

**QUARTERLY STATEMENT
OF THE
NEW MEXICO HEALTH CONNECTIONS**

**of
ALBUQUERQUE**

**in the state of
New Mexico**

**TO THE
Insurance Department
OF THE STATE OF
New Mexico**

**FOR THE QUARTER ENDED
MARCH 31, 2018**

2018



QUARTERLY STATEMENT
AS OF MARCH 31, 2018
OF THE CONDITION AND AFFAIRS OF THE
NEW MEXICO HEALTH CONNECTIONS

NAIC Group Code 0000 , 0000 NAIC Company Code 15011 Employer's ID Number 45-1294709
(Current Period) (Prior Period)

Organized under the Laws of New Mexico , State of Domicile or Port of Entry NM

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health[] Property/Casualty[] Hospital, Medical & Dental Service or Indemnity[]
 Dental Service Corporation[] Vision Service Corporation[] Health Maintenance Organization[X]
 Other[] Is HMO Federally Qualified? Yes[] No[X] N/A[]

Incorporated/Organized 09/05/2011 Commenced Business 09/05/2011

Statutory Home Office 2440 LOUISIANA BLVD NE, SUITE 601 , ALBUQUERQUE, NM, US 87110
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 2440 LOUISIANA BLVD NE, SUITE 601
(Street and Number)

ALBUQUERQUE, NM, US 87110 (505)633-8023
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 2440 LOUISIANA BLVD NE, SUITE 601 , ALBUQUERQUE, NM, US 87110
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 2440 LOUISIANA BLVD NE, SUITE 601
(Street and Number)

ALBUQUERQUE, NM, US 87110 (505)633-8023
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address WWW.MYNMHC.ORG

Statutory Statement Contact BRIAN ACTON (505)814-6382
(Name) (Area Code)(Telephone Number)(Extension)

BRIAN.ACTON@MYNMHC.ORG (866)231-1344
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title
Marlene Baca	President/Chief Executive Officer
James R Tryon MD	Secretary
Margaret Gunter Phd	Treasurer
Nathan Thomas Johns	Chief Financial Officer

OTHERS

DIRECTORS OR TRUSTEES

Dennis Michael Litos
 James R Tryon MD
 Margaret Gunter

State of _____
 County of _____ ss

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

_____ (Signature) Marlene Baca _____ (Printed Name) 1. President/Chief Executive Officer _____ (Title)	_____ (Signature) Nathan Thomas Johns _____ (Printed Name) 2. Chief Financial Officer _____ (Title)	_____ (Signature) _____ (Printed Name) 3. _____ (Title)
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Subscribed and sworn to before me this _____ day of _____, 2018

- a. Is this an original filing?
 b. If no, 1. State the amendment number
 2. Date filed
 3. Number of pages attached

Yes[X] No[]

 (Notary Public Signature)

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	8,925,996		8,925,996	10,210,379
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....11,871,908), cash equivalents (\$.....1,109,954) and short-term investments (\$.....897,606)	13,879,468		13,879,468	7,478,209
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	22,805,464		22,805,464	17,688,588
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	41,977		41,977	46,326
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	5,001,752		5,001,752	1,465,424
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....1,063,000)	2,124,336	1,061,336	1,063,000	1,063,000
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	5,616,780		5,616,780	15,403,503
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				4,385,982
17. Amounts receivable relating to uninsured plans	93,180		93,180	19,975
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	1,349		1,349	
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$.....1,716,169) and other amounts receivable	2,996,848	1,280,680	1,716,168	910,400
25. Aggregate write-ins for other-than-invested assets	370,511	370,511		10,000,000
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	39,052,197	2,712,527	36,339,670	50,983,198
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	39,052,197	2,712,527	36,339,670	50,983,198
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Prepaid Expenses	49,641	49,641		
2502. Security Deposits	40,808	40,808		
2503. Other receivables	280,062	280,062		
2598. Summary of remaining write-ins for Line 25 from overflow page				10,000,000
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	370,511	370,511		10,000,000

