



**QUARTERLY STATEMENT**  
**AS OF MARCH 31, 2017**  
**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 DC

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	Chief Executive Officer
Cleveland Eugene Slade	Chief Financial Officer
Sherman Scott Pickens	Chief Operating Officer
Douglas MacArthur Redd	Chief Information Officer

**OTHERS**

**DIRECTORS OR TRUSTEES**

Thomas Michael Duncan	Eddie Leon Hall
Jack NMN Martin	Thomas Andrew Scully
Quinn Dean Studder	

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

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

_____ (Signature) Thomas Michael Duncan (Printed Name) 1. Chief Executive Officer (Title)	_____ (Signature) Cleveland Eugene Slade (Printed Name) 2. Chief Financial Officer (Title)	_____ (Signature) Sherman Scott Pickens (Printed Name) 3. Chief Operating Officer (Title)
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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2017

- 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 .....	29,343,571		29,343,571	28,964,502
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 (\$.....16,176,084), cash equivalents (\$.....0) and short-term investments (\$.....339,505) .....	16,515,589		16,515,589	14,047,157
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) .....	45,859,160		45,859,160	43,011,659
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	204,657		204,657	220,760
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	988,546		988,546	1,459,975
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 .....				
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 .....	357,082	161,775	195,307	171,501
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....	306,137	110,560	195,577	185,566
21. Furniture and equipment, including health care delivery assets (\$.....0) .....	252,698	252,698		
22. Net adjustments in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	347,356		347,356	
24. Health care (\$.....0) and other amounts receivable .....				
25. Aggregate write-ins for other-than-invested assets .....	283,231	283,231		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	48,598,867	808,264	47,790,603	45,049,461
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	48,598,867	808,264	47,790,603	45,049,461
<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 .....	150,748	150,748		
2502. Employee Advances .....	2,837	2,837		
2503. Deposits .....	108,110	108,110		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	21,536	21,536		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	283,231	283,231		

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded) .....	26,333,408		26,333,408	24,188,697
2. Accrued medical incentive pool and bonus amounts .....				
3. Unpaid claims adjustment expenses .....	196,925		196,925	61,637
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 .....	5,205,106		5,205,106	5,357,999
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) .....	731,507		731,507	275,332
10.2 Net deferred tax liability .....				
11. Ceded reinsurance premiums payable .....				
12. Amounts withheld or retained for the account of others .....	19,819		19,819	9,701
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 .....				252,348
16. Derivatives .....				
17. Payable for securities .....				68,588
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) .....	32,486,765		32,486,765	30,214,302
25. Aggregate write-ins for special surplus funds .....	X X X	X X X	474,699	
26. Common capital stock .....	X X X	X X X	1,000,000	1,000,000
27. Preferred capital stock .....	X X X	X X X		
28. Gross paid in and contributed surplus .....	X X X	X X X	5,835,000	5,835,000
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	7,994,139	8,000,159
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	15,303,838	14,835,159
34. Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	47,790,603	45,049,461
<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 .....	X X X	X X X	474,699	
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	474,699	
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	102,452	96,375	387,098
2. Net premium income (including \$.....0 non-health premium income) .....	X X X	37,902,665	35,016,075	147,423,196
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	37,902,665	35,016,075	147,423,196
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		23,307,073	23,774,971	92,319,324
10. Other professional services .....		3,004,348	2,865,689	11,946,809
11. Outside referrals .....				
12. Emergency room and out-of-area .....				
13. Prescription drugs .....		3,941,013	2,241,464	12,047,138
14. Aggregate write-ins for other hospital and medical .....				
15. Incentive pool, withhold adjustments and bonus amounts .....				
16. Subtotal (Lines 9 to 15) .....		30,252,434	28,882,124	116,313,271
<b>Less:</b>				
17. Net reinsurance recoveries .....		175,299		256,497
18. Total hospital and medical (Lines 16 minus 17) .....		30,077,135	28,882,124	116,056,774
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....1,833,183 cost containment expenses .....		2,897,752	1,498,405	9,129,147
21. General administrative expenses .....		4,347,416	2,880,503	16,070,126
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) .....		37,322,303	33,261,032	141,256,047
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X	580,362	1,755,043	6,167,149
25. Net investment income earned .....		38,843	2,328	332,725
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....		910		(33,665)
27. Net investment gains or (losses) (Lines 25 plus 26) .....		39,753	2,328	299,060
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] .....				
29. Aggregate write-ins for other income or expenses .....				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	X X X	620,115	1,757,371	6,466,209
31. Federal and foreign income taxes incurred .....	X X X	381,918	599,663	2,227,055
32. Net income (loss) (Lines 30 minus 31) .....	X X X	238,197	1,157,708	4,239,154
<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. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....				

