

ANNUAL STATEMENT

OF THE

True Health New Mexico, Inc.

of

Albuquerque

in the state of

New Mexico

TO THE

Insurance Department

OF THE STATE OF

New Mexico

For the Year Ending
DECEMBER 31, 2019

2019



ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2019

OF THE CONDITION AND AFFAIRS OF THE

True Health New Mexico, Inc.

NAIC Group Code 0000 , 0000 NAIC Company Code 16281 Employer's ID Number 82-2885824
(Current Period) (Prior Period)

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

Country of Domicile United States

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[] N/A[X]

Incorporated/Organized 09/22/2017 Commenced Business 01/01/2018

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)633-8020
(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)633-8020
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.truehealthnewmexico.com

Statutory Statement Contact Greg Theobald (505)633-8020
(Name) (Area Code)(Telephone Number)(Extension)
GTheobald@TruehealthNewMexico.com (866)231-1344
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	
Martin Hickey	Senior Vice President, Executive	#
Francis Torres	Chief Medical Officer	#
Anne Brennan Sapon	Chief Operations Officer	
Mark Epstein	President	#
Todd Pilger	Chief Financial Officer	
Myja Peterson	Chief Business Intelligence Officer	#

OTHERS

DIRECTORS OR TRUSTEES

Michael DeWitte	Douglas Brown
Jonathan Weinberg	John Johnson #
Seth Blakely	

State of New Mexico
 County of Bernalillo ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the 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)
 Anne Brennan Sapon
(Printed Name)
 1.
 Chief Operations Officer
(Title)

(Signature)
 Todd Pilger
(Printed Name)
 2.
 Chief Financial Officer
(Title)

(Signature)
 Mark Epstein
(Printed Name)
 3.
 President
(Title)

Subscribed and sworn to before me this _____ day of _____, 2020

- 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 Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1-2)	4 Net Admitted Assets
1. Bonds (Schedule D)	17,868,600		17,868,600	10,695,499
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common Stocks				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
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 (\$.....8,678,803, Schedule E Part 1), cash equivalents (\$.....3,383,461, Schedule E Part 2) and short-term investments (\$.....0, Schedule DA)	12,062,264		12,062,264	28,378,078
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities Lending Reinvested Collateral Assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	29,930,864		29,930,864	39,073,577
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	77,052		77,052	52,848
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	667,154		667,154	25,484,829
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 (\$.....0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	855,086		855,086	326,358
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	12,247		12,247	
18.1 Current federal and foreign income tax recoverable and interest thereon	133,799		133,799	
18.2 Net deferred tax asset	103,882		103,882	15,915
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	1,207,905		1,207,905	105,053
24. Health care (\$.....1,377,814) and other amounts receivable	1,377,814		1,377,814	775,659
25. Aggregate write-ins for other than invested assets	10,058,154	8,376,954	1,681,199	
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	44,423,958	8,376,954	36,047,003	65,834,239
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	44,423,958	8,376,954	36,047,003	65,834,239
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. Goodwill	4,563,979	4,563,979		
2502. Intangible Assets	3,720,000	3,720,000		
2503. Miscellaneous Receivables	456,925		456,925	
2598. Summary of remaining write-ins for Line 25 from overflow page	1,317,250	92,975	1,224,275	
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	10,058,154	8,376,954	1,681,199	

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	7,761,727		7,761,727	31,056,979
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	316,227		316,227	4,637,026
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	706,302		706,302	4,080,812
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance	2,579,790		2,579,790	1,032,655
9. General expenses due or accrued	1,126,715		1,126,715	2,325,027
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))				389,442
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
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	67,774		67,774	16,974
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. TOTAL Liabilities (Lines 1 to 23)	12,558,536		12,558,536	43,538,915
25. Aggregate write-ins for special surplus funds	X X X	X X X	869,625	
26. Common capital stock	X X X	X X X	10	10
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	27,751,490	30,251,490
29. Surplus notes	X X X	X X X		
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	(5,132,658)	(7,956,178)
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	23,488,468	22,295,322
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	X X X	X X X	36,047,003	65,834,237
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. ACA 9010 Fee	X X X	X X X	869,625	
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	869,625	
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		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	X X X	199,349	231,637
2. Net premium income (including \$.....0 non-health premium income)	X X X	171,289,439	159,739,986
3. Change in unearned premium reserves and reserve for rate credits	X X X		
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		
8. TOTAL Revenues (Lines 2 to 7)	X X X	171,289,439	159,739,986
Hospital and Medical:			
9. Hospital/medical benefits		44,919,518	45,474,540
10. Other professional services			
11. Outside referrals			
12. Emergency room and out-of-area		7,713,298	8,934,440
13. Prescription drugs		11,931,672	13,010,212
14. Aggregate write-ins for other hospital and medical			
15. Incentive pool, withhold adjustments and bonus amounts			
16. Subtotal (Lines 9 to 15)		64,564,488	67,419,192
Less:			
17. Net reinsurance recoveries		(71,403,132)	(57,326,811)
18. TOTAL Hospital and Medical (Lines 16 minus 17)		135,967,621	124,746,003
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$.....3,125,785 cost containment expenses		19,618,932	18,097,643
21. General administrative expenses		13,148,271	15,233,214
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)		168,734,824	158,076,860
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	2,554,615	1,663,126
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		597,551	199,516
26. Net realized capital gains (losses) less capital gains tax of \$.....0		(3,256)	
27. Net investment gains (losses) (Lines 25 plus 26)		594,295	199,516
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....6,807)]		(6,807)	(22,947)
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	3,142,103	1,839,695
31. Federal and foreign income taxes incurred	X X X	681,640	389,442
32. Net income (loss) (Lines 30 minus 31)	X X X	2,460,463	1,450,253
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.	X X X		
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 (Line 0701 through 0703 plus 0798) (Line 7 above)	X X X		
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 (Line 2901 through 2903 plus 2998) (Line 29 above)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	22,295,322	11,824,324
34.	Net income or (loss) from Line 32	2,460,463	1,450,253
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	87,967	15,915
39.	Change in nonadmitted assets	1,144,716	(9,521,670)
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	(2,500,000)	18,526,500
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		
48.	Net change in capital and surplus (Lines 34 to 47)	1,193,146	10,470,998
49.	Capital and surplus end of reporting year (Line 33 plus 48)	23,488,468	22,295,322
DETAILS OF WRITE-INS			
4701.	.....	
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)		

CASH FLOW

		1	2
		Current Year	Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	194,294,940	139,353,423
2.	Net investment income	566,327	143,526
3.	Miscellaneous income		
4.	TOTAL (Lines 1 through 3)	194,861,267	139,496,949
5.	Benefit and loss related payments	160,393,756	94,791,040
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	38,254,567	26,420,977
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	1,204,881	1
10.	TOTAL (Lines 5 through 9)	199,853,204	121,212,018
11.	Net cash from operations (Line 4 minus Line 10)	(4,991,937)	18,284,931
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds	1,256,010	
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)	1,256,010	
13.	Cost of investments acquired (long-term only):		
13.1	Bonds	8,425,348	10,087,411
13.2	Stocks		
13.3	Mortgage loans		
13.4	Real estate		
13.5	Other invested assets		
13.6	Miscellaneous applications	0	
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6)	8,425,349	10,087,411
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(7,169,338)	(10,087,411)
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	(2,500,000)	18,526,500
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)	(1,654,538)	(9,465,701)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(4,154,538)	9,060,799
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)	(16,315,814)	17,258,319
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	28,378,077	11,119,758
19.2	End of year (Line 18 plus Line 19.1)	12,062,263	28,378,077

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

20.0001		
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	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	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	171,289,439	171,289,439								
2. Change in unearned premium reserves and reserve for rate credit										
3. Fee-for-service (net of \$.....0 medical expenses)										X X X
4. Risk revenue										X X X
5. Aggregate write-ins for other health care related revenues										X X X
6. Aggregate write-ins for other non-health care related revenues		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
7. TOTAL Revenues (Lines 1 to 6)	171,289,439	171,289,439								
8. Hospital/medical benefits	44,919,518	44,919,518								X X X
9. Other professional services										X X X
10. Outside referrals										X X X
11. Emergency room and out-of-area	7,713,298	7,713,298								X X X
12. Prescription drugs	11,931,672	11,931,672								X X X
13. Aggregate write-ins for other hospital and medical										X X X
14. Incentive pool, withhold adjustments and bonus amounts										X X X
15. Subtotal (Lines 8 to 14)	64,564,488	64,564,488								X X X
16. Net reinsurance recoveries	(71,403,132)	(71,403,132)								X X X
17. TOTAL Hospital and Medical (Lines 15 minus 16)	135,967,621	135,967,621								X X X
18. Non-health claims (net)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
19. Claims adjustment expenses including \$.....3,125,785 cost containment expenses	19,618,932	19,618,932								
20. General administrative expenses	13,148,271	13,148,271								
21. Increase in reserves for accident and health contracts										X X X
22. Increase in reserves for life contracts		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
23. TOTAL Underwriting Deductions (Lines 17 to 22)	168,734,824	168,734,824								
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	2,554,615	2,554,615								
DETAILS OF WRITE-INS										
0501.										X X X
0502.										X X X
0503.										X X X
0598. Summary of remaining write-ins for Line 5 from overflow page										X X X
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)										X X X
0601.		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0602.		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0603.		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0698. Summary of remaining write-ins for Line 6 from overflow page		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
1301.										X X X
1302.										X X X
1303.										X X X
1398. Summary of remaining write-ins for Line 13 from overflow page										X X X
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										X X X

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Columns 1 + 2 - 3)
1. Comprehensive (hospital and medical)	89,259,918	83,324,753	1,295,232	171,289,439
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 through 8)	89,259,918	83,324,753	1,295,232	171,289,439
10. Life				
11. Property/casualty				
12. TOTALS (Lines 9 to 11)	89,259,918	83,324,753	1,295,232	171,289,439

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE 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	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	66,587,522	66,587,522								
1.2 Reinsurance assumed	94,468,057	94,468,057								
1.3 Reinsurance ceded	661,823	661,823								
1.4 Net	160,393,756	160,393,756								
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	7,761,727	7,761,727								
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	7,761,727	7,761,727								
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net healthcare receivables (a)	602,155	602,155								
7. Amounts recoverable from reinsurers December 31, current year	855,086	855,086								
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	9,182,606	9,182,606								
8.2 Reinsurance assumed	21,874,373	21,874,373								
8.3 Reinsurance ceded										
8.4 Net	31,056,979	31,056,979								
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year	326,358	326,358								
12. Incurred benefits:										
12.1 Direct	64,564,488	64,564,488								
12.2 Reinsurance assumed	72,593,684	72,593,684								
12.3 Reinsurance ceded	1,190,551	1,190,551								
12.4 Net	135,967,621	135,967,621								
13. Incurred medical incentive pools and bonuses										

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	465,218	465,218								
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	465,218	465,218								
2. Incurred but Unreported:										
2.1 Direct	7,296,510	7,296,510								
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net	7,296,510	7,296,510								
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS										
4.1 Direct	7,761,727	7,761,727								
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net	7,761,727	7,761,727								

UNDERWRITING AND INVESTMENT EXHIBIT

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

	Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
		1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1.	Comprehensive (hospital and medical)	30,132,637	129,732,391	15,268	7,746,459	30,147,905	31,056,979
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)	30,132,637	129,732,391	15,268	7,746,459	30,147,905	31,056,979
10.	Healthcare receivables (a)		1,377,814				775,659
11.	Other non-health						
12.	Medical incentive pool and bonus amounts						
13.	TOTALS (Lines 9 - 10 + 11 + 12)	30,132,637	128,354,577	15,268	7,746,459	30,147,905	30,281,320

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

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

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior					
2. 2015					
3. 2016	X X X				
4. 2017	X X X	X X X			
5. 2018	X X X	X X X	X X X	93,689	124,597
6. 2019	X X X	X X X	X X X	X X X	128,355

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior					
2. 2015					
3. 2016	X X X				
4. 2017	X X X	X X X			
5. 2018	X X X	X X X	X X X	124,746	124,612
6. 2019	X X X	X X X	X X X	X X X	136,101

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2015										
2. 2016										
3. 2017										
4. 2018	159,740	124,597	17,713	14.217	142,310	89.089	15	1	142,326	89.099
5. 2019	171,289	128,355	19,688	15.338	148,043	86.429	7,746	316	156,105	91.135

12 Grand Total

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

Hospital and Medical
Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior					
2. 2015					
3. 2016	X X X				
4. 2017	X X X	X X X			
5. 2018	X X X	X X X	X X X	93,689	124,597
6. 2019	X X X	X X X	X X X	X X X	128,355

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior					
2. 2015					
3. 2016	X X X				
4. 2017	X X X	X X X			
5. 2018	X X X	X X X	X X X	124,746	124,612
6. 2019	X X X	X X X	X X X	X X X	136,101

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2015										
2. 2016										
3. 2017										
4. 2018	159,740	124,597	17,713	14.217	142,310	89.089	15	1	142,326	89.099
5. 2019	171,289	128,355	19,688	15.338	148,043	86.429	7,746	316	156,105	91.135

12 Hospital and Medical

- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XVIII-Medicare NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XVIII-Medicare NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XVIII-Medicare NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XIX-Medicaid NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XIX-Medicaid NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XIX-Medicaid NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Other NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur Claims - Other NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Other NONE

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1	2	3	4	5	6	7	8	9
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
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 \$.....0 for investment income)									
5. Aggregate write-ins for other policy reserves	706,302	706,302							
6. TOTALS (Gross)	706,302	706,302							
7. Reinsurance ceded									
8. TOTALS (Net) (Page 3, Line 4)	706,302	706,302							
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. Risk Adjustment Payable	706,302	706,302							
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page									
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	706,302	706,302							
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)									

