



**QUARTERLY STATEMENT**  
**AS OF SEPTEMBER 30, 2015**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**Trusted Health Plan (District of Columbia), Inc.**

NAIC Group Code 0000 , 0000 NAIC Company Code 14225 Employer's ID Number 45-2375150  
(Current Period) (Prior Period)

Organized under the Laws of District of Columbia , State of Domicile or Port of Entry District of Columbia

Country of Domicile United States of America

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

Incorporated/Organized 05/16/2011 Commenced Business 07/01/2013

Statutory Home Office 1100 New Jersey Avenue SE Suite 840 , Washington, DC, US 20003  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1100 New Jersey Avenue SE Suite 840  
(Street and Number)

Washington, DC, US 20003 (202)821-1100  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1100 New Jersey Avenue SE Suite 840 , Washington, DC, US 20003  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1100 New Jersey Avenue SE Suite 840  
(Street and Number)

Washington, DC, US 20003 (202)821-1100  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.trustedhp.com

Statutory Statement Contact Cleveland Eugene Slade (202)821-1070  
(Name) (Area Code)(Telephone Number)(Extension)  
cslade@trustedhp.com (202)821-1099  
(E-Mail Address) (Fax Number)

**OFFICERS**

<u>Name</u>	<u>Title</u>
Thomas Michael Duncan	CEO
Cleveland Eugene Slade	CFO
Richard Eugene Gillette	COO
Douglas MacArthur Redd	CIO #

**OTHERS**

**DIRECTORS OR TRUSTEES**

Dennis Sean Ellis  
 Eddie Leon Hall  
 Bruce Robert Keiser

Thomas Michael Duncan  
 Jack NMN Martin

State of \_\_\_\_\_  
 County of \_\_\_\_\_ ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of 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)  
 Thomas Michael Duncan  
(Printed Name)  
 1.  
 CEO  
(Title)

\_\_\_\_\_  
(Signature)  
 Cleveland Eugene Slade  
(Printed Name)  
 2.  
 CFO  
(Title)

\_\_\_\_\_  
(Signature)  
 Richard Eugene Gillette  
(Printed Name)  
 3.  
 COO  
(Title)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2015

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

Yes[X] No[ ]

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature)

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....				
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2 Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3 Properties held for sale (less \$.....0 encumbrances) .....				
5. Cash (\$.....35,452,348), cash equivalents (\$.....0) and short-term investments (\$.....0) .....	35,452,348		35,452,348	21,698,191
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	35,452,348		35,452,348	21,698,191
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....				
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	343,530		343,530	3,818,672
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 .....				
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 .....	51,949		51,949	
18.2 Net deferred tax asset .....				35,948
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....	395,698	113,863	281,835	220,748
21. Furniture and equipment, including health care delivery assets (\$.....0) .....	179,707	179,707		
22. Net adjustments in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	69,130		69,130	
24. Health care (\$.....0) and other amounts receivable .....				200,803
25. Aggregate write-ins for other than invested assets .....	438,964	438,964		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	36,931,326	732,534	36,198,792	25,974,362
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	36,931,326	732,534	36,198,792	25,974,362
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501. Prepaid Expenses .....	356,747	356,747		
2502. Employee Advances .....	8,924	8,924		
2503. Deposits .....	16,735	16,735		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	56,558	56,558		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	438,964	438,964		

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded) .....	23,261,471		23,261,471	11,981,448
2. Accrued medical incentive pool and bonus amounts .....				
3. Unpaid claims adjustment expenses .....				
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....				
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserve .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....				
9. General expenses due or accrued .....	2,557,458		2,557,458	4,865,579
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) .....				442,786
10.2 Net deferred tax liability .....	69,078		69,078	
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 .....				
23. Aggregate write-ins for other liabilities (including \$.....0 current) .....				
24. Total liabilities (Lines 1 to 23) .....	25,888,007		25,888,007	17,289,813
25. Aggregate write-ins for special surplus funds .....	X X X	X X X	1,247,582	445,722
26. Common capital stock .....	X X X	X X X	1,000	1,000
27. Preferred capital stock .....	X X X	X X X		
28. Gross paid in and contributed surplus .....	X X X	X X X	6,834,000	6,834,000
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	2,228,203	1,403,827
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	10,310,785	8,684,549
34. Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	36,198,792	25,974,362
<b>DETAILS OF WRITE-INS</b>				
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 Tax Payable for 2015 .....	X X X	X X X		445,722
2502. ACA 9010 Tax Payable for 2016 .....	X X X	X X X	1,247,582	
2503. ....	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	X X X	X X X	1,247,582	445,722
3001. ....	X X X	X X X		
3002. ....	X X X	X X X		
3003. ....	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	X X X	X X X		

