2.2 NAIC 2						0	0.0	0	0.0		0
2.3 NAIC 3						0	0.0	0	0.0		0
2.4 NAIC 4						0	0.0	0	0.0		0
2.5 NAIC 5						0	0.0	0	0.0		0
2.6 NAIC 6						0	0.0	0	0.0		0
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions etc., Guaranteed											
3.1 NAIC 1						0	0.0	0	0.0		0
3.2 NAIC 2						0	0.0	0	0.0		0
3.3 NAIC 3						0	0.0	0	0.0		0
3.4 NAIC 4						0	0.0	0	0.0		0
3.5 NAIC 5						0	0.0	0	0.0		0
3.6 NAIC 6						0	0.0	0	0.0		0
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed											
4.1 NAIC 1						0	0.0	0	0.0		0
4.2 NAIC 2						0	0.0	0	0.0		0
4.3 NAIC 3						0	0.0	0	0.0		0
4.4 NAIC 4						0	0.0	0	0.0		0
4.5 NAIC 5						0	0.0	0	0.0		0
4.6 NAIC 6						0	0.0	0	0.0		0
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed											
5.1 NAIC 1						0	0.0	0	0.0		0
5.2 NAIC 2						0	0.0	0	0.0		0
5.3 NAIC 3						0	0.0	0	0.0		0
5.4 NAIC 4						0	0.0	0	0.0		0
5.5 NAIC 5						0	0.0	0	0.0		0
5.6 NAIC 6						0	0.0	0	0.0		0
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

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 6. Industrial & Miscellaneous (Unaffiliated)	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 Total Current Year	7 Col. 6 as a % of Line 9.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
7. Hybrid Securities	0	225,000	0	0	0	225,000	100.0	225,000	100.0	0	225,000
8. Parent, Subsidiaries and Affiliates	0	0	0	0	0	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates	0	0	0	0	0	0	0.0	0	0.0	0	0
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

3	4	5	6
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Over 1 Year	Over 5 Years	Over 10 Years			Col. 6 as a % of	Total from Col. 6	%
-------------	--------------	---------------	--	--	------------------	-------------------	---

NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 9.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
9. Total Bonds Current Year											
9.1 NAIC 1	(d)	0	0	0	0	225,000	100.0	XXX	XXX	XXX	225,000
9.2 NAIC 2	(d)	0	0	0	0	0	0.0	XXX	XXX	XXX	0
9.3 NAIC 3	(d)	0	0	0	0	0	0.0	XXX	XXX	XXX	0
9.4 NAIC 4	(d)	0	0	0	0	0	0.0	XXX	XXX	XXX	0
9.5 NAIC 5	(d)	0	0	0	0	0	0.0	XXX	XXX	XXX	0
9.6 NAIC 6	(d)	0	0	0	0	0	0.0	XXX	XXX	XXX	0
9.7 Totals		0	0	0	0	225,000	100.0	XXX	XXX	XXX	225,000
9.8 Line 9.7 as a % of Col. 6		0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	100.0
10. Total Bonds Prior Year											
10.1 NAIC 1	0	0	0	0	0	0	0.0	XXX	XXX	XXX	0
10.2 NAIC 2	0	0	0	0	0	0	0.0	XXX	XXX	XXX	0
10.3 NAIC 3	0	0	0	0	0	0	0.0	XXX	XXX	XXX	0
10.4 NAIC 4	0	0	0	0	0	0	0.0	XXX	XXX	XXX	0
10.5 NAIC 5	0	0	0	0	0	0	0.0	XXX	XXX	XXX	0
10.6 NAIC 6	0	0	0	0	0	0	0.0	XXX	XXX	XXX	0
10.7 Totals	0	0	0	0	0	225,000	100.0	XXX	XXX	XXX	225,000
10.8 Line 10.7 as a % of Col. 8	0.0	100.0	0.0	0.0	0.0	XXX	(b)	225,000	100.0	XXX	100.0
11. Total Publicly Traded Bonds											
11.1 NAIC 1						0	0.0	XXX	XXX	XXX	0
11.2 NAIC 2						0	0.0	XXX	XXX	XXX	0
11.3 NAIC 3						0	0.0	XXX	XXX	XXX	0
11.4 NAIC 4						0	0.0	XXX	XXX	XXX	0
11.5 NAIC 5						0	0.0	XXX	XXX	XXX	0
11.6 NAIC 6						0	0.0	XXX	XXX	XXX	0
11.7 Totals	0	0	0	0	0	0	0.0	XXX	XXX	XXX	0
11.8 Line 11.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	0.0	XXX
Section 9											
12. Total Privately Placed Bonds											
12.1 NAIC 1	0	0	0	0	0	225,000	100.0	XXX	XXX	XXX	225,000
12.2 NAIC 2	0	0	0	0	0	0	0.0	XXX	XXX	XXX	0
12.3 NAIC 3	0	0	0	0	0	0	0.0	XXX	XXX	XXX	0
12.4 NAIC 4	0	0	0	0	0	0	0.0	XXX	XXX	XXX	0
12.5 NAIC 5	0	0	0	0	0	0	0.0	XXX	XXX	XXX	0
12.6 NAIC 6	0	0	0	0	0	0	0.0	XXX	XXX	XXX	0
12.7 Totals	0	0	0	0	0	225,000	100.0	XXX	XXX	XXX	225,000
12.8 Line 12.7 as a % of Col. 6	0.0	100.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	100.0
Section 9											
12.9 Line 12.7 as a % of Line 9.7, Col. 6	0.0	100.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	100.0