(a) Includes \$.....0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building)	92,377	38,162	156,784		287,323
2. Salaries, wages and other benefits	1,497,914	618,814	2,542,284		4,659,012
3. Commissions (less \$.....0 ceded plus \$.....2,962,268 assumed)		13,917,906	3,278,304		17,196,210
4. Legal fees and expenses			82,848		82,848
5. Certifications and accreditation fees	34,255				34,255
6. Auditing, actuarial and other consulting services	198,482	49,702	276,469		524,652
7. Traveling expenses	30,176	12,466	51,216		93,858
8. Marketing and advertising	253,494	104,723	430,234		788,450
9. Postage, express and telephone	59,220	24,465	100,509		184,194
10. Printing and office supplies	117,314	48,465	199,108		364,887
11. Occupancy, depreciation and amortization	377,133	155,800	641,516		1,174,450
12. Equipment	7,662	3,165	13,003		23,830
13. Cost or depreciation of EDP equipment and software	26,129	192,812	44,346		263,287
14. Outsourced services including EDP, claims, and other services	306,831	1,275,113	136,339		1,718,283
15. Boards, bureaus and association fees	11,298	4,667	19,175		35,139
16. Insurance, except on real estate	14	6	24		44
17. Collection and bank service charges	19,372	8,003	32,879		60,254
18. Group service and administration fees	739	305	1,254		2,297
19. Reimbursements by uninsured plans			(83,686)		(83,686)
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			2,255,484		2,255,484
23.2 State premium taxes			2,808,904		2,808,904
23.3 Regulatory authority licenses and fees					
23.4 Payroll taxes	90,854	37,533	154,198		282,585
23.5 Other (excluding federal income and real estate taxes)	2,521	1,041	4,278		7,840
24. Investment expenses not included elsewhere			2,801		2,801
25. Aggregate write-ins for expenses					
26. TOTAL Expenses Incurred (Lines 1 to 25)	3,125,785	16,493,148	13,148,271		(a) 32,767,204
27. Less expenses unpaid December 31, current year		316,227	1,126,715		1,442,942
28. Add expenses unpaid December 31, prior year		4,637,026	2,325,027		6,962,053
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	3,125,785	20,813,947	14,346,583		38,286,314
DETAILS OF WRITE-INS					
2501.					
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)					

(a) Includes management fees of \$.....12,625,302 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 258,780	275,410
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 146,305	161,255
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 160,886	160,886
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income		
10. TOTAL gross investment income	565,971	597,551
11. Investment expenses		(g)
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
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)		597,551

DETAILS OF WRITE-INS

0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page		
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)		
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		
1599. TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above)		

- (a) Includes \$ 20,588 accrual of discount less \$ 13,568 amortization of premium and less \$ 22,784 paid for accrued interest on purchases.
- (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
- (e) Includes \$ 13,203 accrual of discount less \$ 0 amortization of premium and less \$ 9,696 paid for accrued interest on purchases.
- (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
- (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
- (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1	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	(2,624)		(2,624)		
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)	(631)		(631)		
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 capital gains (losses)					
10. TOTAL Capital gains (losses)	(3,256)		(3,256)		

DETAILS OF WRITE-INS

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

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			
3.2 Other than first liens			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6. Contract loans			
7. Derivatives (Schedule DB)			
8. Other invested assets (Schedule BA)			
9. Receivables for securities			
10. Securities lending reinvested collateral assets (Schedule DL)			
11. Aggregate write-ins for invested assets			
12. Subtotals, cash and invested assets (Lines 1 to 11)			
13. Title plants (for Title insurers only)			
14. Investment income due and accrued			
15. Premium and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection		15,202	15,202
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3 Accrued retrospective premiums and contracts subject to redetermination			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			
16.2 Funds held by or deposited with reinsured companies			
16.3 Other amounts receivable under reinsurance contracts			
17. Amounts receivable relating to uninsured plans			
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			
21. Furniture and equipment, including health care delivery assets			
22. Net adjustment in assets and liabilities due to foreign exchange rates			
23. Receivables from parent, subsidiaries and affiliates			
24. Health care and other amounts receivable			
25. Aggregate write-ins for other than invested assets	8,376,954	9,506,468	1,129,514
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	8,376,954	9,521,670	1,144,716
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. TOTAL (Lines 26 and 27)	8,376,954	9,521,670	1,144,716
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. Goodwill	4,563,979	5,134,576	570,597
2502. Intangible Assets	3,720,000	4,310,000	590,000
2503. Miscellaneous Receivables		16,892	16,892
2598. Summary of remaining write-ins for Line 25 from overflow page	92,975	45,000	(47,975)
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	8,376,954	9,506,468	1,129,514

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment		Total Members at End of					6
		1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1.	Health Maintenance Organizations	17,297	16,881	16,692	16,421	16,412	199,349
2.	Provider Service Organizations						
3.	Preferred Provider Organizations						
4.	Point of Service						
5.	Indemnity Only						
6.	Aggregate write-ins for other lines of business						
7.	TOTAL	17,297	16,881	16,692	16,421	16,412	199,349
DETAILS OF WRITE-INS							
0601.	.....					
0602.	.....					
0603.	.....					
0698.	Summary of remaining write-ins for Line 6 from overflow page						
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)						

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals						
0299997 Subtotal - Group Subscribers:						
0299998 Premiums due and unpaid not individually listed	637,399	29,754				667,154
0299999 TOTAL Group	637,399	29,754				667,154
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	637,399	29,754				667,154

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
CVS	617,696	238,286	329,112			1,185,094
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	617,696	238,286	329,112			1,185,094
0299998 Claim Overpayment Receivables - Not Individually Listed	30,803	102,607	(12,401)	71,711		192,720
0299999 Subtotal - Claim Overpayment Receivables	30,803	102,607	(12,401)	71,711		192,720
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables						
0799999 Gross health care receivables	648,499	340,893	316,711	71,711		1,377,814

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	1,261,845	1,150,163		1,185,094	1,261,845	728,492
2. Claim overpayment receivables		1,148,829		192,720		47,167
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. TOTALS (Lines 1 through 6)	1,261,845	2,298,992		1,377,814	1,261,845	775,659

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	429,394	6,972	646	54	28,152	465,218
0499999 Subtotals	429,394	6,972	646	54	28,152	465,218
0599999 Unreported claims and other claim reserves						7,296,510
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						7,761,727
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
Evolut Health LLC	64,715	64,300	752,478	326,412		1,062,433	145,472
0199999 Total - Individually listed receivables	64,715	64,300	752,478	326,412		1,062,433	145,472
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	64,715	64,300	752,478	326,412		1,062,433	145,472

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
	<div style="border: 1px solid black; padding: 10px; display: inline-block;"> N O N E </div>			
0399999 TOTAL Gross Payables	X X X			

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
4. TOTAL Capitation Payments						
Other Payments:						
5. Fee-for-service	8,624,814	12.953	X X X	X X X		8,624,814
6. Contractual fee payments	57,962,708	87.047	X X X	X X X		57,962,708
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	66,587,522	100.000	X X X	X X X		66,587,522
13. TOTAL (Line 4 plus Line 12)	66,587,522	100.000	X X X	X X X		66,587,522

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
NONE					
9999999	TOTALS		X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

Notes to Financial Statements

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of True Health New Mexico, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the New Mexico Office of Superintendent of Insurance.

The New Mexico Office of Superintendent of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of New Mexico for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the 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	2019	2018
<u>NET INCOME</u>						
(1)	State basis (Page 4, Line 32, Columns 2 & 3)				2,460,463	1,450,253
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(201)						
(299)	Total					
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(301)						
(399)	Total				0	0
(4)	NAIC SAP (1-2-3=4)				2,460,463	1,450,253
<u>SURPLUS</u>						
(5)	State basis (Page 3, Line 33, Columns 3 & 4)				23,488,468	22,295,322
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(601)	Admission of Goodwill	68	2, 3	25, 31	(2,418,557)	(2,121,158)
(699)	Total				(2,418,557)	(2,121,158)
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(701)						
(799)	Total				0	0
(8)	NAIC SAP (5-6-7=8)				25,907,025	24,416,480

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Health capitation premiums are recognized in the period members are entitled to related health care services. Assumed premiums were recorded in accordance to the reinsurance contract. Health care service costs and the related liabilities for claims payable are recorded when medical services are authorized, as well as when services are provided without authorization to the extent such services are expected to be ultimately authorized.

Expenses are charged to operations as incurred.

Notes to Financial Statements

In addition, the Company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds are stated at amortized cost using the scientific interest method. The Company does not own any mandatory convertible securities or SVO-Identified bond ETFs.
- (3) The Company had no common stock.
- (4) The Company had no preferred stock.
- (5) The Company had no mortgage loans.
- (6) The Company had no Loan-backed securities.
- (7) The Company does not have any ownership in parents, subsidiaries or affiliates.
- (8) The Company had no joint ventures, partnership, or limited liability companies.
- (9) The Company had no derivatives.
- (10) The Company utilizes anticipated investment income as a factor in the premium deficiency calculation.
- (11) Unpaid losses and loss adjustment expenses include amounts determined from claims estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company's capitalization policy has not changed.
- (13) The Company's pharmaceutical rebate receivables are estimated based on a historical percentage of gross pharmaceutical claims methodology.

D. Going Concern

Management has evaluated the Company's ability to continue as a going concern. There is no substantial doubt in its ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

None.

3. Business Combinations and Goodwill

- A. Statutory Purchase Method - None
- B. Statutory Merger - None
- C. Assumption Reinsurance – The Company entered into an assumption reinsurance contract with NM Health Connections January 1, 2018. The Company assumed the Group Comprehensive Medical line of business at a cost of \$10,251,500 and established \$5,704,974 in goodwill. The Company has cumulative amortized goodwill of \$1,140,995 at the end of 2019.
- D. Impairment Loss – None

4. Discontinued Operations

- A. Discontinued Operation Disposed of or Classified as Held for Sale – None
- B. Change in Plan of Sale of Discontinued Operation – None
- C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal – None
- D. Equity Interest Retained in Discontinued Operation After Disposal - None

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - None
- B. Debt Restructuring - None
- C. Reverse Mortgages - None
- D. Loan-Backed Securities - None
- E. Dollar Repurchase Agreements and/or Securities 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 –

Notes to Financial Statements

(1) Restricted Assets (Including Pledged)

	1	2	3	4	5	6	7
Restricted Asset Category	Total Gross (Admitted and Nonadmitted) Restricted from Current Year	Total Gross (Admitted and Nonadmitted) Restricted from Prior Year	Increase/(Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted and Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
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 options contracts							
h. Letter stock or securities restricted as to sale-excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with states	716,294	713,140	3,154	-	716,294	1.61%	2.02%
k. On deposit with other regulatory bodies							
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories	67,774	10,016,878	(9,949,104)		67,774	0.15%	0.19%
n. Other restricted assets							
o. Total Restricted Assets	784,069	10,730,018	(9,945,949)	-	784,069	1.77%	2.21%

(a) Column 1 divided by Asset Page, Column 1, Line 28
(b) Column 5 divided by Asset Page, Column 3, Line 28

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories

Description of Assets	1 Total Gross (Admitted and Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted and Nonadmitted) Restricted from Prior Year	3 Increase/(Decrease) (1 minus 2)	4 Total Current Year Admitted Restricted	5 Gross (admitted & Nonadmitted) Restricted to Total Asset	6 Admitted Restricted to Total Admitted Assets
Cash	67,774	10,016,878	(9,949,104)	67,774	0.15%	0.19%
Total	67,774	10,016,878	(9,949,104)	67,774	0.15%	0.19%

(3) Detail of Other Restricted Assets – None

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements – None

- M. Working Capital Finance Investments – None
- N. Offsetting and Netting of Assets and Liabilities – None
- O. 5GI Securities – None
- P. Short Sales – None
- Q. Prepayment Penalty and Acceleration Fees - None

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company does not have any Joint Ventures, Partnerships and Limited Liability Companies that exceed 10% of the admitted assets.
- B. The Company does not have any impaired Joint Ventures, Partnerships and Limited Liability Companies.

7. Investment Income

- A. Due and accrued income that are over 90 days past due was excluded from surplus with the exception of mortgage loans in default.
- B. The Company had no investment income due and accrued excluded from surplus.

Notes to Financial Statements

8. Derivative Instruments

None.

9. Income Taxes

A. Deferred Tax Assets/(Liabilities)

1. Components of Net Deferred Tax Asset/(Liability)

1.	Description	12/31/2019			12/31/2018			Change		
		(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a)	Gross Deferred Tax Assets	114,433	-	114,433	74,003	-	74,003	40,430	-	40,430
(b)	Statutory Valuation Allowance Adjustments	-	-	-	-	-	-	-	-	-
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	114,433	-	114,433	74,003	-	74,003	40,430	-	40,430
(d)	Deferred Tax Assets Nonadmitted	-	-	-	-	-	-	-	-	-
(e)	Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	114,433	-	114,433	74,003	-	74,003	40,430	-	40,430
(f)	Deferred Tax Liabilities	10,551	-	10,551	58,088	-	58,088	(47,537)	-	(47,537)
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	103,882	-	103,882	15,915	-	15,915	87,967	-	87,967

2.	Admission Calculation Components SSAP No. 101	12/31/2019			12/31/2018			Change		
		(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	-	-	-	-	-	-	-	-	-
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) Above) After Application of the Threshold Limitation (The Lesser of 2(b)1 and 2(b)2 below)	114,433	-	114,433	74,003	-	74,003	40,430	-	40,430
	1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	114,433	-	114,433	74,003	-	74,003	40,430	-	40,430
	2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	114,433	-	114,433	74,003	-	74,003	40,430	-	40,430
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	-	-	-	-	-	-	-	-	-
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101 Total (2(a) + 2(b) + 2(c))	114,433	-	114,433	74,003	-	74,003	40,430	-	40,430

3.	Description	2019	2018
(a)	Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	385.743	393.627
(b)	Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation in 2(b)2 Above.	23,384,586	22,279,407

4.	Impact of Tax-Planning Strategies	12/31/2019		12/31/2018		Change	
		(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col. 1 - 3) Ordinary	(6) (Col. 2 - 4) Capital
(a)	Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage						
1.	Adjusted gross DTAs amount from Note 9A1(c)	114,433	-	74,003	-	40,430	-
2.	Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0%	0%	0%	0%	-	-
3.	Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	114,433	-	74,003	-	40,430	-
4.	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0%	0%	0%	0%	-	-

(b) Does the Company's tax-planning strategies include the use of reinsurance? Yes [] No [X]

B. Regarding deferred tax liabilities that are not recognized: None

C. Current income taxes incurred consist of the following major components:

Notes to Financial Statements

Description	(1) 12/31/2019	(2) 12/31/2018	(3) (Col. 1 – 2) Change
1. Current Income Tax			
(a) Federal	681,640	380,042	301,598
(b) Foreign			
(c) Subtotal	681,640	380,042	301,598
(d) Federal income tax on net capital gains			
(e) Utilization of capital loss carry-forwards			
(f) Other			
(g) Federal and foreign income taxes incurred	681,640	380,042	301,598
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Discounting of unpaid losses			
(2) Unearned premium reserve			
(3) Policyholder reserves			
(4) Investments			
(5) Deferred acquisition costs			
(6) Policyholder dividends accrual			
(7) Fixed assets			
(8) Compensation and benefits accrual		60,413	(60,413)
(9) Pension accrual			
(10) Receivables – nonadmitted			
(11) Net operating loss carry-forward			
(12) Tax credit carry-forward			
(13) Other (including items < 5% of total ordinary tax assets)	114,433	13,590	100,843
(99) Subtotal	114,433	74,003	40,430
(b) Statutory valuation allowance adjustment			
(c) Nonadmitted			
(d) Admitted ordinary deferred tax assets (2a99 – 2b – 2c)	114,433	74,003	40,430
(e) Capital:			
(1) Investments			
(2) Net capital loss carry-forward			
(3) Real estate			
(4) Other (including items < 5% of total capital tax assets)			
(99) Subtotal			
(f) Statutory valuation allowance adjustment			
(g) Nonadmitted			
(h) Admitted capital deferred tax assets (2e99 – 2f – 2g)			
(i) Admitted deferred tax assets (2d + 2h)	114,433	74,003	40,430
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments			
(2) Fixed assets			
(3) Deferred and uncollected premium			
(4) Policyholder reserves			
(5) Other (including items < 5% of total ordinary tax liabilities)	10,551	58,088	(47,537)
(99) Subtotal	10,551	58,088	(47,537)
(b) Capital:			
(1) Investments			
(2) Real estate			
(3) Other (including items < 5% of total capital tax liabilities)			
(99) Subtotal			
(c) Deferred tax liabilities (3a99 + 3b99)	10,551	58,088	(47,537)
4. Net deferred tax assets/liabilities (2i – 3c)	103,882	15,915	87,967

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the change in nonadmitted assets is reported separately from the change in deferred income taxes in the surplus section of the Annual Statement):

	2019	2018	Change
Total DTAs	114,433	74,003	40,430
Statutory VA	-	-	-
Total DTLs	10,551	58,088	47,537
Net DTA/(DTL)	103,882	15,915	87,967
Tax effect of unrealized (gains)/losses			
Change in net DTAs - increase (decrease)			87,967

The plan is subject to taxation in the United States.