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	X X X	273,047	258,416	350,497
2. Net premium income (including \$.....0 non-health premium income) .....	X X X	95,257,118	86,917,642	119,092,512
3. Change in unearned premium reserves and reserves 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	95,257,118	86,917,642	119,092,512
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		62,730,110	61,912,849	83,038,750
10. Other professional services .....		8,272,586	5,995,429	8,694,150
11. Outside referrals .....				
12. Emergency room and out-of-area .....				
13. Prescription drugs .....		6,307,541	4,924,875	6,720,744
14. Aggregate write-ins for other hospital and medical .....				
15. Incentive pool, withhold adjustments and bonus amounts .....				
16. Subtotal (Lines 9 to 15) .....		77,310,237	72,833,153	98,453,644
<b>Less:</b>				
17. Net reinsurance recoveries .....		32,803		647,518
18. Total hospital and medical (Lines 16 minus 17) .....		77,277,434	72,833,153	97,806,126
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....2,591,244 cost containment expenses .....		4,692,473	3,253,205	4,852,563
21. General administrative expenses .....		9,362,870	8,193,898	12,110,183
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) .....		91,332,777	84,280,256	114,768,872
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X	3,924,341	2,637,386	4,323,640
25. Net investment income earned .....		2,128	1,705	2,253
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....				
27. Net investment gains or (losses) (Lines 25 plus 26) .....		2,128	1,705	2,253
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] .....				
29. Aggregate write-ins for other income or expenses .....			(25,450)	(25,450)
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	3,926,469	2,613,641	4,300,443
31. Federal and foreign income taxes incurred .....	X X X	1,332,272	683,257	1,299,832
32. Net income (loss) (Lines 30 minus 31) .....	X X X	2,594,197	1,930,384	3,000,611
<b>DETAILS OF WRITE-INS</b>				
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 (Lines 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. Penalties .....			(25,450)	(25,450)
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....			(25,450)	(25,450)

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year .....	8,684,551	3,485,283	3,485,284
34. Net income or (loss) from Line 32 .....	2,594,197	1,930,384	3,000,611
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 .....	(171,124)		102,046
39. Change in nonadmitted assets .....	(204,686)	1,096,338	1,053,554
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 .....		(8,000)	(8,000)
45. Surplus adjustments:			
45.1 Paid in .....		1,343,000	1,343,000
45.2 Transferred to capital (Stock Dividend) .....			
45.3 Transferred from capital .....			
46. Dividends to stockholders .....	(314,417)		
47. Aggregate write-ins for gains or (losses) in surplus .....	(277,734)	(291,944)	(291,944)
48. Net change in capital and surplus (Lines 34 to 47) .....	1,626,236	4,069,778	5,199,267
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	10,310,787	7,555,061	8,684,551
<b>DETAILS OF WRITE-INS</b>			
4701. Prior Period Adjustments .....	(277,734)	(291,944)	(291,944)
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) .....	(277,734)	(291,944)	(291,944)

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	98,732,260	85,848,817	116,490,648
2. Net investment income .....	2,128	1,705	2,253
3. Miscellaneous income .....			
4. TOTAL (Lines 1 to 3) .....	98,734,388	85,850,522	116,492,901
5. Benefit and loss related payments .....	65,997,411	67,439,905	93,715,686
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	16,363,463	10,588,884	13,636,088
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....	1,827,007	175,000	857,046
10. TOTAL (Lines 5 through 9) .....	84,187,881	78,203,789	108,208,820
11. Net cash from operations (Line 4 minus Line 10) .....	14,546,507	7,646,733	8,284,081
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....			
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) .....			
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....			
13.2 Stocks .....			
13.3 Mortgage loans .....			
13.4 Real estate .....			
13.5 Other invested assets .....			
13.6 Miscellaneous applications .....			
13.7 TOTAL investments acquired (Lines 13.1 to 13.6) .....			
14. Net increase (or decrease) in contract loans and premium notes .....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....			
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....			
16.2 Capital and paid in surplus, less treasury stock .....		1,335,000	1,335,000
16.3 Borrowed funds .....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5 Dividends to stockholders .....	314,417		
16.6 Other cash provided (applied) .....	(477,933)	207,265	258,298
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	(792,350)	1,542,265	1,593,298
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	13,754,157	9,188,998	9,877,379
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	21,698,191	11,820,812	11,820,812
19.2 End of period (Line 18 plus Line 19.1) .....	35,452,348	21,009,810	21,698,191