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

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year .....	14,835,158	12,282,165	12,282,162
34. Net income or (loss) from Line 32 .....	238,197	1,157,708	4,239,154
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	1,135		3,033
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....	23,806		14,618
39. Change in nonadmitted assets .....	61,400	(35,976)	13,109
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 .....			999,000
44.2 Transferred from surplus (Stock Dividend) .....			
44.3 Transferred to surplus .....			
45. Surplus adjustments:			
45.1 Paid in .....			(999,000)
45.2 Transferred to capital (Stock Dividend) .....			
45.3 Transferred from capital .....			
46. Dividends to stockholders .....			(1,840,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	144,142	123,082	123,082
48. Net change in capital and surplus (Lines 34 to 47) .....	468,680	1,244,814	2,552,996
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	15,303,838	13,526,979	14,835,158
<b>DETAILS OF WRITE-INS</b>			
4701. Prior Period Adjustments .....	144,142	123,082	123,082
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) .....	144,142	123,082	123,082

**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 .....	38,374,094	32,993,964	147,602,657
2. Net investment income .....	123,839	2,328	267,985
3. Miscellaneous income .....			
4. TOTAL (Lines 1 to 3) .....	38,497,933	32,996,292	147,870,642
5. Benefit and loss related payments .....	27,932,424	26,401,113	112,675,091
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	7,262,775	2,499,922	24,969,930
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....	(74,257)	881,495	2,766,495
10. TOTAL (Lines 5 through 9) .....	35,120,942	29,782,530	140,411,516
11. Net cash from operations (Line 4 minus Line 10) .....	3,376,991	3,213,762	7,459,126
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	441,082		1,564,090
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 .....	1,820		68,589
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7) .....	442,902		1,632,679
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	888,820		30,715,244
13.2 Stocks .....			
13.3 Mortgage loans .....			
13.4 Real estate .....			
13.5 Other invested assets .....			
13.6 Miscellaneous applications .....	68,588		
13.7 TOTAL investments acquired (Lines 13.1 to 13.6) .....	957,408		30,715,244
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) .....	(514,506)		(29,082,565)
<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 .....			
16.3 Borrowed funds .....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5 Dividends to stockholders .....			1,840,000
16.6 Other cash provided (applied) .....	(394,053)	816,876	273,851
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	(394,053)	816,876	(1,566,149)
<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) .....	2,468,432	4,030,638	(23,189,588)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	14,047,157	37,236,745	37,236,745
19.2 End of period (Line 18 plus Line 19.1) .....	16,515,589	41,267,383	14,047,157

**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 .....	33,608	3,125							30,483	
2. First Quarter .....	34,792	3,178							31,614	
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....	102,452	9,704							92,748	
Total Member Ambulatory Encounters for Period:										
7. Physician .....	66,092	11,105							54,987	
8. Non-Physician .....	14,356	1,340							13,016	
9. Total .....	80,448	12,445							68,003	
10. Hospital Patient Days Incurred .....	2,809	361							2,448	
11. Number of Inpatient Admissions .....	627	51							576	
12. Health Premiums Written (a) .....	37,990,856	6,606,735							31,384,121	
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	37,990,856	6,606,735							31,384,121	
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	28,107,723	2,865,205							25,242,518	
18. Amount Incurred for Provision of Health Care Services .....	30,252,434	3,272,255							26,980,179	