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	14,187,304		14,187,304	20,046,214
2. Accrued medical incentive pool and bonus amounts	347,000		347,000	227,000
3. Unpaid claims adjustment expenses	537,495		537,495	537,495
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	5,296,969		5,296,969	4,361,690
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	784,727		784,727	1,037,084
9. General expenses due or accrued	5,838,363		5,838,363	2,164,383
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable	172,553		172,553	13,369,250
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates				
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. Total liabilities (Lines 1 to 23)	27,164,411		27,164,411	41,743,116
25. Aggregate write-ins for special surplus funds	X X X	X X X		1,655,928
26. Common capital stock	X X X	X X X		
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	1,000	1,000
29. Surplus notes	X X X	X X X	77,317,782	77,317,782
30. Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	(68,143,521)	(69,734,627)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	9,175,261	9,240,083
34. Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	36,339,672	50,983,199
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501. 9010 Fee Estimate	X X X	X X X		1,655,928
2502.	X X X	X X X		
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		1,655,928
3001.	X X X	X X X		
3002.	X X X	X X X		
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	X X X	59,979	121,608	477,754
2. Net premium income (including \$.....0 non-health premium income)	X X X	31,505,343	43,940,100	145,169,895
3. Change in unearned premium reserves and reserves for rate credits	X X X	31,141	11,418	41,839
4. Fee-for-service (net of \$.....0 medical expenses)	X X X			
5. Risk revenue	X X X			
6. Aggregate write-ins for other health care related revenues	X X X			
7. Aggregate write-ins for other non-health revenues	X X X	(1,500)		16,994,783
8. Total revenues (Lines 2 to 7)	X X X	31,534,984	43,951,518	162,206,517
Hospital and Medical:				
9. Hospital/medical benefits		16,326,981	27,142,024	113,615,374
10. Other professional services		39,841	38,926	180,336
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs		4,029,933	7,730,493	30,189,736
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts		120,600	440,964	369,466
16. Subtotal (Lines 9 to 15)		20,517,355	35,352,407	144,354,912
Less:				
17. Net reinsurance recoveries		18,358	2,700,681	19,135,713
18. Total hospital and medical (Lines 16 minus 17)		20,498,997	32,651,726	125,219,199
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....594,193 cost containment expenses		1,910,581	3,335,510	12,957,089
21. General administrative expenses		8,558,729	7,390,425	28,704,839
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)		30,968,307	43,377,661	166,881,127
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	566,677	573,857	(4,674,610)
25. Net investment income earned		50,340	71,259	271,976
26. Net realized capital gains (losses) less capital gains tax of \$.....0			2,619	(2,921)
27. Net investment gains or (losses) (Lines 25 plus 26)		50,340	73,878	269,055
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29. Aggregate write-ins for other income or expenses				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	617,017	647,735	(4,405,555)
31. Federal and foreign income taxes incurred	X X X			
32. Net income (loss) (Lines 30 minus 31)	X X X	617,017	647,735	(4,405,555)
DETAILS OF WRITE-INS				
0601.	X X X			
0602.	X X X			
0603.	X X X			
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X			
0701. Loss on sale of fixed assets	X X X	(1,500)		16,994,783
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X	(1,500)		16,994,783
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	9,240,082	12,113,003	12,113,004
34. Net income or (loss) from Line 32	617,017	647,735	(4,405,555)
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0			
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	(681,839)	1,270,200	1,530,127
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus		2,506	2,506
48. Net change in capital and surplus (Lines 34 to 47)	(64,822)	1,920,441	(2,872,922)
49. Capital and surplus end of reporting period (Line 33 plus 48)	9,175,260	14,033,444	9,240,082
DETAILS OF WRITE-INS			
4701. Prior Period Correction		2,506	2,506
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		2,506	2,506

STATEMENT AS OF **March 31, 2018** OF THE **NEW MEXICO HEALTH CONNECTIONS**
CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	15,486,381	45,036,107	166,707,820
2. Net investment income	63,433	109,637	352,759
3. Miscellaneous income	4,384,482		12,608,801
4. TOTAL (Lines 1 to 3)	19,934,296	45,145,744	179,669,380
5. Benefit and loss related payments	17,835,952	29,316,827	132,595,769
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	6,868,535	9,097,005	43,904,746
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)			
10. TOTAL (Lines 5 through 9)	24,704,487	38,413,832	176,500,515
11. Net cash from operations (Line 4 minus Line 10)	(4,770,191)	6,731,912	3,168,865
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	1,422,968	4,434,830	14,130,845
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)	1,422,968	4,434,830	14,130,845
13. Cost of investments acquired (long-term only):			
13.1 Bonds	147,329	1,222,399	3,343,608
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 TOTAL investments acquired (Lines 13.1 to 13.6)	147,329	1,222,399	3,343,608
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	1,275,639	3,212,431	10,787,237
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	9,895,811	326,971	(9,332,863)
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	9,895,811	326,971	(9,332,863)
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)	6,401,259	10,271,314	4,623,239
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	7,478,209	2,854,970	2,854,970
19.2 End of period (Line 18 plus Line 19.1)	13,879,468	13,126,284	7,478,209

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001				
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	38,626	16,026	22,600							
2. First Quarter	19,898	19,220	678							
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	59,979	57,868	2,111							
Total Member Ambulatory Encounters for Period:										
7. Physician	34,923	33,874	1,049							
8. Non-Physician	6,696	6,454	242							
9. Total	41,619	40,328	1,291							
10. Hospital Patient Days Incurred	372	362	10							
11. Number of Inpatient Admissions	111	107	4							
12. Health Premiums Written (a)	31,860,869	31,046,472	814,397							
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	31,892,009	31,076,755	815,254							
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	30,734,566	19,532,592	11,201,974							
18. Amount Incurred for Provision of Health Care Services	20,517,355	19,021,576	1,495,779							

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

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	10,073,579	1,623,866	97,007	249,943	3,870	12,048,265
0499999 Subtotals	10,073,579	1,623,866	97,007	249,943	3,870	12,048,265
0599999 Unreported claims and other claim reserves						2,139,038
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						14,187,303
0899999 Accrued Medical Incentive Pool And Bonus Amounts						347,000

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	Line of Business	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year			On Claims Incurred During the Year
1. Comprehensive (hospital & medical)	19,765,858	7,856,217	(245,474)	14,432,778	19,520,384	20,046,214
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	19,765,858	7,856,217	(245,474)	14,432,778	19,520,384	20,046,214
10. Healthcare receivables (a)		2,996,848				1,612,080
11. Other non-health						
12. Medical incentive pools and bonus amounts	600			347,000	600	227,000
13. Totals (Lines 9 - 10 + 11 + 12)	19,766,458	4,859,369	(245,474)	14,779,778	19,520,984	18,661,134

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

Notes to Financial Statement

1. Summary of Significant Accounting Policies

A. Accounting Practices

The accompanying financial statements of New Mexico Health Connections (the Company) have been prepared in conformity with accounting practices prescribed or permitted by the state of New Mexico for determining and reporting the financial conditions and results of operation of an insurance company for determining its solvency under New Mexico Insurance law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of New Mexico.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of New Mexico is shown below:

		SSAP#	F/S Page	F/S Line#	2018	2017
NET INCOME						
(1)	State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	617,017	(4,405,555)
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(201)						
(299)	Total					
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(301)						
(399)	Total					
(4)	NAIC SAP (1-2-3=4)	XXX	XXX	XXX	617,017	(4,405,555)
SURPLUS						
(5)	State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	9,175,261	9,240,083
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(601)						
(699)	Total					
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(701)	Receivable for Sale of LOB	04,09	2	2504		10,000,000
(702)	Pharmacy Receivable	04,09	2	24		579,000
(799)	Total					10,579,000
(8)	NAIC SAP (5-6-7=8)	XXX	XXX	XXX	9,175,261	(1,338,917)

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

No Material Change

Notes to Financial Statement**C. Accounting Policy**

(1) – (5) No Material Change

(6) Loan Backed Securities are stated at either amortized cost or the lower of amortized cost or fair value. The retrospective adjustment method is used to value all securities except for interest only securities where the yield had become negative, that are valued using the prospective method.

(7) – (13) No Material Change

D. Going Concern

The sale of small and large group business in 2017 brought in sufficient Capital for New Mexico Health Connections to continue its operations. The Company no longer has a going concern with its capital and surplus situation.

2. Accounting Changes and Corrections of Errors

No Material Change

3. Business Combinations and Goodwill

- a. Statutory Purchase Method – No Material Change
- b. Statutory Merger – No Material Change
- c. Assumption Reinsurance – No Material Change
- d. Impairment Loss – No Material Change

4. Discontinued Operations

No Material Change

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - No Material Change
- B. Debt Restructuring - No Material Change
- C. Reverse Mortgages - No Material Change
- D. Loan-Backed Securities

(1) Prepayment assumptions are obtained from Bloomberg market data and the Company's investment manager's internal estimates

(2) OTTI recognized 1st quarter – None

(3) Recognized OTTI by CUSIP – None

(4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains are below:

a.

	Unrealized Losses
Less than 12 months:	\$ (28,519)
12 Months or Longer:	\$ (66,276)
Total	\$ (94,795)

b.

	Fair Value
Less than 12 months:	\$ 1,327,951
12 Months or Longer:	\$ 2,168,677
Total	\$ 3,496,628

(5) Additional considerations - Bonds in an unrealized loss position are regularly reviewed for other-than temporary declines in value. Factors considered in determining whether a decline is

Notes to Financial Statement

other-than-temporary include the length of time a bond has been in an unrealized loss position and the reasons for the decline in value. Assessments include judgments about an obligor's or guarantor's current and projected financial position projected ability to service and repay its debt obligations, the existence of, and realizable value for, any collateral backing the obligations, and the macro-economic and micro-economic outlooks for specific industries and issuers. Estimating the future cash flows of loan-backed securities also involves assumptions regarding the underlying collateral such as prepayment rates, default and recovery rates, existence of subordinated classes capable of absorbing losses, and third-party servicing abilities.

- E. Dollar Repurchase Agreements and/or Security Lending Transactions – None
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- H. Repurchase Agreements Transactions Accounted for as a Sale – None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None
- J. Real Estate – None
- K. Low-income housing tax credits (LIHTC) – None
- L. Restricted Assets (Including Pledged) – No Material Change
- M. Working Capital Finance Investments - None
- N. Offsetting and Netting of Assets and Liabilities – None
- O. Structured Notes – No Material Change
- P. 5* Securities – None
- Q. Short Sales – No Material Change
- R. Prepayment Penalty and Accelerated Fees – No Material Change

6. Joint Ventures, Partnerships and Limited Liability Companies

No Material Change

7. Investment Income

No Material Change

8. Derivative Instruments

None

9. Income Taxes

No Material Change

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No Material Change

11. Debt

A. No Material Change

B. The CO-OP has no FHLB (Federal Home Loan Bank) agreements.

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

A. Defined Benefit Plan

(1) Change in benefit obligation - No Material Change

(2) Change in plan assets- No Material Change

Notes to Financial Statement

(3) Funded status - No Material Change

(4) Components of net periodic benefit cost – None

5) The amount included in unassigned funds (surplus) for the period arising from a change in the additional minimum pension liability recognized - No Material Change

(6) Amounts in unassigned funds (surplus) expected to be recognized in the next fiscal year as components of net periodic benefit cost - No Material Change

(7) Amounts in unassigned funds (surplus) that have not been recognized as components of net periodic benefit cost - No Material Change

(8) Weighted-average assumptions used to determine net period benefit cost - No Material Change

(9) The amount of accumulated benefit obligation for defined benefit pension plans - No Material Change

(10) – (11) The defined benefit pension plan asset allocation as of the measurement date, and the target asset allocation, presented as a percentage of total plan assets - No Material Change

(12) Estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years - No Material Change

(13) Regulatory contribution requirements - No Material Change

(14) – (21) No Material Change

B. Description of Investment Policies and Strategies for Each Class of Plan Assets – No Material Change

C. Fair Value Measurement of Plan Assets at Reporting Date – No Material Change

D. Description of the basis used to determine the overall expected long-term rate of return on assets assumption – No Material Change

E. Defined Contribution Plan – No Material Change

F. Multi-Employer Plan – No Material Change

G. Consolidated/Holding Company Plans – No Material Change

H. Post-Employment Benefits and Compensated Absences – No Material Change

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) – No Material Change

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

No Material Change

14. Liabilities, Contingencies and Assessments

No Material Change

15. Leases

A. Lessee Operating Lease

No Material Change

B. Lessor Leases

No Material Change

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

No Material Change

Notes to Financial Statement**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

A. Transfers of Receivables reported as Sales – No Material Change

B. Transfer and Servicing of Financial Assets - None

C. Wash Sales – None

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

No Material Change.