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

20.0001				
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## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	31,044	2,647							28,397	
2. First Quarter .....	30,262	2,625							27,637	
3. Second Quarter .....	30,245	2,802							27,443	
4. Third Quarter .....	30,259	2,871							27,388	
5. Current Year .....										
6. Current Year Member Months .....	273,047	24,404							248,643	
Total Member Ambulatory Encounters for Period:										
7. Physician .....	206,713	48,136							158,577	
8. Non-Physician .....	72,030	8,369							63,661	
9. Total .....	278,743	56,505							222,238	
10. Hospital Patient Days Incurred .....	9,953	1,398							8,555	
11. Number of Inpatient Admissions .....	1,745	159							1,586	
12. Health Premiums Written (a) .....	95,698,314	6,388,550							89,309,764	
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	95,698,314	6,388,550							89,309,764	
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	66,030,214	5,339,496							60,690,718	
18. Amount Incurred for Provision of Health Care Services .....	77,310,236	7,139,750							70,170,486	

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

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

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
<b>Claims unpaid (Reported)</b>						
Children's Hospital .....						
0199999 Individually Listed Claims Unpaid .....						
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	1,587,691	344,239	41,938			1,973,868
0499999 Subtotals .....	1,587,691	344,239	41,938			1,973,868
0599999 Unreported claims and other claim reserves .....						21,287,602
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						23,261,470
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....						



## UNDERWRITING AND INVESTMENT EXHIBIT

### ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital & medical) .....	1,265,970	4,073,525	140,641	2,678,468	1,406,611	1,018,854
2. Medicare Supplement .....						
3. Dental only .....						
4. Vision only .....						
5. Federal Employees Health Benefits Plan .....						
6. Title XVIII - Medicare .....						
7. Title XIX - Medicaid .....	11,345,056	49,312,859	556,290	19,886,073	11,901,346	10,962,594
8. Other health .....						
9. Health subtotal (Lines 1 to 8) .....	12,611,026	53,386,384	696,931	22,564,541	13,307,957	11,981,448
10. Healthcare receivables (a) .....						
11. Other non-health .....						
12. Medical incentive pools and bonus amounts .....						
13. Totals (Lines 9 - 10 + 11 + 12) .....	12,611,026	53,386,384	696,931	22,564,541	13,307,957	11,981,448

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

**Notes to Financial Statement****1. Summary of Significant Accounting Policies****A. Accounting Practices**

The financial statements of Trusted Health Plan, (District of Columbia), Inc. (THP) are presented on the basis of accounting practices prescribed or permitted by the District of Columbia Department of Insurance, Securities and Banking (DISB).

The DISB recognizes only statutory accounting practices prescribed or permitted by the District of Columbia (District) for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under the District of Columbia Insurance Code. The DISB has adopted the National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* as a component of prescribed and permitted practices for the District. The DISB has the right to permit specific practices that deviate from prescribed practices. There is no deviation from the NAIC *Accounting Practices and Procedures Manual*.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the District of Columbia Department of Insurance, Securities and Banking is shown below:

		<u>State of Domicile</u>	2015	2014
	<b>NET INCOME</b>			
(1)	State basis (Page 4, Line 32, Columns 2 & 3)	DC	\$2,594,197	\$3,000,611
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:			
(201)				
(299)	Total		\$0	\$0
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:			
(301)				
(399)	Total		\$0	\$0
(4)	NAIC SAP (1-2-3=4)		\$2,594,197	\$3,000,611
	<b>SURPLUS</b>			
(5)	State basis (Page 3, Line 33, Columns 3 & 4)	DC	\$10,310,785	\$8,684,549
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:			
(601)				
(699)	Total		\$0	\$0
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:			
(701)				
(799)	Total		\$0	\$0
(8)	NAIC SAP (5-6-7=8)		\$10,310,785	\$8,684,549

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

No Material Change

**C. Accounting Policy**

No Material Change

**2. Accounting Changes and Corrections of Errors**

The Company made corrections to the 2014 financial statements related to the following items:

ACA and DC Exch Tax Adjustment	1,713,481
Data Warehouse	(63,000)
Adjustment based on the new provision	(17,232)
Accrual of DST invoice	117,828
Adjustment made to the deferred rent liability	(16,638)
Reversing the ACA tax for 2014 recorded in 1st quarter of 2015	(447,455)