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate:

Notes to Financial Statements

The tax provision for federal and foreign taxes incurred is different from that which would be determined by applying the statutory federal tax rate to income before taxes. The significant items causing this difference are as follows:

	Tax Effect	ETR
Taxes on income at the federal statutory tax rate	681,640	22.0%
Changes in nonadmitted assets		0.0%
Statutory VA		0.0%
Remeasurement of DTAs		0.0%
Other		0.0%
Reported tax expense	<u>681,640</u>	<u>22.0%</u>
Federal and foreign income taxes incurred	653,662	21.0%
Federal income tax on net capital gains		0.0%
Change in net deferred income taxes	<u>27,978</u>	<u>0.9%</u>
Total statutory income taxes	<u>681,640</u>	<u>22.0%</u>

E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits

At December 31 2019, the Plan did not have any unused operating loss carryforwards available to offset against future taxable income. The amount of federal income taxes incurred that will be available for recoupment in the event of future net losses is approximately:

Year	Amount
2019	-
2018	-

The Plan did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.

F. Consolidated Tax Return:

The Corporation is not included in a consolidated federal income tax return with any other entities.

G. Federal or Foreign Federal Income Tax Loss Contingencies:

The Plan does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

H. Repatriation Transition Tax (RTT) – None

I. Alternative Minimum Tax (AMT) Credit – None

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

A, B, & C – The Company was formed in on September 22, 2017 by EH Holding Company, Inc. to acquire assets related to small group, large group and ASO commercial business from New Mexico Health Connections. In the establishment of the Company EH Holding Company owns 1,000 shares of common stock and contributed \$11,724,990 in additional surplus in the company in 2017. An additional contribution of \$10,251,500 and \$8,275,000 was made January 1, 2018 and January 31, 2018, respectively. Following an approval from the New Mexico Office of Superintendent of Insurance dated November 20, 2019, the Company paid \$2,500,000 to Evolent Health, Inc. as a return of surplus. The Company incurred \$12,625,302 for administrative services to Evolent Health LLC.

D. Amounts Due from or to Related Parties – The Company reported a receivable from Evolent Health LLC in the amount of \$1,207,905 in the settlement of intercompany balances. These are settled monthly.

E. Guarantees - None.

F. Material Management Contracts – January 1, 2018 the Company entered into a service agreement with Evolent Health LLC to provide specific administrative services for the Company in return for a specified fee.

G. Common Control – The Company wholly owned by EH Holding Company, Inc. who in turn is owned by Evolent Health LLC who is owned by Evolent Health Inc., the ultimate parent organization.

To the best of our knowledge, the existence of the control relationship and the related company transactions have not resulted in the operating results or the financial position of the reporting entity being significantly different from those that would have been obtained if the entities were autonomous.

H. Deductions in Value – There have been no deductions in value between affiliated companies.

I. SCA that exceed 10% of Admitted Assets – None.

J. Impaired SCAs – None.

K. Foreign Subsidiary – None

L. Downstream Noninsurance Holding Company – None

M. Non-Insurance SCA Investments – None

N. Investment in Insurance SCA – None

O. SCA or SSAP No. 48 Entity Loss Tracking - None

Notes to Financial Statements

11. Debt

- A. Debt – None.
- B. FHLB (Federal Home Loan Bank) Agreements – None

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

- A. Defined Benefit Plan - None
- B. Investment Policies and Strategies – None
- C. Plan Assets – None
- D. Long-term Rate-of-return-on-assets Assumption - None
- E. Defined Contribution Plans - None
- F. Multi-Employer Plan – None
- G. Consolidated/Holding Company Plans – None
- H. Post-Employment Benefits and Compensated Absences – None
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) – None

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

- (1) The Company has 1,000 shares of common stock issued or outstanding which are 100% owned by EH Holding Company, Inc.
- (2) The Company has no preferred stock issued or outstanding.
- (3) Without prior approval of the domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporations, New Mexico.
- (4) The Company did not issue dividends.
- (5) There were no restrictions placed on the Company's surplus.
- (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being paid.
- (7) The Company has no advances to surplus not repaid.
- (8) The Company held no stock for special purposes.
- (9) There were no changes to the balances of any special surplus funds from the prior year.
- (10) Portion of unassigned funds represented or reduced by unrealized gains or losses is \$0.
- (11) The Company did not issue any surplus debentures or similar obligations.
- (12) and (13) There have been no quasi-reorganizations.

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments - None
- B. Assessments - None
- C. Gain Contingencies – None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits – None
- E. Joint and Several Liabilities – None
- F. All Other Contingencies

15. Leases

- A. Lessee Operating Lease
 - (1) Terms of the Operating Lease
 - a. The Company assumed a lease for office space that began January 1, 2018. Rental expense in 2019 and 2018 were \$352,690 and \$346,818, respectively.
 - b. Contingent rental payments are determined based on the terms of the contract.
 - c. Certain rental commitments have renewal options extending through the year 2020. Some of these renewals are subject to adjustments in future periods.
 - (2) Aggregate Rental Commitments

Year Ending December 31	Operating Leases
1. 2020	119,595
Total	119,595

- (3) The Company is not involved in any sales-leaseback transactions

- B. Lessor Leases – None

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

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables reported as Sales – None
- B. Transfer and Servicing of Financial Assets – None
- C. Wash Sales – None

Notes to Financial Statements

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

A. ASO Plans

The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during 2019:

Description	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	5,779		5,779
b. Total net other income or expenses (including interest paid to or received from plans)			-
c. Net gain or (loss) from operations	5,779		5,779
d. Total claim payment volume	1,587,700		1,587,700

B. ASC Plans – None

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract - None

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

None

20. Fair Value Measurements

- A. The Company's financial assets and liabilities carried at fair value have been classified, for disclosure purposes, based on a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. The hierarchy gives the highest priority to fair values determined using unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to fair values determined using unobservable inputs (Level 3). An asset's or liability's classification is determined based on the lowest level input that is significant to its measurement.

For example, a Level 3 fair value measurement may include inputs that are both observable (Levels 1 and 2) and unobservable (Level 3). The levels of the fair value hierarchy are as follows:

Level 1: Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.

Level 2: Inputs are other than quoted prices included in level 1 that are observable for the asset or liability through corroboration with market data at the measurement date.

Level 3: Inputs are unobservable and reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.

Fair value of actively traded fixed-income and equity securities is based on quoted market prices. Fair value of inactively traded fixed-income securities is based on quoted market prices of identical or similar securities based on observable inputs like interest rates using a market valuation approach is generally classified as Level 2. Investments measured based on the practical expedient being net asset value (NAV), based on the NAV of the fund as provided for in the audited financial statements and other fund reporting, are generally classified as Level 3.

(1) Fair Value Measurements at Reporting Date –

	Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a.	Assets at fair value					
01	Cash Equivalents - Exempt Money Market Funds	\$3,383,461				\$3,383,461
99	Subtotal – Assets at fair value	\$3,383,461				\$3,383,461
b.	Liabilities at fair value					
01						
02						
99	Subtotal – Liabilities at fair value					

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

(3) The Company's policy for determining when transfers between levels are recognized is determined at the end of the reporting period.

(4) The Company has not valued any securities at a Level 2 or 3.

(5) Derivative assets and liabilities- None

Notes to Financial Statements

B. Fair Value Information under SSAP No. 100 combined with Fair Value information Under Other Account 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)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$18,294,109	\$17,868,601	\$10,368,408	\$7,925,704			
Cash Equivalents	\$3,383,461	\$3,383,461	\$3,383,461				

D. Not Practicable to Estimate Fair Value – None

E. Investments Measured using NAV – None

21. Other Items

- A. Unusual and Infrequent Items – None
- B. Troubled Debt Restructuring – None
- C. Other Disclosures – None
- D. Business Interruption Insurance Recoveries - None
- E. State Transferable and Non-transferable Tax Credits - None
- F. Subprime-Mortgage-Related Risk Exposure – None
- G. Retained Assets – None
- H. Insurance-Linked Securities (ILS) Contracts – None
- I. Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary - None

22. Events Subsequent

Type I. – Recognized Subsequent Events

Subsequent events have been considered through February 28, 2020 for the statutory statement issued on December 31, 2019.

None

Type II. – Nonrecognized Subsequent Events

Subsequent events have been considered through February 28, 2020 for the statutory statement issued on December 31, 2019.

On January 1, 2020, the Company will be subject to an annual fee under Section 9010 of the federal Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of the health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2019, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2020, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2020, to be 869,625. This amount is reflected in special surplus. This assessment is expected to impact risk based capital (RBC) by 14.3 percentage points. Reporting the ACA assessment as of December 31, 2019, would not have triggered an RBC action level.

	<u>Current Year</u>	<u>Prior Year</u>
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of Federal Affordable Care Act (YES/NO)? YES		
B. ACA fee assessment payable for the upcoming year	\$869,625	\$0
C. ACA fee assessment paid	\$0	\$0
D. Premium written subject to ACA 9010 assessment	\$85,341,956	\$0
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$23,488,468	
F. Total Adjusted Capital after surplus adjustment(Five-Year Historical Line 14 minus 22B)	\$22,618,843	
G. Authorized Control Level (Five-Year Historical Line 15)	\$6,062,215	
H. Would reporting the ACA assessment as of December 31, 2019, have triggered an RBC action level (YES/NO)? NO		

Notes to Financial Statements

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?

Yes () No (x)

(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 an insured or any other person not primarily engaged in the insurance business?

Yes () No (x)

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?

Yes () No (x)

(2) Does the reporting entity 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 reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (x)

Section 3 – Ceded Reinsurance Report – Part B – None

- B. Uncollectible Reinsurance – None
- C. Commutation of Ceded Reinsurance – None
- D. Certified Reinsurer Downgraded or Status Subject to Revocation – None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Retrospective premium adjustments - None.
- B. Retrospective premium adjustments - None.
- C. Retrospective premium adjustments - None.
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act. - None
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

- (1) Did the reporting entity write accident and health insurance premium that is subject to the 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	
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	16,637
3.Premium adjustments payable due to ACA Risk Adjustment	706,302
Operations (Revenue & Expense)	
4.Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	(149,667)
5.Reported in expenses as ACA risk adjustment user fees (incurred/paid)	24,575
b. Transitional ACA Reinsurance Program	
Assets	
1.Amounts recoverable for claims paid due to ACA Reinsurance	
2.Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	

Notes to Financial Statements

3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance

Liabilities

4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium

5. Ceded reinsurance premiums payable due to ACA Reinsurance

6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance

Operations (Revenue & Expense)

7. Ceded reinsurance premiums due to ACA Reinsurance

8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments

9. ACA Reinsurance contributions – not reported as ceded premium

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

Operations (Revenue & Expense)

3. Effect of ACA Risk Corridors on net premium income (paid/received)

4. Effect of ACA Risk Corridors on change in reserves for rate credits

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

	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	Cumulative Balance from Prior Years (Col 1 - 3 +7)	Cumulative Balance from Prior Years (Col 2 - 4 +8)	
					5	6	7	8	9	10	
					Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	A	\$0	\$0
2. Premium adjustments (payable)	\$0	\$4,080,812	\$0	\$3,779,296	\$0	\$301,516	\$0	(\$301,516)	B	\$0	\$0
3. Subtotal ACA Permanent Risk Adjustment Program	\$0	\$4,080,812	\$0	\$3,779,296	\$0	\$301,516	\$0	(\$301,516)		\$0	\$0
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	C	\$0	\$0
2. Amounts recoverable for claims unpaid (contra liability)	\$0	\$0	-	\$0	\$0	\$0	\$0	\$0	D	\$0	\$0
3. Amounts receivable relating to uninsured plans	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	E	\$0	\$0
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$0	\$0	-	-	\$0	\$0	\$0	\$0	F	\$0	\$0
5. Ceded reinsurance premiums payable	\$0	\$0	-	-	\$0	\$0	\$0	\$0	G	\$0	\$0
6. Liability for amounts held under uninsured plans	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	H	\$0	\$0
7. Subtotal ACA Transitional Reinsurance Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	I	\$0	\$0
2. Reserve for rate credits or policy experience rating refunds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	J	\$0	\$0
3. Subtotal ACA Risk Corridors Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
d. Total for ACA Risk Sharing Provisions	\$0	\$4,080,812	\$0	\$3,779,296	\$0	\$301,516	\$0	(\$301,516)		\$0	\$0

Explanations of Adjustments

A
B. Adjustment to Actual
C
D
E
F
G
H
I
J

(4) Roll Forward of ACA Risk Corridor Asset and Liability Balances - None

Notes to Financial Statements

(5) ACA Risk Corridor Receivable - None

25. Changes in Incurred Losses and Loss Adjustment Expenses

Reserves for Losses and Loss and Adjustment Expense as of December 31, 2018 were \$35,694,005. As of December 31, 2019, \$34,769,663 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$15,268 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been an \$909,074 favorable prior-year development since December 31, 2018 to December 31, 2019. The increase 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

The Company did not have any significant changes in methodologies or assumptions used in the calculation the liability for unpaid losses or loss adjustment expenses.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables**A. Pharmaceutical Rebate Receivables**

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
12/31/2019	1,186,348				
09/30/2019	642,219	653,769	653,769		
06/30/2019	665,723	608,059	608,059		
03/31/2019	547,380	542,104	542,104		
12/31/2018	728,241	664,415	664,415		
09/30/2018	637,888	638,395	638,395		
06/30/2018	644,234	616,296	616,296		
03/31/2018	583,004	610,690	610,690		

B. Risk Sharing Receivables - None**29. Participating Policies**

None

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	\$0
2. Date of the most recent evaluation of this liability	<u>12/31/2019</u>
3. Was anticipated investment income utilized in the calculation? (Yes / No)	<u>Yes</u>

31. Anticipated Salvage and Subrogation

None

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? Yes[X] No[]
 If yes, complete Schedule Y, Parts 1, 1A and 2.
- 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? New Mexico
 Yes[X] No[]
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? 0001628908
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

- 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.12/31/2017.....
- 3.2 State 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.07/30/2019.....
- 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).07/30/2019.....