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

No Material Change.

20. Fair Value Measurements

A.

(1) Fair Value Measurements at Reporting Date - None

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

(3) The Company evaluates and recognizes when transfers between levels are needed at the end of the reporting period

(4) a & b & c - There are no fair value measurements categorized within Level 3 of the fair value hierarchy

(5) Derivative assets and liabilities - None

B. Fair Value information under SSAP No. 100 combined with Fair Value information Under Other Accounting Pronouncements – None

C. Aggregate Fair Value of All Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$8,785,698	\$8,925,996	\$1,512,680	\$7,273,018		
Short-term Investments	\$ 897,678	\$ 897,606	\$ 897,678			
Cash Equivalents	\$1,109,958	\$1,109,953	\$ 149,826	\$ 960,132		

D. Not Practicable to Estimate Fair Value - None

21. Other Items

a. Unusual or Infrequent Items – No Material Change

b. Troubled Debt Restructuring – No Material Change

c. Other Disclosures - No Material Change

d. Business Interruption Insurance Recoveries - No Material Change

e. State Transferable Tax Credits - No Material Change

f. Subprime Related Risk Exposure – No Material Change

g. Retained Assets – No Material Change

h. Insurance Linked Securities – No Material Change

Notes to Financial Statement

22. Events Subsequent

Type I - Recognized Subsequent Events

No Material Change

Type II – Non-recognized Subsequent Events

No Material Change

23. Reinsurance

No Material Change

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A – C No Material Change

D - Medical loss ratio rebates required pursuant to the Public Health Service Act. - No Material Change

E (1) Did the reporting entity write Accident and Health insurance premiums that is subject to Affordable Care Act risk-sharing provisions (Yes/No)? Yes

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

		AMOUNT
a.	Permanent ACA Risk Adjustment Program	
	Assets	
	1. Premium adjustments receivable due to ACA Risk Adjustment	\$ 1,063,000
	Liabilities	
	2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 150,225
	3. Premium adjustments payable due to ACA Risk Adjustment	\$5,296,969
	Operations (Revenue & Expense)	
	4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	(\$1,025,969)
	5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$14,799
b.	Transitional ACA Reinsurance Program	
	Assets	
	1. Amounts recoverable for claims paid due to ACA Reinsurance	\$61,750
	2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$0
	3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$0
	Liabilities	
	4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$0
	5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$0
	6. Liability for amounts held under uninsured plans contributions for ACA Reinsurance	\$0
	Operations (Revenue & Expense)	
	7. Ceded reinsurance premiums due to ACA Reinsurance	\$0
	8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$0
	9. ACA Reinsurance Contributions - not reported as ceded premium	\$0
c.	Temporary ACA Risk Corridors Program	
	Assets	
	1. Accrued retrospective premium due to ACA Risk Corridors	
	Liabilities	
	2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$0
	Operations (Revenue & Expense)	
	3. Effect of ACA Risk Corridors on net premium income (paid/received)	\$0
	4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$31,141

The Company does not have any self-insured business that would require disclosure of any uninsured plans contributions within the Transitional Reinsurance Program.

Notes to Financial Statement

3) Roll-forward of prior year ACA risk-sharing provisions for the following asset and liability balances, along with the reasons for adjustments to prior year balance

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
	1	2	3	4	Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances	Ref	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable	1,063,000				1,063,000				A	1,063,000	
2. Premium adjustments (payable)		4,271,000				4,271,000			B		4,271,000
3. Subtotal ACA Permanent Risk Adjustment Program	1,063,000	4,271,000			1,063,000	4,271,000				1,063,000	4,271,000
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	553,305		491,555		61,750				C	61,750	
2. Amounts recoverable for claims unpaid (contra liability)									D		
3. Amounts receivable relating to uninsured plans									E		
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium									F		
5. Ceded reinsurance premiums payable									G		
6. Liability for amounts held under uninsured plans									H		
7. Subtotal ACA Transitional Reinsurance Program	553,305		491,555		61,750				C	61,750	
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	1,061,336				1,061,336				I	1,061,336	
2. Reserve for rate credits or policy experience rating refunds									J		
3. Subtotal ACA Risk Corridors Program	1,061,336				1,061,336					1,061,336	
d. Total for ACA Risk Sharing Provisions	2,677,641	4,271,000	491,555		2,186,086	4,271,000				2,186,086	4,271,000

Notes to Financial Statement

4. Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Ref	Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
2014 Program Benefit Year Risk Corridor	1,061,336				1,061,336					1,061,336	
2015 Program Benefit Year Risk Corridor											

5. ACA Risk Corridor Receivable as of Reporting Date:

	Estimated Amount to be filed or Final Amount Filed with CMS	Non-Accrued Amounts for Impairment of Other Reasons	Amounts received from CMS	Asset Balance (Gross of Non-admissions) (1-2-3)	Non-admitted Amount	Net Admitted Asset (4-5)
2014	4,211,651	2,619,647	530,668	1,061,336	1,061,336	
2015	19,389,476	19,389,476				
2016						
Total	23,601,127	22,009,123	530,668	1,061,336	1,061,336	

25. Changes in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2017 were \$20,810,709 for Claims and Claims Adjustment Expense. As of March 31, 2018, \$20,303,953 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$(245,474) as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$752,230 favorable prior-year development since December 31, 2017 to March 31, 2018. The increase (decrease) is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements

No Material Change

27. Structured Settlements

No Material Change

28. Health Care Receivables

No Material Change

29. Participating Policies

No Material Change

30. Premium Deficiency Reserves

No Material Change

31. Anticipated Salvage and Subrogation

No Material Change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes[] No[] N/A[X]

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

- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[] No[X]
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[] No[X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[] No[] N/A[X]
If yes, attach an explanation.