**Notes to Financial Statement**

MCO Tax adjustment due to reversing entry made for the ACA tax	(14,207)
Reversing the DC exchange tax for January to October 2014	(964,792)
Adjustment based on the new provision	(25,606)
Adjustment based on the new provision	<u>(4,645)</u>
	277,734

**3. Business Combinations and Goodwill**

No Material Change

**4. Discontinued Operations**

No Material Change

**5. Investments**

A. Mortgage Loans, including Mezzanine Real Estate Loans – No Material Change

B. Debt Restructuring – No Material Change

C. Reverse Mortgages – No Material Change

D. Loan-Backed Securities – None

E. Repurchase Agreements and/or Securities Lending Transactions

(1) Policy for requiring collateral or other security – No Material Change

(2) Carrying amount and classification of both those assets and associated liabilities – No Material Change

(3) Collateral accepted that it is permitted by contract or custom to sell or repledge:

a. Aggregate amount of contractually obligated open collateral positions – No Material Change

b. Fair value of that collateral and of the portion of that collateral that it has sold or repledged – None

c. Information about the sources and uses of that collateral – No Material Change

(4) Aggregate value of the reinvested collateral which is “one-line” reported and the aggregate reinvested collateral which is reported in the investment schedules – No Material Change

(5) Reinvestment of the cash collateral and any securities which it or its agent receives as collateral that can be sold or repledged – No Material Change

(6) Collateral accepted that it is not permitted by contract or custom to sell or repledge – No Material Change

(7) Collateral for transactions that extend beyond one year from the reporting date – No Material Change

F. Real Estate – No Material Change

G. Low-Income Housing Tax Credits (LIHTC) – No Material Change

H. Restricted Assets (Including Pledged) - No Material Change

I. Working Capital Finance Investments

(2) Aggregate Book/Adjusted Carrying Value – None

(3) Events of Default - None

J. Offsetting and Netting of Assets and Liabilities – None

K. Structured Notes – No Material Change

**6. Joint Ventures, Partnerships and Limited Liability Companies**

No Material Change

**7. Investment Income**

No Material Change

**8. Derivative Instruments**

## Notes to Financial Statement

No Material Change

### 9. Income Taxes

No Material Change

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

A. B. and C. The Company paid cash dividends to Trusted Health Plans, Inc. (Parent Company) on June 22, 2015, totaling \$314,417.

D. Affiliated or subsidiary or related parties – No Material Change

E. Guarantees or undertakings – No Material Change

F. Office lease agreements and material management contracts

In April, 2015 the District of Columbia, Department of Insurance, Securities and Banking (DISB) approved a Management and Administrative Services Agreement between Trusted Health Plan (District of Columbia), Inc. and its' Parent Company, Trusted Health Plans, Inc.

The Agreement has a January 1, 2015 effective date.

The Parent Company has agreed to provide certain financial reporting, accounting, staffing, and related management and administrative support services for a Minimum Fixed Fee payment of \$400,000 per year, or \$33,333 monthly.

G. Nature of control relationship – No Material Change

H. Ownership in any upstream intermediate entities or ultimate parent companies – No Material Change

I. Investment in SCA - None

J. Investment in impaired SCAs - None

K. Investment in Foreign Insurance Subsidiary - None

L. Investment in Downstream Noninsurance Holding Company - None

### 11. Debt

A. Outstanding Debt – No Material Change

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

(1) Change in benefit obligation – No Material Change

(2) Change in plan assets- No Material Change

(3) Funded status - No Material Change

(4) Components of net periodic benefit cost - None

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

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

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

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

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

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

## Notes to Financial Statement

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

(13) Regulatory contribution requirements - No Material Change

(14) – (21) - No Material Change

B. Narrative Description of Investment Policies and Strategies – No Material Change

C. Fair Value of Plan Assets – No Material Change

D. Narrative Description of Basis Used to Determine Expected L-T Rate-of Return – No Material Change

E. Defined Contribution Plans - THP sponsored a 401K plan (The “Plan”) for its employees beginning in 2013. Employees were eligible to participate in the Plan if they were at least 18 years of age and had completed three consecutive months of employment at the Company. The Company may make a discretionary matching contribution to the Plan. During the quarter ended June 30, 2015, the Company funded the 401K employee match. \$51,126 was made as a matching contribution into the plan, retroactive back to July 1, 2013. For the period ended September 30, 2015 the Plan has contributed \$75,730.