- 3.4 By what department or departments?
 Office of Superintendent of Insurance - State of New Mexico
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes[] No[] N/A[X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[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:
- 4.11 sales of new business? Yes[] No[X]
- 4.12 renewals? Yes[] No[X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes[] No[X]
- 4.22 renewals? Yes[] No[X]

- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[] No[X]
 If yes, complete and file the merger history data file with the NAIC.
- 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.

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

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[] No[X]
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes[] No[X]
- 7.2 If yes,0.000%
- 7.21 State the percentage of foreign control
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....

- 8.1 Is the company a subsidiary of a bank holding company regulated 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 the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
 Deloitte & Touche LLP, 200 Renaissance Center, Suite 3900, Detroit, MI 48243
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes[] No[X]
- 10.2 If 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? Yes[] No[X]
- 10.4 If response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes[X] No[] N/A[]
- 10.6 If the response to 10.5 is no or n/a please explain:
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
 Dave Petruzzellis, FSA, MAAA VP, Actuarial Services for Lucerna Health 724 Ocean Front, Neptune Beach, FL 32266

GENERAL INTERROGATORIES (Continued)

- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
 12.11 Name of real estate holding company
 12.12 Number of parcels involved
 12.13 Total book/adjusted carrying value \$ 0
 12.2 If yes, provide explanation \$ 0
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No [] N/A [X]
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No [] N/A [X]
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
 a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 c. Compliance with applicable governmental laws, rules and regulations;
 d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 e. Accountability for adherence to the code.
 14.11 If the response to 14.1 is no, please explain:
 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
 20.11 To directors or other officers \$ 0
 20.12 To stockholders not officers \$ 0
 20.13 Trustees, supreme or grand (Fraternal only) \$ 0
 20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
 20.21 To directors or other officers \$ 0
 20.22 To stockholders not officers \$ 0
 20.23 Trustees, supreme or grand (Fraternal only) \$ 0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
 21.2 If yes, state the amount thereof at December 31 of the current year:
 21.21 Rented from others \$ 0
 21.22 Borrowed from others \$ 0
 21.23 Leased from others \$ 0
 21.24 Other \$ 0
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]
 22.2 If answer is yes:
 22.21 Amount paid as losses or risk adjustment \$ 0
 22.22 Amount paid as expenses \$ 0
 22.23 Other amounts paid \$ 0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 1,207,905

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No []
 24.02 If no, give full and complete information, relating thereto
 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] N/A [X]
 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ 0
 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$ 0
 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]
 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]
 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]
 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

GENERAL INTERROGATORIES (Continued)

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[X] No[]

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

25.21 Subject to repurchase agreements	\$ 0
25.22 Subject to reverse repurchase agreements	\$ 0
25.23 Subject to dollar repurchase agreements	\$ 0
25.24 Subject to reverse dollar repurchase agreements	\$ 0
25.25 Placed under option agreements	\$ 0
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$ 0
25.27 FHLB Capital Stock	\$ 0
25.28 On deposit with states	\$ 716,294
25.29 On deposit with other regulatory bodies	\$ 0
25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$ 67,774
25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$ 0
25.32 Other	\$ 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes[] No[X]
 26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes[] No[] N/A[X]
 If no, attach a description with this statement.

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes[] No[X]

26.4 If the response to 26.3 is yes, does the reporting entity utilize:

26.41 Special Accounting Provision of SSAP No. 108	Yes[] No[X]
26.42 Permitted Accounting Practice	Yes[] No[X]
26.43 Other Accounting Guidance	Yes[] No[X]

26.5 By responding yes to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, does the reporting entity at tests to the following: Yes[] No[X]

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated with in the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts

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. \$ 0

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 I, 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 Name of Custodian(s)	2 Custodian's Address
BOK Financial	Albuquerque, NM

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

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

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
BOK Financial	U

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

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

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

GENERAL INTERROGATORIES (Continued)

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
17530	BOK Financial	5493008UZFTI4G7UQ733	SEC	NO

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

29.2 If yes, complete the following schedule:

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

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	17,868,601	18,294,109	425,508
30.2 Preferred stocks			
30.3 Totals	17,868,601	18,294,109	425,508

30.4 Describe the sources or methods utilized in determining the fair values:
BOK Financial Investment Statements

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

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

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

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

32.2 If no, list exceptions:

33. By self-designation 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting-entity self-designated 5GI securities? Yes[] No[X]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes[] No[X]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- The shares were purchased prior to January 1, 2019.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security
- The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- The fund only or predominantly holds bonds in its portfolio.
- The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes[] No[X]

OTHER

36.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any? \$..... 46,866

36.2 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.

GENERAL INTERROGATORIES (Continued)

1 Name	2 Amount Paid
National Committee for Quality Assurance	42,856

- 37.1 Amount of payments for legal expenses, if any? \$ 45,794
- 37.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Rodey, Dickason, Sloan, Akin & Robb, P.A.	43,620

- 38.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any? \$ 0
- 38.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

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

2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator	171,289,439	159,739,986
2.2 Premium Denominator	171,289,439	159,739,986
2.3 Premium Ratio (2.1 / 2.2)	1.000	1.000
2.4 Reserve Numerator	8,468,029	35,137,791
2.5 Reserve Denominator	8,468,029	35,137,791
2.6 Reserve Ratio (2.4 / 2.5)	1.000	1.000

- 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
- 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 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 N/A
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes No
- 5.2 If no, explain:
- 5.3 Maximum retained risk (see instructions):
 - 5.31 Comprehensive Medical \$ 390,000
 - 5.32 Medical Only \$ 0
 - 5.33 Medicare Supplement \$ 0
 - 5.34 Dental & Vision \$ 0
 - 5.35 Other Limited Benefit Plan \$ 0
 - 5.36 Other \$ 0
- 6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
All provider contracts have hold harmless clauses within them
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes 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 10,259
 - 8.2 Number of providers at end of reporting year 10,875
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes No
- 9.2 If yes, direct premium earned:
 - 9.21 Business with rate guarantees between 15-36 months 0
 - 9.22 Business with rate guarantees over 36 months 0
- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes No
- 10.2 If yes:
 - 10.21 Maximum amount payable bonuses \$ 0
 - 10.22 Amount actually paid for year bonuses \$ 0
 - 10.23 Maximum amount payable withholds \$ 0
 - 10.24 Amount actually paid for year withholds \$ 0
- 11.1 Is the reporting entity organized as:
 - 11.12 A Medical Group/Staff Model, Yes No
 - 11.13 An Individual Practice Association (IPA), or, Yes No
 - 11.14 A Mixed Model (combination of above)? Yes No
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes No
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus.
New Mexico
- 11.4 If yes, show the amount required. \$ 10,877,410
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes No
- 11.6 If the amount is calculated, show the calculation.
Greater of (a) \$1M or (b) 2% of first \$150M premium and 1% over \$150M premium (3,212,894) or (c) 3 months of uncovered health expenditures or (d) 8% of annual healthcare expenditures (10,877,410)
- 12. List service areas in which the reporting entity is licensed to operate:

1 Name of Service Area
New Mexico

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

GENERAL INTERROGATORIES (Continued)

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

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

15.1 Direct Premium Written	\$	0
15.2 Total incurred claims	\$	0
15.2 Number of covered lives	.....	0

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

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes[] No[X]

16.1 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]

FIVE-YEAR HISTORICAL DATA

	1 2019	2 2018	3 2017	4 2016	5 2015
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	36,047,003	65,834,239	19,647,598		
2. TOTAL Liabilities (Page 3, Line 24)	12,558,536	43,538,915	7,823,274		
3. Statutory minimum capital and surplus requirement	10,877,410	9,979,680	700,000		
4. TOTAL Capital and Surplus (Page 3, Line 33)	23,488,468	22,295,322	11,824,324		
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	171,289,439	159,739,986	9,721,342		
6. TOTAL Medical and Hospital Expenses (Line 18)	135,967,621	124,746,003	7,777,074		
7. Claims adjustment expenses (Line 20)	19,618,932	18,097,643			
8. TOTAL Administrative Expenses (Line 21)	13,148,271	15,233,214	1,844,648		
9. Net underwriting gain (loss) (Line 24)	2,554,615	1,663,126	99,620		
10. Net investment gain (loss) (Line 27)	594,295	199,516	(296)		
11. TOTAL Other Income (Lines 28 plus 29)	(6,807)	(22,947)			
12. Net income or (loss) (Line 32)	2,460,463	1,450,253	99,324		
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(4,991,937)	18,284,931	(1,389)		
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	23,488,468	22,295,322	11,824,324		
15. Authorized control level risk-based capital	6,062,215	5,660,034	5,029,343		
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	16,412	17,297			
17. TOTAL Members Months (Column 6, Line 7)	199,349	231,637			
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)	79.4	78.1	80.0		
20. Cost containment expenses	1.8	1.3			
21. Other claims adjustment expenses	9.6	10.1			
22. TOTAL Underwriting Deductions (Line 23)	98.5	99.0	99.0		
23. TOTAL Underwriting Gain (Loss) (Line 24)	1.5	1.0	1.0		
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	30,147,905				
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	30,281,320				
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

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

If no, please explain:



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF **NEW MEXICO** DURING THE YEAR

NAIC Company Code 16281

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	17,297		17,297							
2. First Quarter	16,881		16,881							
3. Second Quarter	16,692		16,692							
4. Third Quarter	16,421		16,421							
5. Current Year	16,412		16,412							
6. Current Year Member Months	199,349		199,349							
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	106,062		106,062							
8. Non-Physician	25,508		25,508							
9. TOTAL	131,570		131,570							
10. Hospital Patient Days Incurred	2,010		2,010							
11. Number of Inpatient Admissions	584		584							
12. Health Premiums Written (b)	89,259,918		89,259,918							
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	89,259,918		89,259,918							
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	66,587,522		66,587,522							
18. Amount Incurred for Provision of Health Care Services	64,564,488		64,564,488							

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 16281

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	17,297		17,297							
2. First Quarter	16,881		16,881							
3. Second Quarter	16,692		16,692							
4. Third Quarter	16,421		16,421							
5. Current Year	16,412		16,412							
6. Current Year Member Months	199,349		199,349							
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	106,062		106,062							
8. Non-Physician	25,508		25,508							
9. TOTAL	131,570		131,570							
10. Hospital Patient Days Incurred	2,010		2,010							
11. Number of Inpatient Admissions	584		584							
12. Health Premiums Written (b)	89,259,918		89,259,918							
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	89,259,918		89,259,918							
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	66,587,522		66,587,522							
18. Amount Incurred for Provision of Health Care Services	64,564,488		64,564,488							

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Non-Affiliates - U.S. Non-Affiliates												
15011	45-1294709	10/01/2018	NEW MEXICO HLTH CONNECTIONS	NM	QA/G	CMM	13,924					
15011	45-1294709	10/01/2018	NEW MEXICO HLTH CONNECTIONS	NM	QA/I	CMM	83,310,829					
0899999 Subtotal - Non-Affiliates - U.S. Non-Affiliates							83,324,753					
1099999 Total - Non-Affiliates							83,324,753					
1199999 Total U.S. (Sum of 0399999 and 0899999)							83,324,753					
9999999 Total (Sum of 0799999 and 1099999)							83,324,753					

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
23647 ...	41-0121640 ...	01/01/2019	IRONSHORE IND INC	MN	855,086	
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					855,086	
2199999 Total - Accident and Health - Non-Affiliates					855,086	
2299999 Total - Accident and Health					855,086	
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					855,086	
9999999 Total (Sum of 1199999 and 2299999)					855,086	

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
23647	41-0121640	01/01/2019	IRONSHORE IND INC	MN	SSL/G	CMM	1,295,232						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							1,295,232						
1099999 Total - General Account - Authorized - Non-Affiliates							1,295,232						
1199999 Total - General Account Authorized							1,295,232						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
1899999 Total - General Account - Unauthorized - Affiliates													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
2999999 Total - General Account - Certified - Affiliates													
3399999 Total - General Account - Certified													
3499999 Total - General Account - Authorized, Unauthorized and Certified							1,295,232						
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
4199999 Total - Separate Accounts - Authorized - Affiliates													
4599999 Total - Separate Accounts - Authorized													
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
5299999 Total - Separate Accounts - Unauthorized - Affiliates													
5699999 Total - Separate Accounts - Unauthorized													
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
6399999 Total - Separate Accounts - Certified - Affiliates													
6799999 Total - Separate Accounts - Certified													
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified													
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							1,295,232						
9999999 Total (Sum of 3499999 and 6899999)							1,295,232						

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2019	2 2018	3 2017	4 2016	5 2015
A. OPERATIONS ITEMS					
1. Premiums	1,295	1,494			
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	1,191	513			
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	855	326			
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

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)	29,930,864		29,930,864
2. Accident and health premiums due and unpaid (Line 15)	667,154		667,154
3. Amounts recoverable from reinsurers (Line 16.1)	855,086	(855,086)	0
4. Net credit for ceded reinsurance	X X X	855,086	855,086
5. All other admitted assets (Balance)	4,593,899		4,593,899
6. TOTAL Assets (Line 28)	36,047,003		36,047,003
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	7,761,727		7,761,727
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	2,579,790		2,579,790
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	2,217,019		2,217,019
15. TOTAL Liabilities (Line 24)	12,558,536		12,558,536
16. TOTAL Capital and Surplus (Line 33)	23,488,468	X X X	23,488,468
17. TOTAL Liabilities, Capital and Surplus (Line 34)	36,047,003		36,047,003
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	855,086		
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	855,086		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance	855,086		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS ALLOCATED BY STATES AND TERRITORIES