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

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

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid .....						
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	102	9,562	9,736	11,123	128,743	159,266
0499999 Subtotals .....	102	9,562	9,736	11,123	128,743	159,266
0599999 Unreported claims and other claim reserves .....						26,174,142
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						26,333,408
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) .....	803,554	2,061,651	1,486,043	1,975,021	2,289,597	3,054,014
2. Medicare Supplement .....						
3. Dental only .....						
4. Vision only .....						
5. Federal Employees Health Benefits Plan .....						
6. Title XVIII - Medicare .....						
7. Title XIX - Medicaid .....	9,748,941	15,318,277	7,924,225	14,948,119	17,673,166	21,134,683
8. Other health .....						
9. Health subtotal (Lines 1 to 8) .....	10,552,495	17,379,928	9,410,268	16,923,140	19,962,763	24,188,697
10. Healthcare receivables (a) .....						
11. Other non-health .....						
12. Medical incentive pools and bonus amounts .....						
13. Totals (Lines 9 - 10 + 11 + 12) .....	10,552,495	17,379,928	9,410,268	16,923,140	19,962,763	24,188,697

(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:

	SSAP #	F/S Page	F/S Line #	2017	2016
<b>NET INCOME</b>					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	238,198	4,329,154
(2) State Prescribed Practices that increase/decrease NAIC SAP:					
(3) State Permitted Practices that increase/(decrease) NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	238,198	4,329,154
<b>SURPLUS</b>					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	15,309,839	14,835,159
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:					
(7) State Permitted Practices that increase/(decrease) NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	15,309,839	14,835,159

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

No material change.

#### C. Accounting Policy

No material change.

#### D. Going Concern - None

### 2. Accounting Changes and Corrections of Errors

The Company made corrections to the 2017 financial statements related to the following items:

Description	Adjustments	Description of Transaction
Salaries and Wages	\$ 167,640	Audit adjustment to Salaries and Wages accrual
Interest Expense	541,636	Audit adjustment to interest expense
Medicaid Processing Claims Fee	(490,877)	Audit adjustment to processing claims fee
Federal Tax Provision 34% Expense	(365,847)	Audit adjustment to Federal Tax Provision
Change in DTA	291,590	Audit adjustment to Deferred Tax Asset
	\$ 144,142	

## Notes to Financial Statement

### 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 - 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.

L. 5\* Securities – None

M. Short-Sale – None

N. Prepayment Penalty - None

### 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

No material change.

### 11. Debt

A. 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.

(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 – Not applicable.

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. For the year ended December 31, 2014, the Company did not make any matching contributions. 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 March 31, 2017 the Plan has contributed \$47,538. At December 31, 2016, the fair value of plan assets was \$699,356.

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.

## Notes to Financial Statement

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

No material change.

### 14. Contingencies

No material change.

### 15. Leases

A. Lease 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.

### 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) 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

## Notes to Financial Statement

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

C. Aggregate Fair Value of All Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$28,721,026	\$29,343,571	\$738,126	\$27,982,900		
Short-term Investments	339,472	339,505		339,472		

D. Not Practicable to Estimate Fair Value – None

### 21. Unusual or Infrequent Items

- A. Unusual or Infrequent Items – No material change.
- B. Troubled Debt Restructuring – No material change.
- C. Other Disclosures – No material change.
- D. Business Interruption Insurance Recoveries – No material change.
- E. State Transferable and Non-transferable Tax Credits – No material change.
- F. Subprime-Mortgage-Related Risk Exposure – No material change.
- G. Retained Assets – No material change.
- H. Insurance Linked Securities – No material change.

### 22. Events Subsequent

Type I – Recognized Subsequent Events

Subsequent events have been considered through February 28, 2017 for the Statutory statement issued on March 31, 2017.

None.

Type II – Nonrecognized Subsequent Events

Subsequent events have been considered through February 28, 2017 for the Statutory statement issued on March 31, 2017.

None.