F. Multi-Employer Plan – No Material Change

G. Consolidated/Holding Company Plans – No Material Change

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

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

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

1. Capital stock authorized, issued and outstanding – No Material Change

2. Preferred stock issues – No Material Change

3. Dividend restrictions

Pursuant to D.C. Code §31-706(b), THP is required to receive prior approval from the DC DISB Commissioner before declaring a dividend in excess of 10% of prior year's capital and surplus balance or the prior year's net income balance amount.

4. The Company paid ordinary cash dividends of \$314,417 on June 22, 2015.

5. Portions of Company's profit paid as ordinary dividends to stockholders

Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.

6. Description of any restrictions on unassigned funds: None

7. Total amount of advances to surplus not repaid: None

8. Total amount of stock held by the company for special purposes: None

9. Reasons for changes in the balances of any special surplus funds: None

10. Portion of unassigned funds represented or reduced by unrealized gains or losses is \$0.

11. The company issued the following surplus debentures: None

12. Impact of restatement in a quasi-reorganization: None

13. Effective date of quasi-reorganization: None

### 14. Liabilities, Contingencies and Assessments

No Material Change

### 15. Leases

A. Lessee Operating Lease – No Material Change

B. Lessor Leases – No Material Change

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

No Material Change

## **Notes to Financial Statement**

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

- A. Transfers of Receivables reported as Sales – No Material Change
- B. Transfer and Servicing of Financial Assets
  - (1) Description of loaned securities – No Material Change
  - (2) Transfer Servicing Assets and Liabilities
    - a. Risks inherent in servicing assets and servicing liabilities – None
    - b. Amount of contractually specified servicing fees, late fees and ancillary fees earned for each period – None
    - c. Assumptions used to estimate the fair value – None
  - (3) Servicing assets and servicing liabilities are subsequently measured at fair value – No Material Change
  - (4) For securitizations, asset-backed financing arrangements, and similar transfers accounted for as sales when the transferor has continuing involvement (as defined in the glossary of the Accounting Practices & Procedures Manual) with the transferred financial assets:
    - a. Each income statement presented – None
    - b. Each statement of financial position presented, regardless of when the transfer occurred – None
  - (5) Transfers of financial assets accounted for as secured borrowing value – None
  - (6) Transfers of receivables with recourse – None
  - (7) Securities underlying repurchase and reverse repurchase agreements – None
- C. Wash Sales – None

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

No Material Change

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

No Material Change

### **20. Fair Value Measurements**

- A. Fair Market Value at Reporting Date
  - 1. Fair Value Measurements at Reporting Date – None
  - 2. Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None
  - 3. The Company does not have any securities valued at fair value.
  - 4. The Company has not valued any securities at a Level 3.
  - 5. Derivative assets and liabilities – None
- B. Fair Value information under SSAP No. 100 combined with Fair Value information Under Other Accounting Pronouncements – None
- C. Aggregate Fair Value of All Financial Instruments - None
- D. Not Practicable to Estimate Fair Value – None

### **21. Other Items**

- A. Extraordinary Items – No Material Change
- B. Troubled Debt Restructuring – No Material Change
- C. Other Disclosures and Unusual Items – No Material Change
- D. Business Interruption Insurance Recoveries – No Material Change
- E. State Transferable and Non-transferable Tax Credits – No Material Change

## Notes to Financial Statement

F. Subprime-Mortgage-Related Risk Exposure – No Material Change

G. Retained Assets – No Material Change

### 22. Events Subsequent

Type I – Recognized Subsequent Events

Subsequent events have been considered through 10/31/2015 for the statutory statement issued on September 30, 2015.

Type II – Nonrecognized Subsequent Events

Subsequent events have been considered through 10/31/2015 for the statutory statement issued on September 30, 2015.

### 23. Reinsurance

No Material Change

### 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. The method used by the reporting entity to estimate accrued retrospective premium adjustments – Not applicable

B. Accrual of retrospective premiums recorded through written premium or as an adjustment to earned premium – Not applicable.

C. Amount of net premiums written that are subject to retrospective rating features, as well as the corresponding percentage to total net premiums written – Not applicable.