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & 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	89,259,918						89,259,918	
33. New York (NY)	N								
34. North Carolina (NC)	N								
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	89,259,918						89,259,918	
60. Reporting entity contributions for Employee Benefit Plans	X X X								
61. TOTAL (Direct Business)	X X X	89,259,918						89,259,918	
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

1

R - Registered - Non-domiciled RRGs

Q - Qualified - Qualified or accredited reinsurer

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(b) Explanation of basis of allocation by state, premiums by state, etc.: Situs of Contract

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

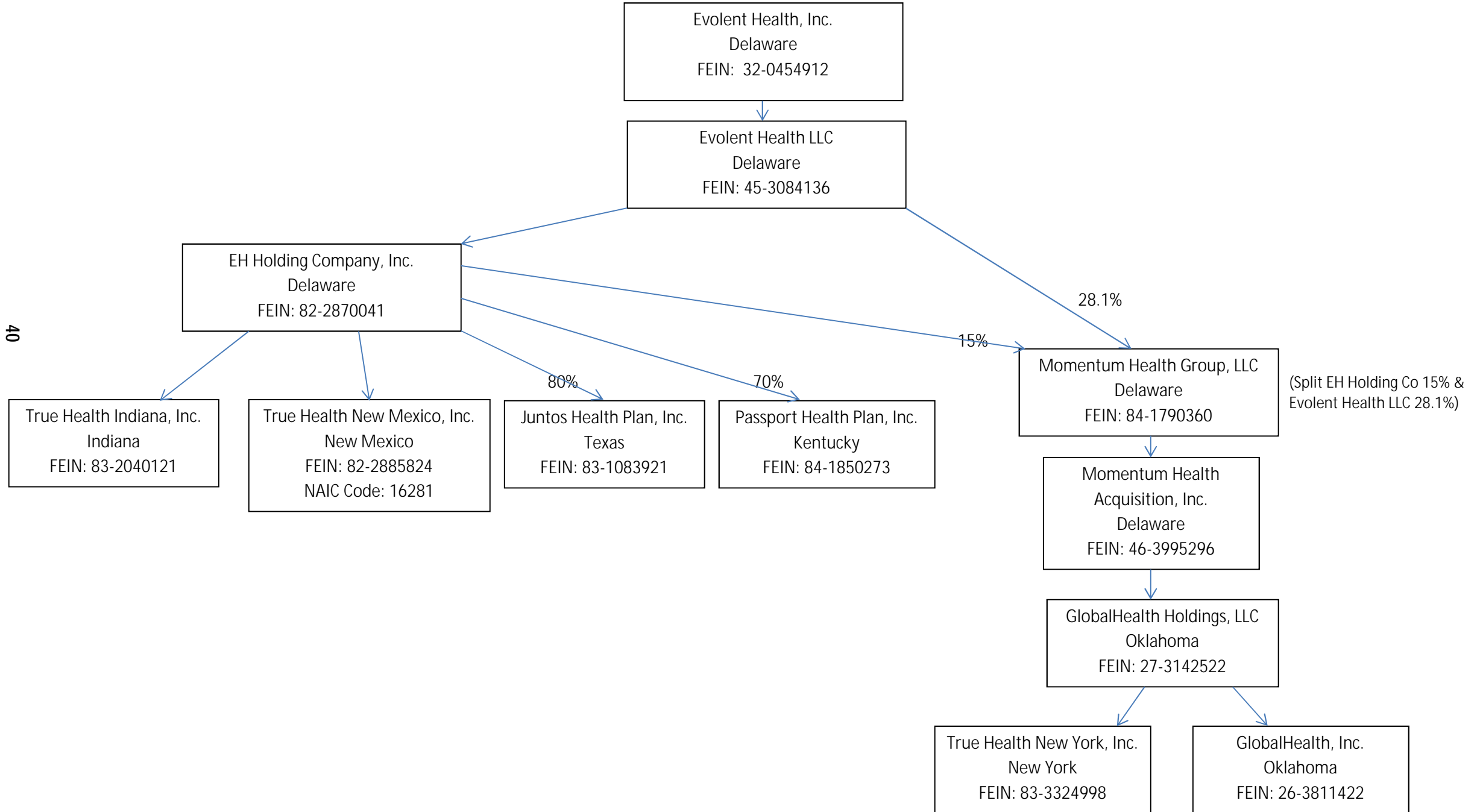
Direct Business only						
States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
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. TOTALS						

NONE

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
		00000	32-0454912		0001628908	NYSE	Evolut Health, Inc.	DE	UIP		Ownership	100.0	Evolut Health, Inc.	N	
		00000	45-3084136				Evolut Health LLC	DE	UIP	Evolut Health, Inc.	Ownership	100.0	Evolut Health, Inc.	N	
		00000	82-2870041				EH Holding Company, Inc.	DE	UDP	Evolut Health LLC	Ownership	100.0	Evolut Health, Inc.	N	
		16281	82-2885824				True Health New Mexico	NM	RE	EH Holding Company, Inc.	Ownership	100.0	Evolut Health, Inc.	N	
		00000	83-2040121				True Health Indiana, Inc.	IN	NIA	EH Holding Company, Inc.	Ownership	100.0	Evolut Health, Inc.	N	
		00000	83-1083921				Juntos Health Plan, Inc.	TX	NIA	EH Holding Company, Inc.	Ownership	80.0	Evolut Health, Inc.	N	
		00000	84-1850273				Passport Health Plan, Inc.	KY	NIA	EH Holding Company, Inc.	Ownership	70.0	Evolut Health, Inc.	N	
		00000	84-1790360				Momentum Health Group, LLC	DE	NIA	Evolut Health LLC/EH Holding Company	Ownership	43.1	Evolut Health, Inc.	N	
		00000	46-3995296				Momentum Health Acquisition, Inc.	DE	NIA	Momentum Health Group, LLC	Ownership	100.0	Evolut Health, Inc.	N	
		00000	27-3142522				GlobalHealth Holdings, LLC	OK	NIA	Momentum Health Acquisition, Inc.	Ownership	100.0	Evolut Health, Inc.	N	
		00000	83-3324998				True Health New York, Inc.	NY	NIA	GlobalHealth Holdings, LLC	Ownership	100.0	Evolut Health, Inc.	N	
		00000					GlobalHealth, Inc.	OK	NIA	GlobalHealth Holdings, LLC	Ownership	100.0	Evolut Health, Inc.	N	

Asterisk	Explanation
0000001	

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 00000 ..	.. 82-2870041 ..	EH Holding Company, Inc.										
.. 16281 ..	.. 82-2885824 ..	True Health New Mexico, Inc.	(2,500,000)				(13,251,351)				(15,751,351)	
.. 00000 ..	.. 45-3084136 ..	Evloent Health LLC	2,500,000				13,251,351				15,751,351	
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

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.

MARCH FILING

- | | |
|---|-----|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | Yes |
| 2. Will an actuarial opinion be filed by March 1? | Yes |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | Yes |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | Yes |

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 Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | Yes |

AUGUST FILING

- | | |
|---|-----|
| 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? | Yes |
|---|-----|

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. 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 it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|--|----|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | No |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | No |
| 13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | No |
| 14. 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 |
| 15. 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 |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | No |
| 17. 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 |
| 18. 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 |
| 19. 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

- | | |
|---|-----|
| 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | No |
| 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | No |
| 22. 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 |
| 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? | Yes |
| 24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? | No |
| 25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? | No |

AUGUST FILING

- | | |
|--|----|
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | No |
|--|----|

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



Approval for Relief related to five-year rotation for lead Audit Partner



Approval for Relief related to one-year cooling off period for inde. CPA



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



16281201922600000 2019 Document Code: 226

LTC Supplemental Interrogatories



16281201930600000 2019 Document Code: 306

Health Life Supplement - April



16281201921100000 2019 Document Code: 211

LHA Guaranty Association Reconciliation



16281201929000000 2019 Document Code: 290

LHA Guaranty Association Adjustment Exhibit



16281201930000000 2019 Document Code: 300

Management's Report of Internal Control over Financial Reporting



16281201922300000 2019 Document Code: 223

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1-2)	4 Net Admitted Assets
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)				
2504. Deposits	85,808	85,808		
2505. NMMIP Premium Tax Credit	1,224,275		1,224,275	
2506. Prepaid Expenses	7,167	7,167		
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	1,317,250	92,975	1,224,275	

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)			
2504. Deposits	85,808	45,000	(40,808)
2505. NMMIP Premium Tax Credit			
2506. Prepaid Expenses	7,167		(7,167)
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	92,975	45,000	(47,975)

SUMMARY INVESTMENT SCHEDULE

	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage of Column 1 Line 13	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage of Column 5 Line 13
1. Long-Term Bonds (Schedule D Part 1):						
1.01 U.S. governments	11,425,625	38.173	11,425,625		11,425,625	38.173
1.02 All other governments						
1.03 U.S. states, territories and possessions, etc. guaranteed						
1.04 U.S. political subdivisions of states, territories and possessions, guaranteed						
1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed	2,962,000	9.896	2,962,000		2,962,000	9.896
1.06 Industrial and miscellaneous	3,480,975	11.630	3,480,975		3,480,975	11.630
1.07 Hybrid securities						
1.08 Parent, subsidiaries and affiliates						
1.09 SVO identified funds						
1.10 Bank loans						
1.11 Total long-term bonds	17,868,600	59.700	17,868,601		17,868,601	59.700
2. Preferred stocks (Schedule D, Part 2, Section 1):						
2.01 Industrial and miscellaneous (Unaffiliated)						
2.02 Parent, subsidiaries and affiliates						
2.03 Total preferred stocks						
3. Common stocks (Schedule D, Part 2, Section 2):						
3.01 Industrial and miscellaneous Publicly traded (Unaffiliated)						
3.02 Industrial and miscellaneous Other (Unaffiliated)						
3.03 Parent, subsidiaries and affiliates Publicly traded						
3.04 Parent, subsidiaries and affiliates Other						
3.05 Mutual Funds						
3.06 Unit investment trusts						
3.07 Closed-end funds						
3.08 Total common stocks						
4. Mortgage loans (Schedule B):						
4.01 Farm mortgages						
4.02 Residential mortgages						
4.03 Commercial mortgages						
4.04 Mezzanine real estate loans						
4.05 Total mortgages loans						
5. Real estate (Schedule A):						
5.01 Properties occupied by company						
5.02 Properties held for production of income						
5.03 Properties held for sale						
5.04 Total real estate						
6. Cash, cash equivalents and short-term investments:						
6.01 Cash (Schedule E, Part 1)	8,678,803	28.996	8,678,803		8,678,803	28.996
6.02 Cash equivalents (Schedule E, Part 2)	3,383,461	11.304	3,383,461		3,383,461	11.304
6.03 Short-term investments (Schedule DA)						
6.04 Total Cash, cash equivalents and short-term investments	12,062,264	40.300	12,062,264		12,062,264	40.300
7. Contract loans						
8. Derivatives (Schedule DB)						
9. Other invested assets (Schedule BA)						
10. Receivables for securities						
11. Securities Lending (Schedule DL, Part 1)				X X X	X X X	X X X
12. Other invested assets (Page 2, Line 11)						
13. Total invested assets	29,930,864	100.000	29,930,864		29,930,864	100.000

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 6)		
2.2 Additional investment made after acquisition (Part 2, Column 9)		
3. Current year change in encumbrances:		
3.1 TOTALS, Part 1, Column 13		
3.2 TOTALS, Part 3, Column 11		
4. TOTAL gain (loss) on disposals, Part 3, Column 18		
5. Deduct amounts received on disposals, Part 3, Column 15		
6. TOTAL foreign exchange change in book/adjusted	NONE	
6.1 TOTALS, Part 1, Column 15		
6.2 TOTALS, Part 3, Column 13		
7. Deduct current year's other-than-temporary impairment recognized:		
7.1 TOTALS, Part 1, Column 12		
7.2 TOTALS, Part 3, Column 10		
8. Deduct current year's depreciation:		
8.1 TOTALS, Part 1, Column 11		
8.2 TOTALS, Part 3, Column 9		
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 (Lines 9 minus 10)		

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 7)		
2.2 Additional investment made after acquisition (Part 2, Column 8)		
3. Capitalized deferred interest and other:		
3.1 TOTALS, Part 1, Column 12		
3.2 TOTALS, Part 3, Column 11		
4. Accrual of discount		
5. Unrealized valuation increase (decrease):		
5.1 TOTALS, Part 1, Column 9		
5.2 TOTALS, Part 3, Column 8		
6. TOTAL gain (loss) on disposals, Part 3, Column 18		
7. Deduct amounts received on disposals, Part 3, Column 15	NONE	
8. Deduct amortization of premium and mortgage interest		
9. TOTAL foreign exchange change in book value/recorded interest		
9.1 TOTALS, Part 1, Column 13		
9.2 TOTALS, Part 3, Column 13		
10. Deduct current year's other-than-temporary impairment recognized:		
10.1 TOTALS, Part 1, Column 11		
10.2 TOTALS, Part 3, Column 10		
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 (Lines 11 plus 12)		
14. Deduct total nonadmitted amounts		
15. Statement value of mortgages owned at end of current period (Line 13 minus Line 14)		

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	NONE	
7. Deduct amounts received on disposals, Part 3, Column 18		
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)		

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1. Book/adjusted carrying value, December 31 of prior year		10,695,499
2. Cost of bonds and stocks acquired, Part 3, Column 7		8,425,348
3. Accrual of Discount		20,588
4. Unrealized valuation increase (decrease):		
4.1 Part 1, Column 12		
4.2 Part 2, Section 1, Column 15		
4.3 Part 2, Section 2, Column 13		
4.4 Part 4, Column 11		
5. TOTAL gain (loss) on disposals, Part 4, Column 19		(3,256)
6. Deduction consideration for bonds and stocks disposed of, Part 4, Column 7		1,256,010
7. Deduct amortization of premium		13,568
8. TOTAL foreign exchange change in book/adjusted carrying value:		
8.1 Part 1, Column 15		
8.2 Part 2, Section 1, Column 19		
8.3 Part 2, Section 2, Column 16		
8.4 Part 4, Column 15		
9. Deduct current year's other-than-temporary impairment recognized:		
9.1 Part 1, Column 14		
9.2 Part 2, Section 1, Column 17		
9.3 Part 2, Section 2, Column 14		
9.4 Part 4, Column 13		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees, Notes 5Q, Line 5Q(2)		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)		17,868,601
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		17,868,601