### 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 – No material change.
- B. Accrual of retrospective premiums recorded through written premium or as an adjustment to earned premium – No material change.
- C. Amount of net premiums written that are subject to retrospective rating features, as well as the corresponding percentage to total net premiums written – No material change.
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act – No material change.
- 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

## Notes to Financial Statement

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

Reserves as of December 31, 2016 were \$24,188,697 for unpaid claims and \$61,637 for unpaid claims adjustment expenses. As of March 31, 2017, \$10,614,132 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$9,410,269 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore there has been a \$4,225,934 favorable prior year development since December 31, 2016 to March 31, 2016.

### 26. Intercompany Pooling Arrangements

None

### 27. Structured Settlements

None

### 28. Health Care Receivables

A. Pharmaceutical Rebate Receivables - None

B. Risk Sharing Receivables - None

### 29. Participating Policies

None

### 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>3/31/2017</u>
3. Was anticipated investment income utilized in the calculation? (Yes / No)	<u>No</u>
4.	

### 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[X] No[ ]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:  
Acquisition of Harbor Health Plan, Inc.
  
- 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. .....12/31/2016.....
- 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. .....05/16/2014.....
- 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). .....05/26/2014.....
- 6.4 By what department or departments?
- 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: Yes[ ] No[X]
- 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: \$.....347,356

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

Yes  No

1 Name of Custodian(s)	2 Custodian Address
Chevy Chase Trust .....	7501 Wisconsin Avenue, Suite 1500 W, Bethesda, MD 20814 .....
Charles Schwab .....	4350 Congress St., Ste 1000, Charlotte, NC 28209 ...

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

Yes  No

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

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

1 Name of Firm or Individual	2 Affiliation
Trusted Health Plans Inc. ....	I .....
Sterling Capital Management - Don Strehle .....	U .....
ASSB Capital Management - Michael Stafford .....	U .....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?  
 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?  
 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

Yes  No   
 Yes  No

## 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
6399145 .....	Sterling Capital Management-Don Strehle .....		DC .....	DS .....
4438699 .....	ASB Capital Management-Michael Stafford .....		DC, IL, and MD .....	DS .....

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

Yes[X] No[ ]

18.2 If no, list exceptions:

## GENERAL INTERROGATORIES

### PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	..... 86.187%
1.2 A&H cost containment percent	..... 4.951%
1.3 A&H expense percent excluding cost containment expenses	..... 14.617%
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>NONE</b>								

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

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

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	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) .....	L	6,606,735		31,384,121				37,990,856	
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) .....	N								
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	6,606,735		31,384,121				37,990,856	
60. Reporting entity contributions for Employee Benefit Plans .....	X X X								
61. Total (Direct Business) .....	(a) 1	6,606,735		31,384,121				37,990,856	
<b>DETAILS OF WRITE-INS</b>									
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								