D. Medical loss ratio rebates required pursuant to the Public Health Service Act - Not Applicable

E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

(1) Did the reporting entity write accident and health insurance premiums that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)? No

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities, and Revenue for the Current Year - None

(3) Rollforward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reason for any adjustments to prior year balance. - None

### 25. Changes in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2014 were \$11,981,488 for unpaid claims and \$0 for unpaid claims adjustment expenses. At June 30, 2015, the Company reported a \$202,118 favorable prior year development for the period December 31, 2014 to June 30, 2015. During the third quarter, as a result of CMS approval of the State Plan that resulted in an increase in inpatient reimbursement retroactive to October 1, 2014, the Company re-processed all inpatient claims for the period October 1, 2014 through December 31, 2014 which had been previously paid prior to December 31, 2014 and/or included in the Reserves as of December 31, 2014.

As of September 30, 2015, \$12,611,026 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$696,930 as a result of re-estimation of unpaid claims and claims adjustment expenses which the Company attributes mainly to the impact of the CMS retroactive approval of the State Plan. Therefore there has been a \$629,578 unfavorable prior year development since December 31, 2014 to September 30, 2015.

In anticipation of the financial impact of the retroactive approval of the State Plan the District of Columbia Department of Health Care Finance (the "DHCF") increased the Company's capitation rate at May 1, 2015 to account for the increase in inpatient cost on a going forth basis, and has agreed to cover the Company's increase in costs for re-adjudication of the inpatient claims for the period October 1, 2014 through April 30, 2015. Management anticipates that DHCF coverage of the increase in cost will offset the unfavorable prior year development.

### 26. Intercompany Pooling Arrangements

No Material Change

### 27. Structured Settlements

No Material Change

## Notes to Financial Statement

**28. Health Care Receivables**

No Material Change

**29. Participating Policies**

No Material Change

**30. Premium Deficiency Reserves**

1. Liability carried for premium deficiency reserves	<u>\$0</u>
2. Date of the most recent evaluation of this liability	<u>9/30/2015</u>
3. Was anticipated investment income utilized in the calculation? (Yes / No)	<u>No</u>

**31. Anticipated Salvage and Subrogation**

No Material Change



# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[ ] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes[ ] No[ ] N/A[X]
  
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[ ] No[X]
- 2.2 If yes, date of change: .....
  
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[X] No[ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[ ] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
  
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[ ] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[X] No[ ] N/A[ ]  
If yes, attach an explanation.
  
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ..... 12/31/2013 .....
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ..... 01/31/2012 .....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ..... 03/08/2012 .....
- 6.4 By what department or departments?  
District of Columbia Department of Insurance, Securities and Banking
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[X] No[ ] N/A[ ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[X] No[ ] N/A[ ]
  
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[ ] No[X]
- 7.2 If yes, give full information
  
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[ ] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[ ] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

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

### FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[X] No[ ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$..... 69,130

### INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[ ] No[X]
- 11.2 If yes, give full and complete information relating thereto:
  
- 12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$..... 0
- 13. Amount of real estate and mortgages held in short-term investments: \$..... 0

## GENERAL INTERROGATORIES (Continued)

### INVESTMENT

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?  
 14.2 If yes, please complete the following:

Yes  No

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

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

Yes  No   
 Yes  No  N/A

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

\$ ..... 0  
 \$ ..... 0  
 \$ ..... 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes  No

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

1 Name of Custodian(s)	2 Custodian Address
.....	.....
.....	.....

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes  No

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

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

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

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

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes  No

18.2 If no, list exceptions:

## **General Interrogatories Part 1 Attachments**

Trusted executed a Management and Administrative Services Agreement with its Parent Company, Trusted Health Plans, Inc. in April 2015.

Trusted Health Plans, Inc. has agreed to provide certain financial reporting, accounting, staffing, and other related management and administrative support services to Trusted Health Plan (District of Columbia), Inc. at cost based on an agreed scope of services. The Agreement was implemented retroactive to January 1, 2015.

## GENERAL INTERROGATORIES

### PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	83.845%
1.2 A&H cost containment percent	2.720%
1.3 A&H expense percent excluding cost containment expenses	12.035%
2.1 Do you act as a custodian for health savings accounts?	Yes[ ] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[ ] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
<b>Accident and Health - Non-affiliates</b>								
11835 .....	04-1590940 .....	07/01/2015 .....	PARTNERRE AMER INS CO .....	DE .....	SSL/A/I .....	Authorized .....		