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 09/30/2017
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
- 6.4 By what department or departments?
Office of Superintendent of Insurance - State of New Mexico
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[] No[] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[] No[] N/A[X]

- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[] No[X]
- 7.2 If yes, give full information

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
..... No .....	..... No .....	..... No .....	..... No

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No[]
 - (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 - (c) Compliance with applicable governmental laws, rules and regulations;
 - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 - (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

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

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[] No[X]
- 11.2 If yes, give full and complete information relating thereto:

- 12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
- 13. Amount of real estate and mortgages held in short-term investments: \$ 0

- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[] No[X]
- 14.2 If yes, please complete the following:

GENERAL INTERROGATORIES (Continued)

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes No
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No N/A
 If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
 16.3 Total payable for securities lending reported on the liability page \$ 0

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

1 Name of Custodian(s)	2 Custodian Address
Bank of Albuquerque	201 Third Street NW Suite 1400 Albuquerque NM 87102

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

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
AAM Company LLC, 30 Monroe St, Chicago IL 60603	U

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

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

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
109875	AAM Company LLC	549300DSCHIV5W3U963	SEC	NO

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

18.2 If no, list exceptions:

19. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designated 5*GI security:
 a. Documentation necessary to permit a full credit analysis of the security does not exist.
 b. Issuer or obligor is current on all contracted interest and principal payments.
 c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5*GI securities? Yes No

GENERAL INTERROGATORIES**PART 2 - HEALTH**

- | | | |
|---|---------|--------------|
| 1. Operating Percentages: | | |
| 1.1 A&H loss percent | ..... | 66.885% |
| 1.2 A&H cost containment percent | ..... | 1.884% |
| 1.3 A&H expense percent excluding cost containment expenses | ..... | 31.313% |
| 2.1 Do you act as a custodian for health savings accounts? | | Yes[] No[X] |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date. | \$..... | 0 |
| 2.3 Do you act as an administrator for health savings accounts? | | Yes[] No[X] |
| 2.4 If yes, please provide the balance of the funds administered as of the reporting date. | \$..... | 0 |
| 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? | | Yes[X] No[] |
| 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? | | Yes[] No[X] |

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
Accident and Health - Non-affiliates								
23647	41-0121640	01/01/2018	IRONSHORE IND INC	MN	SSL/A/I	Authorized		
23647	41-0121640	01/01/2018	IRONSHORE IND INC	MN	SSL/A/G	Authorized		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

1	State, Etc.	Active Status (a)	Direct Business Only							
			2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)	N								
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)	N								
9.	District of Columbia (DC)	N								
10.	Florida (FL)	N								
11.	Georgia (GA)	N								
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)	N								
15.	Indiana (IN)	N								
16.	Iowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)	N								
19.	Louisiana (LA)	N								
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)	N								
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)	N								
27.	Montana (MT)	N								
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	N								
31.	New Jersey (NJ)	N								
32.	New Mexico (NM)	L	31,860,869						31,860,869	
33.	New York (NY)	N								
34.	North Carolina (NC)	L								
35.	North Dakota (ND)	N								
36.	Ohio (OH)	N								
37.	Oklahoma (OK)	N								
38.	Oregon (OR)	N								
39.	Pennsylvania (PA)	N								
40.	Rhode Island (RI)	N								
41.	South Carolina (SC)	N								
42.	South Dakota (SD)	N								
43.	Tennessee (TN)	N								
44.	Texas (TX)	N								
45.	Utah (UT)	N								
46.	Vermont (VT)	N								
47.	Virginia (VA)	N								
48.	Washington (WA)	N								
49.	West Virginia (WV)	N								
50.	Wisconsin (WI)	N								
51.	Wyoming (WY)	N								
52.	American Samoa (AS)	N								
53.	Guam (GU)	N								
54.	Puerto Rico (PR)	N								
55.	U.S. Virgin Islands (VI)	N								
56.	Northern Mariana Islands (MP)	N								
57.	Canada (CAN)	N								
58.	Aggregate other alien (OT)	X X X								
59.	Subtotal	X X X	31,860,869						31,860,869	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	Total (Direct Business)	X X X	31,860,869						31,860,869	
DETAILS OF WRITE-INS										
58001.		X X X								
58002.		X X X								
58003.		X X X								
58998.	Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

(a) Active Status Counts:

L Licensed or Chartered - Licensed insurance carrier or domiciled RRG

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

2

R Registered - Non-domiciled RRGs

Q Qualified - Qualified or accredited reinsurer

55

15 Schedule Y - Part 1 NONE

16 Schedule Y Part 1A - Detail of Insurance Holding Company System NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

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

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



15011201836500001

2018

Document Code: 365

OVERFLOW PAGE FOR WRITE-INS**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)
2504. Gain on Sale of Assets	10,000,000
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	10,000,000