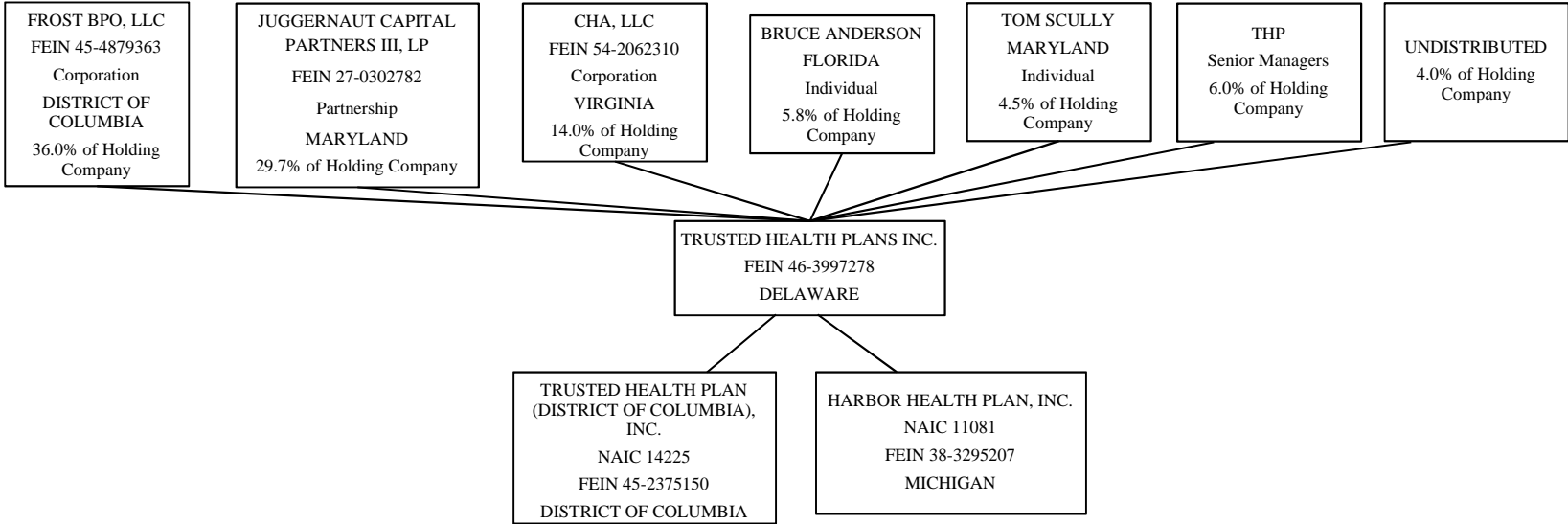
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business 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	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)	*
.....	.....	14225	46-3997278	.....	.....	.....	Trusted Health Plan, Inc. ....	DE	UDP	Frost BPO, LLC .....	Ownership .....	36.0	Frost BPO, LLC, Juggernaut Capital Partners III, LP, CHA, LLC, Pablo Enterprises, LLC, Tom Scully, Cleceland Slade, Chikadbie Duru, Kenny Green, Robin Barclay, Scott Pickens .....	N	.....
.....	.....	14225	46-3997278	.....	.....	.....	Trusted Health Plan, Inc. ....	DE	UDP	Juggernaut Capital Partners III, LP .....	Ownership .....	29.7	Frost BPO, LLC, Juggernaut Capital Partners III, LP, CHA, LLC, Pablo Enterprises, LLC, Tom Scully, Cleveland E. Slade, Chikadbie Duru, Kenny Green, Robin Barclay, Scott Pickens .....	N	.....
.....	.....	14225	46-3997278	.....	.....	.....	Trusted Health Plan, Inc. ....	DE	UDP	CHA, LLC .....	Ownership .....	14.0	Frost BPO, LLC, Juggernaut Capital Partners III, LP, CHA, LLC, Pablo Enterprises, LLC, Tom Scully, Cleveland E. Slade, Chikadbie Duru, Kenny Greene, Robin Barclay, Scott Pickens .....	N	.....
.....	.....	14225	46-3997278	.....	.....	.....	Trusted Health Plan, Inc. ....	DE	UDP	Pablo Enterprises, LLC .....	Ownership .....	5.8	Frost BPO, LLC, Juggernaut Capital Partners III, LP, CHA, LLC, Pable Enterprises, LLC, Tom Scully, Cleveland E. Slade, Chikadbie Duru, Kenny Greene, Robin Barclay, Scott Pickens .....	N	.....
.....	.....	14225	46-3997278	.....	.....	.....	Trusted Health Plan, Inc. ....	DE	UDP	Thomas Scully .....	Ownership .....	4.5	Frost BPO, LLC, Juggernaut Capital Partners III, LP, CHA, LLC, Pable Enterprises, LLC, Tom Scully, Cleveland E. Slade, Chikadbie Duru, Kenny Greene, Robin Barclay, Scott Pickens .....	N	.....
.....	.....	14225	46-3997278	.....	.....	.....	Trusted Health Plan, Inc. ....	DE	UDP	Cleveland E. Slade .....	Ownership .....	2.0	Frost BPO, LLC, Juggernaut Capital Partners III, LP, CHA, LLC, Pablo Enterprises, LLC, Tom Scully, Cleveland E. Slade, Chikadbie Duru, Kenny Greene, Robin Barclay, Scott Pickens .....	N	.....
.....	.....	14225	46-3997278	.....	.....	.....	Trusted Health Plan, Inc. ....	DE	UDP	Chikadbie Duru .....	Ownership .....	1.0	Frost BPO, LLC, Juggernaut Capital Partners III, LP, CHA, LLC, Pable Enterprises, LLC, Tom Scully, Cleveland E. Slade, Chikadbie Duru, Kenny Greene, Robin Barclay, Scott Pickens .....	N	.....