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

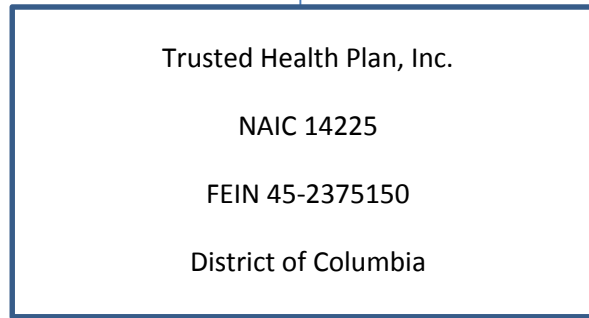
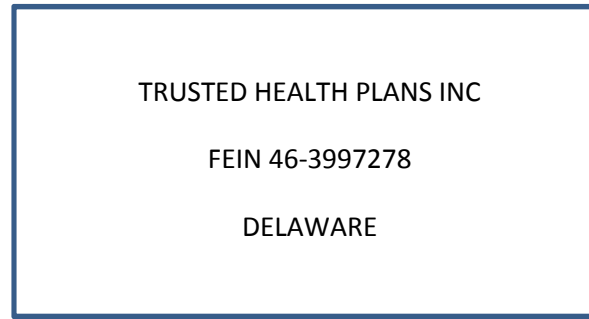
## Current Year to Date - Allocated by States and Territories

1.	State, Etc.	1 Active Status	Direct Business Only						
			2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7
2.	Alabama (AL)	N							
3.	Alaska (AK)	N							
4.	Arizona (AZ)	N							
5.	Arkansas (AR)	N							
6.	California (CA)	N							
7.	Colorado (CO)	N							
8.	Connecticut (CT)	N							
9.	Delaware (DE)	N							
10.	District of Columbia (DC)	L	6,388,550		89,309,764			95,698,314	
11.	Florida (FL)	N							
12.	Georgia (GA)	N							
13.	Hawaii (HI)	N							
14.	Idaho (ID)	N							
15.	Illinois (IL)	N							
16.	Indiana (IN)	N							
17.	Iowa (IA)	N							
18.	Kansas (KS)	N							
19.	Kentucky (KY)	N							
20.	Louisiana (LA)	N							
21.	Maine (ME)	N							
22.	Maryland (MD)	N							
23.	Massachusetts (MA)	N							
24.	Michigan (MI)	N							
25.	Minnesota (MN)	N							
26.	Mississippi (MS)	N							
27.	Missouri (MO)	N							
28.	Montana (MT)	N							
29.	Nebraska (NE)	N							
30.	Nevada (NV)	N							
31.	New Hampshire (NH)	N							
32.	New Jersey (NJ)	N							
33.	New Mexico (NM)	N							
34.	New York (NY)	N							
35.	North Carolina (NC)	N							
36.	North Dakota (ND)	N							
37.	Ohio (OH)	N							
38.	Oklahoma (OK)	N							
39.	Oregon (OR)	N							
40.	Pennsylvania (PA)	N							
41.	Rhode Island (RI)	N							
42.	South Carolina (SC)	N							
43.	South Dakota (SD)	N							
44.	Tennessee (TN)	N							
45.	Texas (TX)	N							
46.	Utah (UT)	N							
47.	Vermont (VT)	N							
48.	Virginia (VA)	N							
49.	Washington (WA)	N							
50.	West Virginia (WV)	N							
51.	Wisconsin (WI)	N							
52.	Wyoming (WY)	N							
53.	American Samoa (AS)	N							
54.	Guam (GU)	N							
55.	Puerto Rico (PR)	N							
56.	U.S. Virgin Islands (VI)	N							
57.	Northern Mariana Islands (MP)	N							
58.	Canada (CAN)	N							
59.	Aggregate other alien (OT)	XXX							
60.	Subtotal	XXX	6,388,550		89,309,764			95,698,314	
61.	Reporting entity contributions for Employee Benefit Plans	XXX							
62.	<b>Total (Direct Business)</b>	(a) 1	6,388,550		89,309,764			95,698,314	
<b>DETAILS OF WRITE-INS</b>									
58001.		XXX							
58002.		XXX							
58003.		XXX							
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX							
58999.	<b>TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)</b>	XXX							

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

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

**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
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)	*
.....	.....	14225	45-2375150	.....	.....	.....	Trusted Health Plan (District of Columbia), Inc. ....	DC	RE	Trusted Health Plans, Inc .....	Ownership .....	100.0	Trusted Health Plans, Inc. ....	.....
.....	.....	00000	46-3997278	.....	.....	.....	Trusted Health Plans, Inc .....	DE	UDP	.....	.....	.....	.....	.....