STATEMENT AS OF **March 31, 2018** OF THE **NEW MEXICO HEALTH CONNECTIONS**
SCHEDULE A - VERIFICATION

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	10,210,379	21,056,789
2. Cost of bonds and stocks acquired	147,329	3,343,608
3. Accrual of discount	282	2,054
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		(2,921)
6. Deduct consideration for bonds and stocks disposed of	1,422,968	14,130,845
7. Deduct amortization of premium	9,026	58,306
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	8,925,996	10,210,379
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	8,925,996	10,210,379

SCHEDULE D - PART 1B

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

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	8,843,690	1,194,455	1,197,968	(7,917)	8,832,261			8,843,690
2. NAIC 2 (a)	1,366,689		225,000	(526)	1,141,163			1,366,689
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	10,210,379	1,194,455	1,422,968	(8,442)	9,973,424			10,210,379
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	10,210,379	1,194,455	1,422,968	(8,442)	9,973,424			10,210,379

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....1,047,428; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

QS102

SCHEDULE DA - PART 1**Short - Term Investments**

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	897,606	X X X	897,314		1,116

SCHEDULE DA - Verification**Short-Term Investments**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		2,349,517
2. Cost of short-term investments acquired	897,314	
3. Accrual of discount	293	
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		2,349,517
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	897,606	
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	897,606	

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SCHEDULE E - PART 2 - VERIFICATION**(Cash Equivalents)**

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	669,424	.....
2.	Cost of cash equivalents acquired	1,638,635	16,655,966
3.	Accrual of discount	9	.....
4.	Unrealized valuation increase (decrease) .....	.....	.....
5.	Total gain (loss) on disposals .....	.....	.....
6.	Deduct consideration received on disposals	1,198,114	15,986,542
7.	Deduct amortization of premium .....	.....	.....
8.	Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9.	Deduct current year's other-than-temporary impairment recognized .....	.....	.....
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	1,109,954	669,424
11.	Deduct total nonadmitted amounts .....	.....	.....
12.	Statement value at end of current period (Line 10 minus Line 11)	1,109,954	669,424

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 Schedule BA Part 3 NONE

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments									
912828F96	UNITED STATES TREASURY		03/15/2018	MERRILL LYNCH FIXED INCOME	X X X	147,329	150,000	1,127	1
0599999	Subtotal - Bonds - U.S. Governments				X X X	147,329	150,000	1,127	X X X
8399997	Subtotal - Bonds - Part 3				X X X	147,329	150,000	1,127	X X X
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
8399999	Subtotal - Bonds				X X X	147,329	150,000	1,127	X X X
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
8999999	Subtotal - Preferred Stocks				X X X		X X X		X X X
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
9799999	Subtotal - Common Stocks				X X X		X X X		X X X
9899999	Subtotal - Preferred and Common Stocks				X X X		X X X		X X X
9999999	Total - Bonds, Preferred and Common Stocks				X X X	147,329	X X X	1,127	X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