(a) includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
 (b) includes \$ current year, \$ prior year of bonds with Z designations and \$ current year, \$ 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 \$ current year, \$ prior year of bonds with 5' designations and \$ current year, \$ (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 non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$; NAIC 2 \$; NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

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	2	3	4	5	6	7	8	9	10	11
	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 9.5	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed
1. U.S. Governments	1.1 Issuer Obligations					0	0.0	0	0.0	0	0
	1.2 Residential Mortgage-Backed Securities					0	0.0	0	0.0	0	0
2. All Other Governments	1.5 Totals					0	0.0	0	0.0	0	0
	1.4 Other Loan-Backed and Structured Securities					0	0.0	0	0.0	0	0
2.1 Issuer Obligations	2.1 Issuer Obligations					0	0.0	0	0.0	0	0
	2.2 Residential Mortgage-Backed Securities					0	0.0	0	0.0	0	0
2.2 Commercial Mortgage-Backed Securities	2.3 Commercial Mortgage-Backed Securities					0	0.0	0	0.0	0	0
	2.4 Other Loan-Backed and Structured Securities					0	0.0	0	0.0	0	0
2.5 Totals	2.5 Totals					0	0.0	0	0.0	0	0
	3. U.S. States, Territories and Possessions, Guaranteed					0	0.0	0	0.0	0	0
3.1 Issuer Obligations	3.1 Issuer Obligations					0	0.0	0	0.0	0	0
	3.2 Residential Mortgage-Backed Securities					0	0.0	0	0.0	0	0
3.3 Commercial Mortgage-Backed Securities	3.3 Commercial Mortgage-Backed Securities					0	0.0	0	0.0	0	0
	3.4 Other Loan-Backed and Structured Securities					0	0.0	0	0.0	0	0
3.5 Totals	3.5 Totals					0	0.0	0	0.0	0	0
	4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed					0	0.0	0	0.0	0	0
4.1 Issuer Obligations	4.1 Issuer Obligations					0	0.0	0	0.0	0	0
	4.2 Residential Mortgage-Backed Securities					0	0.0	0	0.0	0	0
4.3 Commercial Mortgage-Backed Securities	4.3 Commercial Mortgage-Backed Securities					0	0.0	0	0.0	0	0
	4.4 Other Loan-Backed and Structured Securities					0	0.0	0	0.0	0	0
4.5 Totals	4.5 Totals					0	0.0	0	0.0	0	0
	5. U.S. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed					0	0.0	0	0.0	0	0
5.1 Issuer Obligations	5.1 Issuer Obligations					0	0.0	0	0.0	0	0
	5.2 Residential Mortgage-Backed Securities					0	0.0	0	0.0	0	0
5.3 Commercial Mortgage-Backed Securities	5.3 Commercial Mortgage-Backed Securities					0	0.0	0	0.0	0	0
	5.4 Other Loan-Backed and Structured Securities					0	0.0	0	0.0	0	0