Asterisk	Explanation
0000001	.....



## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

**RESPONSE**

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

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



14225201536500003

2015

Document Code: 365

**OVERFLOW PAGE FOR WRITE-INS****ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196) .....				
2504. Prepaid Insurance .....	54,032	54,032		
2505. Miscellaneous Recievable .....	2,526	2,526		
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....	56,558	56,558		

<b>SI01</b>	<b>Schedule A Verification</b>	<b>NONE</b>
<b>SI01</b>	<b>Schedule B Verification</b>	<b>NONE</b>
<b>SI01</b>	<b>Schedule BA Verification</b>	<b>NONE</b>
<b>SI01</b>	<b>Schedule D Verification</b>	<b>NONE</b>
<b>SI02</b>	<b>Schedule D Part 1B</b>	<b>NONE</b>
<b>SI03</b>	<b>Schedule DA Part 1</b>	<b>NONE</b>
<b>SI03</b>	<b>Schedule DA Verification</b>	<b>NONE</b>
<b>SI04</b>	<b>Schedule DB - Part A Verification</b>	<b>NONE</b>
<b>SI04</b>	<b>Schedule DB - Part B Verification</b>	<b>NONE</b>
<b>SI05</b>	<b>Schedule DB Part C Section 1</b>	<b>NONE</b>
<b>SI06</b>	<b>Schedule DB Part C Section 2</b>	<b>NONE</b>
<b>SI07</b>	<b>Schedule DB - Verification</b>	<b>NONE</b>
<b>SI08</b>	<b>Schedule E - Verification (Cash Equivalent)</b>	<b>NONE</b>

<b>E01</b>	<b>Schedule A Part 2</b>	<b>NONE</b>
<b>E01</b>	<b>Schedule A Part 3</b>	<b>NONE</b>
<b>E02</b>	<b>Schedule B Part 2</b>	<b>NONE</b>
<b>E02</b>	<b>Schedule B Part 3</b>	<b>NONE</b>
<b>E03</b>	<b>Schedule BA Part 2</b>	<b>NONE</b>
<b>E03</b>	<b>Schedule BA Part 3</b>	<b>NONE</b>
<b>E04</b>	<b>Schedule D Part 3</b>	<b>NONE</b>
<b>E05</b>	<b>Schedule D Part 4</b>	<b>NONE</b>
<b>E06</b>	<b>Schedule DB Part A Section 1</b>	<b>NONE</b>
<b>E07</b>	<b>Schedule DB Part B Section 1</b>	<b>NONE</b>
<b>E08</b>	<b>Schedule DB Part D Section 1</b>	<b>NONE</b>
<b>E09</b>	<b>Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity</b>	<b>NONE</b>
<b>E09</b>	<b>Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity</b>	<b>NONE</b>
<b>E10</b>	<b>Schedule DL - Part 1 - Securities Lending Collateral Assets</b>	<b>NONE</b>
<b>E11</b>	<b>Schedule DL - Part 2 - Securities Lending Collateral Assets</b>	<b>NONE</b>

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

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
<b>open depositories</b>									
BB&T Checking Account .....	Washington DC .....		0.050	645		5,120,905	5,121,122	5,121,333	X X X
BB&T IDA Account .....	Washington DC .....	SD	0.050	38		300,752	300,765	300,777	X X X
BB&T Claims Account .....	Washington DC .....					26,754,821	28,412,266	27,990,015	X X X
BB&T Checking Account .....	Washington DC .....					367,070	45,465	857,519	X X X
BB&T Admin Account .....	Washington DC .....		0.050						X X X
				149		1,182,606	1,182,656	1,182,704	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories .....		X X X	X X X						X X X
0199999 Totals - Open Depositories .....		X X X	X X X	832		33,726,154	35,062,274	35,452,348	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories .....		X X X	X X X						X X X
0299999 Totals - Suspended Depositories .....		X X X	X X X						X X X
0399999 Total Cash On Deposit .....		X X X	X X X	832		33,726,154	35,062,274	35,452,348	X X X
0499999 Cash in Company's Office .....		X X X	X X X	X X X	X X X				X X X
0599999 Total Cash .....		X X X	X X X	832		33,726,154	35,062,274	35,452,348	X X X

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
N O N E							
8699999 Total - Cash Equivalents .....							

## INDEX TO HEALTH QUARTERLY STATEMENT

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

## INDEX TO HEALTH QUARTERLY STATEMENT

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