SCHEDULE D - PART 4

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

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation or Market Indicator (a)	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V.	15 Total Foreign Exchange Change in B./A.C.V.								
Bonds - U.S. Governments																						
62888YAA0	NGN 11R1 NTS - CMO/RMBS		03/07/2018	Paydown	X X X	14,251	14,251	14,344	14,289				(38)	(38)	14,251				23	01/08/2020	1	
0599999 Subtotal - Bonds - U.S. Governments					X X X	14,251	14,251	14,344	14,289				(38)	(38)	14,251				23	X X X	X X X	
Bonds - U.S. Political Subdivisions of States, Territories and Possessions																						
442331YR9	HOUSTON TEX		03/01/2018	Maturity @ 100.00	X X X	400,000	400,000	400,300	400,015				(15)	(15)	400,000				2,582	03/01/2018	1FE	
2499999 Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions					X X X	400,000	400,000	400,300	400,015				(15)	(15)	400,000				2,582	X X X	X X X	
Bonds - U.S. Special Revenue, Special Assessment																						
3136A5B47	FNR 1254D WG - CMO/RMBS		03/01/2018	Paydown	X X X	7,505	7,505	7,712	7,715				(209)	(209)	7,505				14	01/25/2041	1	
3136AJKX3	FNR 1413A CA - CMO/RMBS		03/01/2018	Paydown	X X X	23,450	23,450	24,109	24,279				(829)	(829)	23,450				50	05/25/2030	1	
3136AKNC3	FNR 1439A AB - CMO/RMBS		03/01/2018	Paydown	X X X	9,261	9,261	9,562	9,456				(195)	(195)	9,261				24	09/25/2039	1	
3136ANJY4	FNA 15M07A AQ2 - CMBS		03/01/2018	Paydown	X X X	40,583	40,583	40,988	40,573				10	10	40,583				79	04/25/2018	1	
3136AQK82	FNR 1594C LD - CMO/RMBS		03/01/2018	Paydown	X X X	14,330	14,330	15,080	14,906				(576)	(576)	14,330				36	08/25/2043	1	
3137ANP58	FHR 4038B A - CMO/RMBS		03/01/2018	Paydown	X X X	11,131	11,131	11,719	11,563				(432)	(432)	11,131				34	06/15/2030	1	
3137B74A4	FHR 4295A AB - CMO/RMBS		03/01/2018	Paydown	X X X	13,276	13,276	13,484	13,395				(119)	(119)	13,276				23	01/15/2024	1	
3137BCGR3	FHR 4360C DA - CMO/RMBS		03/01/2018	Paydown	X X X	8,836	8,836	9,209	9,105				(269)	(269)	8,836				22	05/15/2037	1	
3137BGWZ8	FHR 4447B PA - CMO/RMBS		03/01/2018	Paydown	X X X	10,154	10,154	10,614	10,522				(368)	(368)	10,154				25	12/15/2044	1	
3137BPP29	FHR 4579G BA - CMO/RMBS		03/01/2018	Paydown	X X X	12,356	12,356	12,752	12,782				(426)	(426)	12,356				31	01/15/2043	1	
31398SRE5	FNR 10137H CJ - CMO/RMBS		03/01/2018	Paydown	X X X	21,382	21,382	21,856	21,740				(358)	(358)	21,382				48	12/25/2025	1	
650035K72	NEW YORK ST URBAN DEV CORP REV		03/15/2018	Maturity @ 100.00	X X X	375,000	375,000	375,000	375,000						375,000				2,700	03/15/2018	1FE	
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					X X X	547,264	547,265	552,086	551,035				(3,770)	(3,770)	547,264				3,088	X X X	X X X	
Bonds - Industrial and Miscellaneous (Unaffiliated)																						
00507UAM3	ACTAVIS FUNDING SCS	C	03/12/2018	Maturity @ 100.00	X X X	225,000	225,000	224,890	224,993				7	7	225,000				2,644	03/12/2018	2FE	
009363AN2	AIRGAS INC	C	02/15/2018	Maturity @ 100.00	X X X	200,000	200,000	199,184	199,971				29	29	200,000				1,650	02/15/2018	1FE	
43814MAC1	HAROT 153 A3 - ABS		03/18/2018	Paydown	X X X	36,452	36,452	36,327	36,438				15	15	36,452				47	04/18/2019	1FE	
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					X X X	461,452	461,452	460,401	461,401				51	51	461,452				4,341	X X X	X X X	
8399997 Subtotal - Bonds - Part 4					X X X	1,422,968	1,422,968	1,427,131	1,426,740				(3,773)	(3,773)	1,422,968				10,033	X X X	X X X	
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
8399999 Subtotal - Bonds					X X X	1,422,968	1,422,968	1,427,131	1,426,740				(3,773)	(3,773)	1,422,968				10,033	X X X	X X X	
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
8999999 Subtotal - Preferred Stocks					X X X	X X X	X X X	X X X	X X X				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9799999 Subtotal - Common Stocks					X X X	X X X	X X X	X X X	X X X				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9899999 Subtotal - Preferred and Common Stocks					X X X	X X X	X X X	X X X	X X X				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	1,422,968	1,422,968	1,427,131	1,426,740				(3,773)	(3,773)	1,422,968				10,033	X X X	X X X	

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

QE05

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D Section 1 NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE

E10 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE

E11 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

SCHEDULE E - PART 1 - CASH**Month End Depository Balances**

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
open depositories									
Wells Fargo - #9576	Albuquerque, New Mexico					4,768,997	3,410,219	814,211	X X X
Wells Fargo - #4894	Albuquerque, New Mexico					(1,542,573)	(1,061,799)	(756,378)	X X X
Wells Fargo - #5258	Albuquerque, New Mexico					39,616	39,616	39,616	X X X
Wells Fargo - #4591	Albuquerque, New Mexico		0.030	11		151,356	151,359	151,363	X X X
Wells Fargo - #7183	Albuquerque, New Mexico					4,695,857	8,233,494	11,619,562	X X X
Wells Fargo - #4083						3,932	3,683	3,534	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories		X X X	X X X						X X X
0199999 Totals - Open Depositories		X X X	X X X	11		8,117,185	10,776,572	11,871,908	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories		X X X	X X X						X X X
0299999 Totals - Suspended Depositories		X X X	X X X						X X X
0399999 Total Cash On Deposit		X X X	X X X	11		8,117,185	10,776,572	11,871,908	X X X
0499999 Cash in Company's Office		X X X	X X X	X X X	X X X				X X X
0599999 Total Cash		X X X	X X X	11		8,117,185	10,776,572	11,871,908	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
Cusip	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
Bonds - U.S. Governments - Issuer Obligations								
	UNITED STATES TREASURY		03/29/2018 ...	1.000	05/31/2018 ...	149,822	503	9
0199999	Subtotals - Bonds - U.S. Governments - Issuer Obligations					149,822	503	9
0599999	Subtotals - Bonds - U.S. Governments					149,822	503	9
7799999	Subtotals - Bonds - Total Bonds - Issuer Obligations					149,822	503	9
7899999	Subtotals - Bonds - Total Bonds - Residential Mortgage-Backed Securities							
7999999	Subtotals - Bonds - Total Bonds - Commercial Mortgage-Backed Securities							
8099999	Subtotals - Bonds - Total Bonds - Other Loan-Backed and Structured Securities							
8199999	Subtotals - Bonds - SVO Identified Funds							
8399999	Subtotals - Bonds - Total Bonds					149,822	503	9
8499999	Subtotals - Sweep Accounts							
Exempt Money Market Mutual Funds - as Identified by SVO								
825252885	INVESCO GOV&AGENCY;INST		03/26/2018 ...	1.590	X X X	960,132	1,645	
8599999	Subtotals - Exempt Money Market Mutual Funds - as Identified by SVO					960,132	1,645	
8699999	Subtotals - All Other Money Market Mutual Funds							
8799999	Subtotals - Other Cash Equivalents							
8899999	Total - Cash Equivalents					1,109,954	2,148	9