5.5 Totals	5.5 Totals					0	0.0	0	0.0	0	0
	6. Industrial and Miscellaneous					0	0.0	0	0.0	0	0
6.1 Issuer Obligations	6.1 Issuer Obligations	225,000				225,000	100.0	225,000	100.0		225,000
	6.2 Residential Mortgage-Backed Securities					0	0.0	0	0.0		0
6.3 Commercial Mortgage-Backed Securities	6.3 Commercial Mortgage-Backed Securities					0	0.0	0	0.0		0
	6.4 Other Loan-Backed and Structured Securities					0	0.0	0	0.0		0
6.5 Totals	6.5 Totals	225,000				225,000	100.0	225,000	100.0		225,000
	7. Hybrid Securities					0	0.0	0	0.0		0
7.1 Issuer Obligations	7.1 Issuer Obligations					0	0.0	0	0.0		0
	7.2 Residential Mortgage-Backed Securities					0	0.0	0	0.0		0
7.3 Commercial Mortgage-Backed Securities	7.3 Commercial Mortgage-Backed Securities					0	0.0	0	0.0		0
	7.4 Other Loan-Backed and Structured Securities					0	0.0	0	0.0		0
7.5 Totals	7.5 Totals	0				0	0.0	0	0.0		0
	8. Parent, Subsidiaries and Affiliates					0	0.0	0	0.0		0
8.1 Issuer Obligations	8.1 Issuer Obligations					0	0.0	0	0.0		0
	8.2 Residential Mortgage-Backed Securities					0	0.0	0	0.0		0
8.3 Commercial Mortgage-Backed Securities	8.3 Commercial Mortgage-Backed Securities					0	0.0	0	0.0		0
	8.4 Other Loan-Backed and Structured Securities					0	0.0	0	0.0		0
8.5 Totals	8.5 Totals	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

1	2	3	4	5	6	7	8	9	10	11	Distribution by Type		9. Total Bonds Current Year	
											1 Year or Less	Over 1 Year	9.1 Issuer Obligations	9.2 Residential Mortgage-Backed Securities
	Over 1 Year	Over 5 Years	Over 10 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 9.5	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed				
0	0	0	0	0	225,000	100.0	XXX	XXX	XXX	0	225,000	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0	0	0
0	0	0	0	0	0	0.0	XXX	XXX	XXX	0	0	0		

Schedule DA - Verification - Short-Term Investments
N O N E

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

Schedule DB - Part B - Verification - Futures Contracts
N O N E

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

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

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

Schedule E - Verification - Cash Equivalents
N O N E

Schedule A - Part 1 - Real Estate Owned
N O N E

Schedule A - Part 2 - Real Estate Acquired and Additions Made
N O N E

Schedule A - Part 3 - Real Estate Disposed
N O N E

Schedule B - Part 1 - Mortgage Loans Owned
N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made
N O N E