SCHEDULE D - SUMMARY BY COUNTRY

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

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS					
Governments (Including all obligations guaranteed by governments)	1. United States	11,425,625	11,707,198	11,409,395	11,416,736
	2. Canada				
	3. Other Countries				
	4. TOTALS	11,425,625	11,707,198	11,409,395	11,416,736
U.S. States, Territories and Possessions (Direct and guaranteed)	5. TOTALS				
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. TOTALS				
U.S. Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	7. TOTALS	2,962,000	2,995,772	2,968,690	2,880,690
Industrial and Miscellaneous, SVO Identified Funds, Unaffiliated Bank Loans and Hybrid Securities (unaffiliated)	8. United States	2,584,668	2,654,620	2,585,042	2,594,430
	9. Canada				
	10. Other Countries	896,307	936,520	895,047	900,000
	11. TOTALS	3,480,975	3,591,140	3,480,089	3,494,430
Parent, Subsidiaries and Affiliates	12. TOTALS				
	13. TOTAL Bonds	17,868,601	18,294,109	17,858,175	17,791,856
PREFERRED STOCKS					
Industrial and Miscellaneous (unaffiliated)	14. United States				
	15. Canada				
	16. Other Countries				
	17. TOTALS				
Parent, Subsidiaries and Affiliates	18. TOTALS				
	19. TOTAL Preferred Stocks				
COMMON STOCKS					
Industrial and Miscellaneous (unaffiliated)	20. United States				
	21. Canada				
	22. Other Countries				
	23. TOTALS				
Parent, Subsidiaries and Affiliates	24. TOTALS				
	25. TOTAL Common Stocks				
	26. TOTAL Stocks				
	27. TOTAL Bonds and Stocks	17,868,601	18,294,109	17,858,175	

SCHEDULE D - PART 1A - SECTION 1

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 11.7	9 Total From Column 7 Prior Year	10 % From Column 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 NAIC 1	1,007,032	10,239,161	169,324	10,108		XXX	11,425,625	63.94	7,955,075	79.69	11,425,625	
1.2 NAIC 2						XXX						
1.3 NAIC 3						XXX						
1.4 NAIC 4						XXX						
1.5 NAIC 5						XXX						
1.6 NAIC 6						XXX						
1.7 TOTALS	1,007,032	10,239,161	169,324	10,108		XXX	11,425,625	63.94	7,955,075	79.69	11,425,625	
2. All Other Governments												
2.1 NAIC 1						XXX						
2.2 NAIC 2						XXX						
2.3 NAIC 3						XXX						
2.4 NAIC 4						XXX						
2.5 NAIC 5						XXX						
2.6 NAIC 6						XXX						
2.7 TOTALS						XXX						
3. U.S. States, Territories and Possessions, etc., Guaranteed												
3.1 NAIC 1						XXX						
3.2 NAIC 2						XXX						
3.3 NAIC 3						XXX						
3.4 NAIC 4						XXX						
3.5 NAIC 5						XXX						
3.6 NAIC 6						XXX						
3.7 TOTALS						XXX						
4. U.S. Political Subdivisions of States, Territories & Possessions, Guaranteed												
4.1 NAIC 1						XXX						
4.2 NAIC 2						XXX						
4.3 NAIC 3						XXX						
4.4 NAIC 4						XXX						
4.5 NAIC 5						XXX						
4.6 NAIC 6						XXX						
4.7 TOTALS						XXX						
5. U.S. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed												
5.1 NAIC 1	356,113	1,370,311	1,130,866	104,615	95	XXX	2,962,000	16.58	595,821	5.97	2,962,000	
5.2 NAIC 2						XXX						
5.3 NAIC 3						XXX						
5.4 NAIC 4						XXX						
5.5 NAIC 5						XXX						
5.6 NAIC 6						XXX						
5.7 TOTALS	356,113	1,370,311	1,130,866	104,615	95	XXX	2,962,000	16.58	595,821	5.97	2,962,000	

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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

	1	2	3	4	5	6	7	8	9	10	11	12
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	No Maturity Date	Total Current Year	Column 7 as a % of Line 11.7	Total From Column 7 Prior Year	% From Column 8 Prior Year	Total Publicly Traded	Total Privately Placed (a)
6. Industrial and Miscellaneous (unaffiliated)												
6.1 NAIC 1	628,307	2,415,710	102,447	38,917		X X X	3,185,381	17.83	1,136,910	11.39	1,453,325	1,732,056
6.2 NAIC 2		295,595				X X X	295,595	1.65	294,554	2.95	295,595	
6.3 NAIC 3						X X X						
6.4 NAIC 4						X X X						
6.5 NAIC 5						X X X						
6.6 NAIC 6						X X X						
6.7 TOTALS	628,307	2,711,304	102,447	38,917		X X X	3,480,975	19.48	1,431,464	14.34	1,748,920	1,732,056
7. Hybrid Securities												
7.1 NAIC 1						X X X						
7.2 NAIC 2						X X X						
7.3 NAIC 3						X X X						
7.4 NAIC 4						X X X						
7.5 NAIC 5						X X X						
7.6 NAIC 6						X X X						
7.7 TOTALS						X X X						
8. Parent, Subsidiaries and Affiliates												
8.1 NAIC 1						X X X						
8.2 NAIC 2						X X X						
8.3 NAIC 3						X X X						
8.4 NAIC 4						X X X						
8.5 NAIC 5						X X X						
8.6 NAIC 6						X X X						
8.7 TOTALS						X X X						
9. SVO Identified Funds												
9.1 NAIC 1	X X X	X X X	X X X	X X X	X X X							
9.2 NAIC 2	X X X	X X X	X X X	X X X	X X X							
9.3 NAIC 3	X X X	X X X	X X X	X X X	X X X							
9.4 NAIC 4	X X X	X X X	X X X	X X X	X X X							
9.5 NAIC 5	X X X	X X X	X X X	X X X	X X X							
9.6 NAIC 6	X X X	X X X	X X X	X X X	X X X							
9.7 TOTALS	X X X	X X X	X X X	X X X	X X X							
10. Unaffiliated Bank Loans												
10.1 NAIC 1						X X X						
10.2 NAIC 2						X X X						
10.3 NAIC 3						X X X						
10.4 NAIC 4						X X X						
10.5 NAIC 5						X X X						
10.6 NAIC 6						X X X						
10.7 TOTALS						X X X						

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

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 11.7	9 Total From Column 7 Prior Year	10 % From Column 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
11. Total Bonds Current Year												
11.1 NAIC 1	(d) 1,991,453	14,025,181	1,402,637	153,640	95		17,573,006	98.35	X X X	X X X	15,840,950	1,732,056
11.2 NAIC 2	(d)	295,595					295,595	1.65	X X X	X X X	295,595	
11.3 NAIC 3	(d)								X X X	X X X		
11.4 NAIC 4	(d)								X X X	X X X		
11.5 NAIC 5	(d)						(c)		X X X	X X X		
11.6 NAIC 6	(d)						(c)		X X X	X X X		
11.7 TOTALS	1,991,453	14,320,776	1,402,637	153,640	95	(b)	17,868,601	100.00	X X X	X X X	16,136,545	1,732,056
11.8 Line 11.7 as a % of Column 7	11.14	80.14	7.85	0.86	0.00		100.00	X X X	X X X	X X X	90.31	9.69
12. Total Bonds Prior Year												
12.1 NAIC 1	173,533	9,304,682	209,590				X X X	X X X	9,687,805	97.05	9,143,115	544,691
12.2 NAIC 2		147,945	146,609				X X X	X X X	294,554	2.95	146,609	147,945
12.3 NAIC 3							X X X	X X X				
12.4 NAIC 4							X X X	X X X				
12.5 NAIC 5							X X X	X X X	(c)			
12.6 NAIC 6							X X X	X X X	(c)			
12.7 TOTALS	173,533	9,452,627	356,199				X X X	X X X	(b) 9,982,359	100.00	9,289,723	692,636
12.8 Line 12.7 as a % of Col. 9	1.74	94.69	3.57				X X X	X X X	100.00	X X X	93.06	6.94
13. Total Publicly Traded Bonds												
13.1 NAIC 1	1,666,274	12,759,667	1,300,190	114,724	95		15,840,950	88.65	9,143,115	91.59	15,840,950	X X X
13.2 NAIC 2		295,595					295,595	1.65	146,609	1.47	295,595	X X X
13.3 NAIC 3												X X X
13.4 NAIC 4												X X X
13.5 NAIC 5												X X X
13.6 NAIC 6												X X X
13.7 TOTALS	1,666,274	13,055,262	1,300,190	114,724	95		16,136,545	90.31	9,289,723	93.06	16,136,545	X X X
13.8 Line 13.7 as a % of Col. 7	10.33	80.90	8.06	0.71	0.00		100.00	X X X	X X X	X X X	100.00	X X X
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11	9.33	73.06	7.28	0.64	0.00		90.31	X X X	X X X	X X X	90.31	X X X
14. Total Privately Placed Bonds												
14.1 NAIC 1	325,178	1,265,514	102,447	38,917			1,732,056	9.69	544,691	5.46	X X X	1,732,056
14.2 NAIC 2									147,945	1.48	X X X	
14.3 NAIC 3											X X X	
14.4 NAIC 4											X X X	
14.5 NAIC 5											X X X	
14.6 NAIC 6											X X X	
14.7 TOTALS	325,178	1,265,514	102,447	38,917			1,732,056	9.69	692,636	6.94	X X X	1,732,056
14.8 Line 14.7 as a % of Col. 7	18.77	73.06	5.91	2.25			100.00	X X X	X X X	X X X	X X X	100.00
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11	1.82	7.08	0.57	0.22			9.69	X X X	X X X	X X X	X X X	9.69

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(a) Includes \$.....1,732,056 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
 (b) Includes \$.....0 current year of bonds with Z designations, \$.....0 prior year of bonds with Z designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.
 (c) Includes \$.....0 current year of bonds with 5GI designations, \$.....0 prior year of bonds with 5* or 5GI designations and \$.....0 current year, \$.....0 prior year of bonds with 6* designations. "5GI" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.
 (d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

SCHEDULE D - PART 1A - SECTION 2

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

Distribution by Type		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 11.08	9 Total From Column 7 Prior Year	10 % From Column 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
1.	U.S. Governments												
1.01	Issuer Obligations	609,435	9,484,572				X X X	10,094,006	56.49	7,955,075	79.69	10,094,006	
1.02	Residential Mortgage-Backed Securities	347,853	589,824	169,324	10,108		X X X	1,117,110	6.25			1,117,110	
1.03	Commercial Mortgage-Backed Securities	49,744	164,764				X X X	214,509	1.20			214,509	
1.04	Other Loan-Backed and Structured Securities						X X X						
1.05	TOTALS	1,007,032	10,239,161	169,324	10,108		X X X	11,425,625	63.94	7,955,075	79.69	11,425,625	
2.	All Other Governments												
2.01	Issuer Obligations						X X X						
2.02	Residential Mortgage-Backed Securities						X X X						
2.03	Commercial Mortgage-Backed Securities						X X X						
2.04	Other Loan-Backed and Structured Securities						X X X						
2.05	TOTALS						X X X						
3.	U.S. States, Territories and Possessions, Guaranteed												
3.01	Issuer Obligations						X X X						
3.02	Residential Mortgage-Backed Securities						X X X						
3.03	Commercial Mortgage-Backed Securities						X X X						
3.04	Other Loan-Backed and Structured Securities						X X X						
3.05	TOTALS						X X X						
4.	U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.01	Issuer Obligations						X X X						
4.02	Residential Mortgage-Backed Securities						X X X						
4.03	Commercial Mortgage-Backed Securities						X X X						
4.04	Other Loan-Backed and Structured Securities						X X X						
4.05	TOTALS						X X X						
5.	U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.01	Issuer Obligations		298,650	630,000			X X X	928,650	5.20	595,821	5.97	928,650	
5.02	Residential Mortgage-Backed Securities	356,113	1,071,661	500,866	104,615	95	X X X	2,033,350	11.38			2,033,350	
5.03	Commercial Mortgage-Backed Securities						X X X						
5.04	Other Loan-Backed and Structured Securities						X X X						
5.05	TOTALS	356,113	1,370,311	1,130,866	104,615	95	X X X	2,962,000	16.58	595,821	5.97	2,962,000	
6.	Industrial and Miscellaneous												
6.01	Issuer Obligations		2,002,902				X X X	2,002,902	11.21	886,773	8.88	1,388,982	613,920
6.02	Residential Mortgage-Backed Securities	507,374	671,584	102,447	38,917		X X X	1,320,320	7.39	544,691	5.46	202,185	1,118,135
6.03	Commercial Mortgage-Backed Securities	120,934	36,818				X X X	157,752	0.88			157,752	
6.04	Other Loan-Backed and Structured Securities						X X X						
6.05	TOTALS	628,307	2,711,304	102,447	38,917		X X X	3,480,975	19.48	1,431,464	14.34	1,748,920	1,732,056
7.	Hybrid Securities												
7.01	Issuer Obligations						X X X						
7.02	Residential Mortgage-Backed Securities						X X X						
7.03	Commercial Mortgage-Backed Securities						X X X						
7.04	Other Loan-Backed and Structured Securities						X X X						
7.05	TOTALS						X X X						
8.	Parent, Subsidiaries and Affiliates												
8.01	Issuer Obligations						X X X						
8.02	Residential Mortgage-Backed Securities						X X X						
8.03	Commercial Mortgage-Backed Securities						X X X						
8.04	Other Loan-Backed and Structured Securities						X X X						
8.05	Affiliated Bank Loans - Issued						X X X						
8.06	Affiliated Bank Loans - Acquired						X X X						
8.07	TOTALS						X X X						