QE13

INDEX TO HEALTH QUARTERLY STATEMENT

Accounting Changes and Corrections of Errors; Q10, Note 2; Q11
Accounting Practices and Policies; Q5; Q10, Note 1
Admitted Assets; Q2
Bonds; Q2; Q6; Q11.1; Q11.2; QE04; QE05
Bonuses; Q3; Q4; Q8; Q9
Borrowed Funds; Q3; Q6
Business Combinations and Goodwill; Q10, Note 3
Capital Gains (Losses)
 Realized; Q4
 Unrealized; Q4; Q5
Capital Stock; Q3; Q10, Note 13
Capital Notes; Q6; Q10, Note 11
Caps; QE06; QSI04
Cash; Q2; Q6; QE12
Cash Equivalents; Q2; Q6; QE13
Claims; Q3; Q4; Q8; Q9
Collars; QE06; QSI04
Commissions; Q6
Common Stock; Q2; Q3; Q6; Q11.1; Q11.2
Cost Containment Expenses; Q4
Contingencies; Q10, Note 14
Counterparty Exposure; Q10, Note 8; QE06; QE08
Debt; Q10, Note 11
Deferred Compensation; Q10, Note 12
Derivative Instruments; Q10, Note 8; QSI04; QSI05; QSI06; QSI07; QE06; QE07; QE08
Discontinued Operations; Q10, Note 4
Electronic Data Processing Equipment; Q2
Encumbrances; Q2; QSI01; QE01
Emergency Room; Q4
Expenses; Q3; Q4; Q6
Extinguishment of Liabilities; Q10, Note 17
Extraordinary Item; Q10, Note 21
Fair Value; Q7, Note 20
Fee for Service; Q4
Foreign Exchange; Q2; Q3; Q5; QSI01; QSI03; QE01; QE02; QE03; QE05
Forwards; QE06; QSI04
Furniture, Equipment and Supplies; Q2
Guaranty Fund; Q2
Health Care Receivables; Q2; Q9; Q10, Note 28
Holding Company; Q16
Hospital/Medical Benefits; Q4
Incentive Pools; Q3; Q4; Q8; Q9
Income; Q4; Q5; Q6
Income Taxes; Q2; Q3; Q4; Q5; Q10, Note 9
Incurred Claims and Claim Adjustment Expenses; Q10, Note 25
Intercompany Pooling; Q10, Note 26
Investment Income; Q10, Note 7
 Accrued; Q2
 Earned; Q2; QSI03
 Received; Q6
Investments; Q10, Note 5; Q11.1; Q11.2; QE08
Joint Venture; Q10, Note 6
Leases; Q10, Note 15
Limited Liability Company (LLC); Q10, Note 6
Limited Partnership; Q10, Note 6
Long-Term Invested Assets; Q2; QE03
Managing General Agents; Q10, Note 19
Medicare Part D Coverage; QSupp1
Member Months; Q4; Q7
Mortgage Loans; Q2; Q6; Q11.1; QSI01; QE02
Nonadmitted Assets; Q2; Q5; QSI01; QSI03
Off-Balance Sheet Risk; Q10, Note 16
Options; QE06; QSI04
Organizational Chart; Q11; Q14
Out-of-Area; Q4
Outside Referrals; Q4
Parent, Subsidiaries and Affiliates; Q2; Q3; Q10, Note 10; Q11.1
Participating Policies; Q10, Note 29
Pharmaceutical Rebates; Q10, Note 28
Policyholder Dividends; Q5; Q6
Postemployment Benefits; Q10, Note 12
Postretirement Benefits; Q10, Note 12
Preferred Stock; Q2; Q3; Q6; Q11.1; Q11.2

INDEX TO HEALTH QUARTERLY STATEMENT

Premium Deficiency Reserves; Q10, Note 30
Premiums and Considerations
 Advance; Q3
 Collected; Q6
 Deferred; Q2
 Direct; Q7; Q13
 Earned; Q7
 Retrospective; Q2
 Uncollected; Q2
 Unearned; Q4
 Written; Q4; Q7
Prescription Drugs; Q4
Quasi Reorganizations; Q10, Note 13
Real Estate; Q2; Q6; QE01; QSI01
Redetermination, Contracts Subject to; Q10, Note 24
Reinsurance; Q9; Q10, Note 23
 Ceded; Q3; Q12
 Funds Held; Q2
 Payable; Q3
 Premiums; Q3
 Receivable; Q2; Q4
 Unauthorized; Q3; Q5
Reserves
 Accident and Health; Q3; Q4
 Claim; Q3; Q5; Q8
 Life; Q3
Retirement Plans; Q10, Note 12
Retrospectively Rated Policies; Q10, Note 24
Risk Revenue; Q4
Salvage and Subrogation; Q10, Note 31
Securities Lending; Q2; Q3; QE09; QE11
Servicing of Financial Assets; Q10, Note 17
Short-Term Investments; Q2; Q6; Q11.1; QSI03
Stockholder Dividends; Q5; Q6
Subsequent Events; Q10, Note 22
Surplus; Q3; Q5; Q6
Surplus Notes; Q3; Q5; Q6
Swaps; QE07; QSI04
Synthetic Assets; QSI04; QSI05
Third Party Administrator; Q10, Note 19
Treasury Stock; Q3; Q5
Uninsured Accident and Health; Q2; Q3; Q10, Note 18
Valuation Allowance; QSI01
Wash Sales; Q10, Note 17
Withholds; Q4; Q8