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

Schedule BA - Part 1 - Other Long-Term Invested Assets Owned
N O N E

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

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

SCHEDULE D - PART 1

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

1	CUSIP Identification	2	Codes			6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22																				
			Description	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation (Amortization/ Decrease)	Current Year's Accretion (Amortization)	Other- Temporary Impairment Recognized	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Effective Rate of	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Contractual Maturity Date																										
																						0599999, Total - U.S. Government Bonds		XXX	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX	XXX
																						1099999, Total - All Other Government Bonds		XXX	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX	XXX
																						1799999, Total - U.S. States, Territories and Possessions Bonds		XXX	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX	XXX
																						2499999, Total - U.S. Political Subdivisions Bonds		XXX	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX	XXX
																						3199999, Total - U.S. Special Revenues Bonds		XXX	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX	XXX
																						00000-00-0 Long-Term Certificates of Deposit		15																		
																						3299999, Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations		225,000	225,000	225,000	225,000	225,000	0	0	0	0	XXX	225,000	225,000	0	0	XXX	225,000	225,000	XXX	XXX
																						4899999, Total - Hybrid Securities		0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	XXX	0	0	XXX	XXX
																						5599999, Total - Parent, Subsidiaries and Affiliates Bonds		0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	XXX	0	0	XXX	XXX
																						7799999, Total - Issuer Obligations		225,000	225,000	225,000	225,000	225,000	0	0	0	0	XXX	225,000	225,000	0	0	XXX	225,000	225,000	XXX	XXX
																						7899999, Total - Residential Mortgage-Backed Securities		0	0	0	0	0	0	0	0	XXX	0	0	0	0	XXX	0	0	XXX	XXX	XXX
																						7999999, Total - Commercial Mortgage-Backed Securities		0	0	0	0	0	0	0	0	XXX	0	0	0	0	XXX	0	0	XXX	XXX	XXX
																						8099999, Total - Other Loan-Backed and Structured Securities		0	0	0	0	0	0	0	0	XXX	0	0	0	0	XXX	0	0	XXX	XXX	XXX
																						83999999 - Total Bonds																				

Schedule D - Part 2 - Section 1 - Preferred Stocks Owned
NONE

Schedule D - Part 2 - Section 2 - Common Stocks Owned
NONE

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired
NONE

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of
NONE

Schedule D - Part 5 - Long Term Bonds and Stocks Acquired and Fully Disposed Of
NONE

Schedule D-Part 6-Section 1-Valuation of Shares of Subsidiary, Controlled or Affiliated Companies
NONE

Schedule D - Part 6 - Section 2
NONE

Schedule DA - Part 1 - Short-Term Investments Owned
NONE

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
NONE

Schedule DB - Part A - Section 2 - Options, Caps, Floors, Collars, Swaps and Forwards Terminated
NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open
NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
NONE

Schedule DB - Part B - Section 2 - Futures Contracts Terminated
NONE

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open
NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To
N O N E

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

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE
Ryder Health Plan, Inc.

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 and Accrued	8	Amount Received During Year
NONE															
8699999 - Total Cash Equivalents															

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

States, Etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits For the			All Other Special Deposits	
			Benefit of All Policyholders	Book/Adjusted Carrying Value	Fair Value	Book/Adjusted Carrying Value	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	State Mandatory Deposit	375,000	375,000	375,000		
55. U.S. Virgin Islands VI							
56. Northern Mariana Islands MP							
57. Canada CAN							
58. Aggregate Allen and Other OT	XXX	XXX	0	0	0	0	0
59. Subtotal	XXX	XXX	375,000	375,000	375,000	0	0
DETAILS OF WRITE-INS							
5801.							
5802.							
5803.							
5898.	Summary of remaining write-ins for Line 58 from overflow page						
5899.	XXX	XXX	0	0	0	0	0
Totals (Lines 5801 thru 5803 plus 5898)(Line 58 above)							
	XXX	XXX	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2015 OF THE Ryder Health Plan, Inc.
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
(To Be Filed by March 1)

FOR THE STATE OF Puerto Rico
NAIC Group Code 0000
ADDRESS (City, State and Zip Code) Hurasao, PR 00791
NAIC Company Code 95743
Person Completing This Exhibit
Title

Telephone Number 787-852-0846

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013; 2014; 2015			
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	0000	C	NO	0000500	05/28/1999				Complementaria de Medicare	21,400	24,318	113.6	35				
0199999. Total Experience on Individual Policies																	
										21,400	24,318	113.6	35			0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address:
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address:
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".