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 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 11.08	9 Total From Column 7 Prior Year	10 % From Column 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
Distribution by Type												
9. SVO Identified Funds												
9.01 Exchange Traded Funds - as Identified by the SVO	X X X	X X X	X X X	X X X	X X X							
9.02 Bond Mutual Funds - as Identified by the SVO	X X X	X X X	X X X	X X X	X X X							
9.03 TOTALS	X X X	X X X	X X X	X X X	X X X							
10. Unaffiliated Bank Loans												
10.01 Unaffiliated Bank Loans - Issued						X X X						
10.02 Unaffiliated Bank Loans - Acquired						X X X						
10.03 TOTALS						X X X						
11. Total Bonds Current Year												
11.01 Issuer Obligations	609,435	11,786,124	630,000			X X X	13,025,559	72.90	X X X	X X X	12,411,638	613,920
11.02 Residential Mortgage-Backed Securities	1,211,340	2,333,069	772,637	153,640	95	X X X	4,470,781	25.02	X X X	X X X	3,352,646	1,118,135
11.03 Commercial Mortgage-Backed Securities	170,678	201,583				X X X	372,261	2.08	X X X	X X X	372,261	
11.04 Other Loan-Backed and Structured Securities						X X X			X X X	X X X		
11.05 SVO Identified Funds	X X X	X X X	X X X	X X X	X X X				X X X	X X X		
11.06 Affiliated Bank Loans						X X X			X X X	X X X		
11.07 Unaffiliated Bank Loans						X X X			X X X	X X X		
11.08 TOTALS	1,991,453	14,320,776	1,402,637	153,640	95		17,868,601	100.00	X X X	X X X	16,136,545	1,732,056
11.09 Line 11.08 as a % of Col. 7	11.14	80.14	7.85	0.86	0.00		100.00	X X X	X X X	X X X	90.31	9.69
12. Total Bonds Prior Year												
12.01 Issuer Obligations		9,094,621	343,048			X X X	X X X	X X X	9,437,668	94.54	9,289,723	147,945
12.02 Residential Mortgage-Backed Securities	173,533	358,007	13,151			X X X	X X X	X X X	544,691	5.46		544,691
12.03 Commercial Mortgage-Backed Securities						X X X	X X X	X X X				
12.04 Other Loan-Backed and Structured Securities						X X X	X X X	X X X				
12.05 SVO Identified Funds	X X X	X X X	X X X	X X X	X X X		X X X	X X X				
12.06 Affiliated Bank Loans						X X X	X X X	X X X				
12.07 Unaffiliated Bank Loans						X X X	X X X	X X X				
12.08 TOTALS	173,533	9,452,627	356,199				X X X	X X X	9,982,359	100.00	9,289,723	692,636
12.09 Line 12.08 as a % of Col. 9	1.74	94.69	3.57				X X X	X X X	100.00	X X X	93.06	6.94
13. Total Publicly Traded Bonds												
13.01 Issuer Obligations	609,435	11,172,204	630,000			X X X	12,411,638	69.46	9,289,723	93.06	12,411,638	X X X
13.02 Residential Mortgage-Backed Securities	886,161	1,681,475	670,190	114,724	95	X X X	3,352,646	18.76			3,352,646	X X X
13.03 Commercial Mortgage-Backed Securities	170,678	201,583				X X X	372,261	2.08			372,261	X X X
13.04 Other Loan-Backed and Structured Securities						X X X						X X X
13.05 SVO Identified Funds	X X X	X X X	X X X	X X X	X X X							X X X
13.06 Affiliated Bank Loans						X X X						X X X
13.07 Unaffiliated Bank Loans						X X X						X X X
13.08 TOTALS	1,666,274	13,055,262	1,300,190	114,724	95		16,136,545	90.31	9,289,723	93.06	16,136,545	X X X
13.09 Line 13.08 as a % of Col. 7	10.33	80.90	8.06	0.71	0.00		100.00	X X X	X X X	X X X	100.00	X X X
13.10 Line 13.08 as a % of Line 11.08, Col. 7, Section 11	9.33	73.06	7.28	0.64	0.00		90.31	X X X	X X X	X X X	90.31	X X X
14. Total Privately Placed Bonds												
14.01 Issuer Obligations		613,920				X X X	613,920	3.44	147,945	1.48	X X X	613,920
14.02 Residential Mortgage-Backed Securities	325,178	651,593	102,447	38,917		X X X	1,118,135	6.26	544,691	5.46	X X X	1,118,135
14.03 Commercial Mortgage-Backed Securities						X X X					X X X	
14.04 Other Loan-Backed and Structured Securities						X X X					X X X	
14.05 SVO Identified Funds	X X X	X X X	X X X	X X X	X X X						X X X	
14.06 Affiliated Bank Loans						X X X					X X X	
14.07 Unaffiliated Bank Loans						X X X					X X X	
14.08 TOTALS	325,178	1,265,514	102,447	38,917			1,732,056	9.69	692,636	6.94	X X X	1,732,056
14.09 Line 14.08 as a % of Col. 7	18.77	73.06	5.91	2.25			100.00	X X X	X X X	X X X	X X X	100.00
14.10 Line 14.08 as a % of Line 11.08, Col. 7, Section 11	1.82	7.08	0.57	0.22			9.69	X X X	X X X	X X X	X X X	9.69

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SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year					
2. Cost of short-term investments acquired	1,986,797	1,986,797			
3. Accrual of discount	13,203	13,203			
4. Unrealized valuation increase (decrease)					
5. TOTAL gain (loss) on disposals					
6. Deduct consideration received on disposals	2,000,000	2,000,000			
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)					
11. Deduct total nonadmitted amounts					
12. Statement value at end of current period (Line 10 minus Line 11)					

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

SI11 Schedule DB Part A Verification NONE

SI11 Schedule DB Part B Verification NONE

SI12 Schedule DB Part C Sn 1 - Rep. (Syn Asset) Transactions NONE

SI13 Schedule DB Part C Sn 2 - Rep. (Syn Asset) Transactions NONE

SI14 Schedule DB Verification NONE

SCHEDULE E - PART 2 - VERIFICATION BETWEEN YEARS (Cash Equivalents)

	1	2	3	4
	Total	Bonds	Money Market Mutual Funds	Other (a)
1. Book/adjusted carrying value, December 31 of prior year	10,148,592		10,148,592	
2. Cost of cash equivalents acquired	6,585,079		6,585,079	
3. Accrual of discount				
4. Unrealized valuation increase (decrease)				
5. TOTAL gain (loss) on disposals				
6. Deduct consideration received on disposals	13,350,210		13,350,210	
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)	3,383,461		3,383,461	
11. Deduct total nonadmitted amounts				
12. Statement value at end of current period (Lines 10 minus 11)	3,383,461		3,383,461	

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

E01 Schedule A - Part 1 Real Estate Owned NONE

E02 Schedule A - Part 2 Real Estate Acquired NONE

E03 Schedule A - Part 3 Real Estate Disposed NONE

E04 Schedule B Part 1 - Mortgage Loans Owned NONE

E05 Schedule B Part 2 - Mortgage Loans Acquired NONE

E06 Schedule B Part 3 - Mortgage Loans Disposed NONE

E07 Schedule BA Part 1 - Long-Term Invested Assets Owned NONE

E08 Schedule BA Part 2 - Long-Term Invested Assets Acquired NONE

E09 Schedule BA Part 3 - Long-Term Invested Assets Disposed NONE

SCHEDULE D - PART 1

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

1	2	Codes			6	7	Fair Value		10	11	Change in Book Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	F O R E I G N	Bond CHAR	NAIC Designation and Administrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Rate of	Effective Rate of Interest	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date
U.S. Governments - Issuer Obligations																					
9128284U1	UNITED STATES TREASURY	SD			1	5,985,742	103.3594	6,203,426	6,000,000	5,992,134		5,787			2.625	2.663	JD	433	150,937	11/05/2019	06/30/2023
912828X21	UNITED STATES TREASURY	SD			1	302,045	99.9688	304,905	305,000	304,789		1,494			1.500	1.743	AO	930	4,575	12/28/2017	04/15/2020
912828XU9	UNITED STATES TREASURY	SD			1	301,807	99.9375	304,809	305,000	304,645		1,580			1.500	1.759	JD	163	4,575	12/28/2017	06/15/2020
912828Y20	UNITED STATES TREASURY				1	3,487,285	101.5790	3,555,265	3,500,000	3,492,438		4,770			2.625	2.769	JJ	42,442	91,875	01/09/2019	07/15/2021
0199999 Subtotal - U.S. Governments - Issuer Obligations						10,076,880	X X X	10,368,405	10,110,000	10,094,006		13,630			X X X	X X X	X X X	43,968	251,962	X X X	X X X
U.S. Governments - Residential Mortgage-Backed Securities																					
38376M3P0	GNR 1796C MC - CMO/RMBS			4	1	759,501	100.0995	758,597	757,843	759,751		250			2.500	2.343	MON	1,579	3,158	10/23/2019	08/20/2046
911760TM8	VENDE 03Z Z - CMO/RMBS			4	1	358,509	109.2037	365,893	335,055	357,359		(1,150)			5.000	2.782	MON	1,396	8,376	06/05/2019	05/15/2033
0299999 Subtotal - U.S. Governments - Residential Mortgage-Backed Securities						1,118,010	X X X	1,124,490	1,092,898	1,117,110		(900)			X X X	X X X	X X X	2,975	11,534	X X X	X X X
U.S. Governments - Commercial Mortgage-Backed Securities																					
38378NW33	GNR 1452 AE - CMBS			4	1	214,506	100.2176	214,303	213,838	214,509		3			2.150	2.162	MON	383	383	11/04/2019	08/16/2041
0399999 Subtotal - U.S. Governments - Commercial Mortgage-Backed Securities						214,506	X X X	214,303	213,838	214,509		3			X X X	X X X	X X X	383	383	X X X	X X X
0599999 Subtotal - U.S. Governments						11,409,395	X X X	11,707,198	11,416,736	11,425,625		12,733			X X X	X X X	X X X	47,326	263,880	X X X	X X X
U.S. Special Revenue, Special Assessment - Issuer Obligations																					
302154CW7	EXPORT-IMPORT BANK OF KOREA			C	1FE	298,308	105.4340	316,302	300,000	298,650		317			3.625	3.750	MN	1,027	10,875	11/29/2018	11/27/2023
3133EK2H8	FEDERAL FARM CREDIT BANKS FUNDING CORP			2	1	630,000	99.5380	627,089	630,000	630,000					2.230	2.230	AO	2,966	10,875	10/08/2019	10/15/2026
2599999 Subtotal - U.S. Special Revenue, Special Assessment - Issuer Obligations						928,308	X X X	943,391	930,000	928,650		317			X X X	X X X	X X X	3,993	10,875	X X X	X X X
U.S. Special Revenue, Special Assessment - Residential Mortgage-Backed Securities																					
31393BW76	FNW 03W6B 6A - CMO/RMBS			4	1	476,610	102.9356	474,728	461,189	475,716		(894)			4.345	3.085	MON	1,670	5,053	09/09/2019	08/25/2032
31393DUG4	FNW 03W10B 2A - CMO/RMBS			4	1	546,503	104.2310	554,718	532,200	546,122		(382)			4.099	3.019	MON	1,818	5,488	09/10/2019	06/25/2043
31393ELU1	FNW 03W12C 3A - CMO/RMBS			4	1	613,031	104.1904	617,120	592,300	610,786		(2,245)			4.602	3.140	MON	2,271	11,494	07/11/2019	03/25/2043
31393XVJ3	FNW 04W3 A7 - CMO/RMBS			4	1	404,238	111.1820	405,814	365,000	400,727		(3,511)			5.500	3.018	MON	1,673	8,365	07/18/2019	05/25/2034
2699999 Subtotal - U.S. Special Revenue, Special Assessment - Residential Mortgage-Backed Securities						2,040,382	X X X	2,052,380	1,950,690	2,033,350		(7,032)			X X X	X X X	X X X	7,432	30,400	X X X	X X X
3199999 Subtotal - U.S. Special Revenue, Special Assessment						2,968,690	X X X	2,995,772	2,880,690	2,962,000		(6,715)			X X X	X X X	X X X	11,425	41,275	X X X	X X X
Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations																					
00206RDP4	AT&T INC			1,2	2FE	146,559	106.1360	159,204	150,000	147,213		604			3.800	4.292	MS	1,900	5,700	11/29/2018	03/01/2024
056752AK4	BAIDU INC			1,2	1FE	399,532	104.2010	416,804	400,000	399,707		137			3.875	3.893	MS	3,961	15,500	03/01/2019	09/29/2023
06051GHF9	BANK OF AMERICA CORP			1,2,5	1FE	196,386	103.7860	207,572	200,000	197,080		641			3.550	3.935	MS	2,288	7,100	11/29/2018	03/05/2024
46849LTK7	JACKSON NATIONAL LIFE GLOBAL FUNDING			1,2	1FE	613,801	101.4540	623,942	615,000	613,920		120			2.650	2.692	JD	453	8,149	06/17/2019	06/21/2024
49271VAG5	KEURIG DR PEPPER INC			1,2	2FE	147,911	105.4700	158,205	150,000	148,382		437			4.057	4.402	MN	609	6,086	11/29/2018	05/25/2023
500630CU0	KOREA DEVELOPMENT BANK			1,2	1FE	297,441	103.6880	311,064	300,000	298,059		572			3.375	3.591	MS	3,066	10,125	11/30/2018	03/12/2023
60687YAP4	MIZUHO FINANCIAL GROUP INC			1,2	1FE	198,074	104.3260	208,652	200,000	198,541		430			3.549	3.795	MS	2,287	7,098	11/29/2018	03/05/2023
3299999 Subtotal - Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations						1,999,703	X X X	2,085,443	2,015,000	2,002,902		2,941			X X X	X X X	X X X	14,563	59,757	X X X	X X X
Industrial & Miscellaneous (Unaffiliated) - Residential Mortgage-Backed Securities																					
12649XAQ2	CSMC 153 A9 - CMO/RMBS			4	1FE	339,511	102.1094	346,131	338,981	339,469		(42)			3.500	3.435	MON	198	6,921	05/14/2019	03/25/2045
36242DSW9	GSR 055F 2A2 - CMO/RMBS			4	1FE	205,953	105.1480	204,539	194,524	202,185		(3,767)			5.500	(1,584)	MON	892	5,349	06/04/2019	06/25/2035
46647JAE0	JPMMT 164 A5 - CMO/RMBS			4	1FE	229,845	101.8203	238,957	234,685	230,522		725			3.500	4.298	MON	685	8,214	12/14/2018	10/25/2046
46647SAJ9	JPMMT 173 1A5 - CMO/RMBS			4	1FE	281,108	101.0703	286,084	283,054	281,191		82			3.500	3.736	MON	826	9,080	01/23/2019	08/26/2047
46648CAE4	JPMMT 171 A5 - CMO/RMBS			4	1FE	194,783	100.9905	200,089	198,127	195,421		690			3.500	4.205	MON	578	6,934	12/17/2018	01/25/2047
97652PAD3	WIN 141 A4 - CMO/RMBS			4	1FE	71,589	99.9348	71,587	71,634	71,532		(56)			3.500	3.333	MON	209	2,089	02/05/2019	06/20/2044
3399999 Subtotal - Industrial & Miscellaneous (Unaffiliated) - Residential Mortgage-Backed Securities						1,322,788	X X X	1,347,387	1,321,005	1,320,320		(2,368)			X X X	X X X	X X X	3,386	38,588	X X X	X X X
Industrial & Miscellaneous (Unaffiliated) - Commercial Mortgage-Backed Securities																					
17323CAB3	CGCMT 15GC27 A2 - CMBS			4	1FE	99,507	99.9319	99,947	100,015	99,542		35			2.687	3.110	MON	224	2,463	01/08/2019	02/12/2048
94989HAF7	WFCM 15NXS1 A2 - CMBS			4	1FE	58,091	99.9193	58,363	58,411	58,211		119			2.632	3.083	MON	128	1,409	01/08/2019	05/15/2048
3499999 Subtotal - Industrial & Miscellaneous (Unaffiliated) - Commercial Mortgage-Backed Securities						157,598	X X X	158,310	158,425	157,752		154			X X X	X X X	X X X	352	3,873	X X X	X X X
3899999 Subtotal - Industrial & Miscellaneous (Unaffiliated)						3,480,089	X X X	3,591,140	3,494,430	3,480,975		727			X X X	X X X	X X X	18,301	102,218	X X X	X X X
7699999 Subtotals - Issuer Obligations						13,004,891	X X X	13,397,240	13,055,000	13,025,559		16,888			X X X	X X X	X X X	62,524	322,595	X X X	X X X
7799999 Subtotals - Residential Mortgage-Backed Securities						4,481,180	X X X	4,524,256	4,364,593	4,470,781		(10,300)			X X X	X X X	X X X	13,793	80,522	X X X	X X X
7899999 Subtotals - Commercial Mortgage-Backed Securities						372,104	X X X	372,613	372,263	372,261		157			X X X	X X X	X X X	735	4,256	X X X	X X X
8399999 Grand Total - Bonds						17,858,175	X X X	18,294,109	17,791,856	17,868,600		6,745			X X X	X X X	X X X	77,052	407,372	X X X	X X X

E11 Schedule D - Part 2 Sn 1 Prfrd Stocks Owned NONE

E12 Schedule D - Part 2 Sn 2 Common Stocks Owned NONE

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends
Bonds - U.S. Governments								
38376M3P0	GNR 1796C MC - CMO/RMBS		10/23/2019	BNY/SUNTRUST CAPITAL MARKETS	X X X	872,416	870,512	1,632
38378NW33	GNR 1452 AE - CMBS		11/04/2019	BNY/SUNTRUST CAPITAL MARKETS	X X X	216,500	215,825	77
911760TM8	VENDE 032 Z - CMO/RMBS		06/05/2019	280 Securities	X X X	394,883	369,050	308
9128284U1	UNITED STATES TREASURY		11/05/2019	VARIOUS	X X X	1,018,281	1,000,000	4,963
912828Y20	UNITED STATES TREASURY		01/09/2019	JP Morgan Securities Inc.	X X X	500,586	500,000	6,384
0599999 Subtotal - Bonds - U.S. Governments						3,002,666	2,955,386	13,365
Bonds - U.S. Special Revenue, Special Assessment								
3133EK2H8	FEDERAL FARM CREDIT BANKS FUNDING CORP		10/08/2019	Southwest Securities	X X X	630,000	630,000	
31393BW76	FNW 03W6B 6A - CMO/RMBS		10/01/2019	UNITED MO BANK OF KANSAS CITY	X X X	492,564	476,627	590
31393DUG4	FNW 03W10B 2A - CMO/RMBS		10/01/2019	UNITED MO BANK OF KANSAS CITY	X X X	587,992	572,604	732
31393ELU1	FNW 03W12C 3A - CMO/RMBS		07/11/2019	BROWNSTONE INVESTMENT	X X X	645,983	624,138	1,129
31393XVJ3	FNW 04W3 A7 - CMO/RMBS		07/18/2019	UNITED MO BANK OF KANSAS CITY	X X X	404,238	365,000	1,171
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment						2,760,778	2,668,369	3,622
Bonds - Industrial and Miscellaneous (Unaffiliated)								
056752AK4	BAIDU INC	C	03/01/2019	BROWNSTONE INVESTMENT	X X X	201,900	200,000	3,358
12649XAQ2	CSMC 153 A9 - CMO/RMBS		05/14/2019	BROWNSTONE INVESTMENT	X X X	394,615	393,999	575
17323CAB3	CGCMT 15GC27 A2 - CMBS		01/08/2019	MISCELLANEOUS BROKER	X X X	149,238	150,000	101
36242D5W9	GSR 055F 2A2 - CMO/RMBS		06/04/2019	280 Securities	X X X	240,005	226,687	173
46647SAJ9	JPMMT 173 1A5 - CMO/RMBS		01/23/2019	BROWNSTONE INVESTMENT	X X X	400,193	402,964	940
46849LTK7	JACKSON NATIONAL LIFE GLOBAL FUNDING	C	06/17/2019	GOLDMAN, SACHS & CO.	X X X	613,801	615,000	
94989HAF7	WFCM 15NXS1 A2 - CMBS		01/08/2019	MISCELLANEOUS BROKER	X X X	149,180	150,000	99
97652PAD3	WIN 141 A4 - CMO/RMBS		03/01/2019	UNITED MO BANK OF KANSAS CITY	X X X	312,942	313,137	183
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						2,461,874	2,451,788	5,428
8399997 Subtotal - Bonds - Part 3						8,225,317	8,075,543	22,415
8399998 Summary item from Part 5 for Bonds						200,031	200,000	369
8399999 Subtotal - Bonds						8,425,348	8,275,543	22,784
9999999 Totals						8,425,348	X X X	22,784

SCHEDULE D - PART 4

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

1 CUSIP Identification	2 Description	3 F o r e i g n Date	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	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year (Amortization/ Accretion)	13 Current Year's Other-Than- Temporary Impairment Recognized	14 Total Change in B./A.C.V. (Cols. 11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.							
Bonds - U.S. Governments																					
38376M3P0	GNR 1796C MC - CMO/RMBS		12/01/2019	Paydown	X X X	112,669	112,669	112,915					8		8	112,923		(255)	(255)	333	08/20/2046
38378NW33	GNR 1452 AE - CMBS		12/01/2019	Paydown	X X X	1,988	1,988	1,994					0		0	1,994		(6)	(6)	4	08/16/2041
911760TM8	VENDE 032 Z - CMO/RMBS		12/01/2019	Paydown	X X X	33,994	33,994	36,374					(16)		(16)	36,358		(2,364)	(2,364)	500	05/15/2033
9128284U1	UNITED STATES TREASURY		06/01/2019	Unknown	X X X								74		74						06/30/2023
912828ST8	UNITED STATES TREASURY		04/30/2019	Unknown	X X X	107,000	107,000	106,122	106,779				221		221	107,000				669	04/30/2019
0599999 Subtotal - Bonds - U.S. Governments						255,651	255,651	257,405	106,779				287		287	258,275		(2,624)	(2,624)	1,505	X X X
Bonds - U.S. Special Revenue, Special Assessment																					
31393BW76	FNW 03W6B 6A - CMO/RMBS		12/01/2019	Paydown	X X X	15,438	15,438	15,954					(6)		(6)	15,948		(511)	(511)	103	08/25/2032
31393DUG4	FNW 03W10B 2A - CMO/RMBS		12/01/2019	Paydown	X X X	40,404	40,403	41,489					(15)		(15)	41,475		(1,071)	(1,071)	283	06/25/2043
31393ELU1	FNW 03W12C 3A - CMO/RMBS		12/01/2019	Paydown	X X X	31,838	31,838	32,952					(33)		(33)	32,919		(1,081)	(1,081)	302	03/25/2043
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment						87,679	87,679	90,396					(54)		(54)	90,342		(2,663)	(2,663)	688	X X X
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
12649XAQ2	CSMC 153 A9 - CMO/RMBS		12/25/2019	Paydown	X X X	55,018	55,018	55,104					(109)		(109)	54,995		23	23	711	03/25/2045
17323CAB3	CGCMT 15GC27 A2 - CMBS		12/01/2019	Paydown	X X X	49,985	49,985	49,731					143		143	49,874		111	111	871	02/12/2048
36242D5W9	GSR 055F 2A2 - CMO/RMBS		12/01/2019	Paydown	X X X	32,163	32,163	34,052					(210)		(210)	33,843		(1,680)	(1,680)	579	06/25/2035
46647JAE0	JPMMT 164 A5 - CMO/RMBS		12/01/2019	Paydown	X X X	67,671	67,671	66,275	66,261				152		152	66,413		1,258	1,258	1,558	10/25/2046
46647SAJ9	JPMMT 173 1A5 - CMO/RMBS		12/01/2019	Paydown	X X X	119,909	119,909	119,085					37		37	119,122		788	788	2,613	08/26/2047
46648CAE4	JPMMT 171 A5 - CMO/RMBS		12/01/2019	Paydown	X X X	54,841	54,841	53,915	53,901				113		113	54,014		827	827	1,276	01/25/2047
94989HAF7	WFCM 15NXS1 A2 - CMBS		12/01/2019	Paydown	X X X	91,589	91,589	91,089					16		16	91,104		485	485	1,828	05/15/2048
97652PAD3	WIN 141 A4 - CMO/RMBS		12/01/2019	Paydown	X X X	241,504	241,504	241,353					(77)		(77)	241,276		228	228	4,137	06/20/2044
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						712,680	712,680	710,605	120,162				65		65	710,641		2,039	2,039	13,574	X X X
8399997 Subtotal - Bonds - Part 4						1,056,010	1,056,010	1,058,406	226,941				298		298	1,059,258		(3,248)	(3,248)	15,767	X X X
8399998 Summary Item from Part 5 for Bonds						200,000	200,000	200,031					(24)		(24)	200,008		(8)	(8)	3,970	X X X
8399999 Subtotal - Bonds						1,256,010	1,256,010	1,258,437	226,941				275		275	1,259,266		(3,256)	(3,256)	19,737	X X X
9999999 Totals						1,256,010	X X X	1,258,437	226,941				275		275	1,259,266		(3,256)	(3,256)	19,737	X X X

SCHEDULE D - PART 5

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

1 CUSIP Identifi- cation	2 Description	3 F O R E I G N	4 Date Acquired	5 Name of Vendor	6 Disposal Date	7 Name of Purchaser	8 Par Value (Bonds) or Number of Shares (Stock)	9 Actual Cost	10 Consider- ation	11 Book/ Adjusted Carrying Value at Disposal	Change in Book/Adjusted Carrying Value					17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Interest and Dividends Received During Year	21 Paid for Accrued Interest and Dividends									
											12 Unrealized Valuation Increase/ (Decrease)	13 Current Year's (Amortization)/ Accretion	14 Current Year's Other-Than- Temporary Impairment Recognized	15 Total Change in B./A.C.V. (Col. 12+ 13-14)	16 Total Foreign Exchange Change in B./A.C.V.														
Bonds - Industrial and Miscellaneous (Unaffiliated)																													
139738AH1 ...	AFIN 152 D - ABS		01/09/2019	AMHERST SECURITIES GROUP	08/20/2019	Paydown	200,000	200,031	200,000	200,008			(24)		(24)			(8)	(8)	3,970	369								
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)							200,000	200,031	200,000	200,008			(24)		(24)			(8)	(8)	3,970	369								
8399998 Subtotal - Bonds							200,000	200,031	200,000	200,008			(24)		(24)			(8)	(8)	3,970	369								
9999999 Totals								200,031	200,000	200,008			(24)		(24)			(8)	(8)	3,970	369								

E16	Schedule D - Part 6 Sn 1	NONE
E16	Schedule D - Part 6 Sn 2	NONE
E17	Schedule DA - Part 1 Short-Term Investments Owned	NONE
E18	Schedule DB - Part A Sn 1 Opt/Cap/Floors/Collars/Swaps/Forwards Open	NONE
E19	Schedule DB - Part A Sn 2 Opt/Cap/Floors/Collars/Swaps/Forwards Term.	NONE
E20	Schedule DB - Part B Sn 1 Futures Contracts Open	NONE
E21	Schedule DB - Part B Sn 2 Futures Contracts Terminated	NONE
E22	Schedule DB - Part D Sn 1 Counterparty Exposure for Derivative Instruments	NONE
E23	Schedule DB - Part D Sn 2 - Collateral Pledged By Reporting Entity	NONE
E23	Schedule DB - Part D Sn 2 - Collateral Pledged To Reporting Entity	NONE
E24	Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees	NONE
E25	Schedule DL - Part 1 - Securities Lending Collateral Assets	NONE
E26	Schedule DL - Part 2 - Securities Lending Collateral Assets	NONE

SCHEDULE E - PART 1 - CASH

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7 *
open depositories						
Wells Fargo Bank, N.A.	San Francisco, CA				7,750,551	X X X
Wells Fargo Bank, N.A.	San Francisco, CA				607,290	X X X
Sandia Area	Albuquerque, NM	0.450	1,444		251,783	X X X
Wells Fargo Bank, N.A.	Albuquerque, NM	C			67,774	X X X
Statutory Cash					1,404	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
0199999 Totals - Open Depositories		X X X	1,444		8,678,803	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
0299999 Totals - Suspended Depositories		X X X				X X X
0399999 Total Cash On Deposit		X X X	1,444		8,678,803	X X X
0499999 Cash in Company's Office		X X X	X X X	X X X		X X X
0599999 Total Cash		X X X	1,444		8,678,803	X X X

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

1. January	20,300,197	4. April	17,541,785	7. July	19,125,915	10. October	12,470,135
2. February	22,574,530	5. May	18,406,400	8. August	14,303,904	11. November	14,604,177
3. March	18,177,970	6. June	17,792,786	9. September	17,079,718	12. December	8,678,803

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

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
All Other Money Market Mutual Funds								
14956P810	CAVANAL HILL:GS MM SEL		12/31/2019	1.380	X X X	3,383,461		3,406
8699999	Subtotal - All Other Money Market Mutual Funds					3,383,461		3,406
8899999	Total Cash Equivalents					3,383,461		3,406

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

	States, Etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits For		All Other Special Deposits	
				the Benefit of All Policyholders		5 Book/Adjusted Carrying Value	6 Fair Value
				3 Book/Adjusted Carrying Value	4 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)	B	HMO Deposit	716,294	720,342		
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 Alien and Other (OT)	X X X	X X X				
59.	TOTAL	X X X	X X X	716,294	720,342		
DETAILS OF WRITE-INS							
5801.							
5802.							
5803.							
5898.	Summary of remaining write-ins for Line 58 from overflow page	X X X	X X X				
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X	X X X				

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