Q16

## 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)	*
Q16.1		14225	46-3997278				Trusted Health Plan, Inc.	DE	UDP	Kenny Greene	Ownership	1.0	Frost BPO, LLC, Juggernaut Capital Partners III, LP, CHA, LLC, Pable Enterprises, LLC, Tom Scully, Cleveland E. Slade, Chikadbie Duru, Kenny Greene, Robin Barclay, Scott Pickens	N	
		14225	46-3997278				Trusted Health Plan, Inc.	DE	UDP	Robin Barclay	Ownership	1.0	Frost BPO, LLC, Juggernaut Capital Partners III, LP, CHA, LLC, Pablo Enterprises, LLC, Tom Scully, Cleveland E. Slade, Chikadbie Furu, Kenny Greene, Robin Barclay, Scott Pickens	N	
		14225	46-3997278				Trusted Health Plan, Inc.	DE	UDP	Scott Pickens	Ownership	1.0	Frost BPO, LLC, Juggernaut Capital Partners III, LP, CHA, LLC, Pablo Enterprises, LLC, Tom Scully, Cleveland E. Slade, Chikadbie Duru, Kenny Greene, Robin Barclay, Scott Pickens	N	
		14225	46-3997278				Trusted Health Plan, Inc.	DE	UDP	Undistributed	Ownership	4.0	Frost BPO, LLC, Juggernaut Capital Partners III, LP, CHA, LLC, Pablo Enterprises, LLC, Tom Scully, Cleveland E. Slade, Chikadbie Duru, Kenny Greene, Robin Barclay, Scott Pickens	N	
		14225	45-2375150				Trusted Health Plan (District of Columbia), Inc.	DC	RE	Trusted Health Plan, Inc.	Ownership	100.0	Frost BPO, LLC, Juggernaut Capital Partners III, LP, CHA, LLC, Pablo Enterprises, LLC, Tom Scully, Cleveland E. Slade, Chikadbie Duru, Kenny Greene, Robin Barclay, Scott Pickens	N	
		11081	38-3295207				Harbor Health Plan, Inc.	MI	IA	Trusted Health Plan, Inc.	Ownership	100.0	Frost BPO, LLC, Juggernaut Capital Partners III, LP, CHA, LLC, Pablo Enterprises, LLC, Tom Scully, Cleveland E. Slade, Chikadbie Duru, Kenny Greene, Robin Barclay, Scott Pickens	N	

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



14225201736500001

2017

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 .....	21,536	21,536	.....	.....
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....	21,536	21,536	.....	.....

STATEMENT AS OF **March 31, 2017** OF THE **Trusted Health Plan (District of Columbia), Inc.**  
**SCHEDULE A - VERIFICATION**

**Real Estate**

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

**NONE**

**SCHEDULE B - VERIFICATION**

**Mortgage Loans**

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

**NONE**

**SCHEDULE BA - VERIFICATION**

**Other Long-Term Invested Assets**

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

**NONE**

**SCHEDULE D - VERIFICATION**

**Bonds and Stocks**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	28,964,502	
2. Cost of bonds and stocks acquired .....	888,820	30,715,244
3. Accrual of discount .....	221	497
4. Unrealized valuation increase (decrease) .....	1,135	3,033
5. Total gain (loss) on disposals .....	(910)	(33,664)
6. Deduct consideration for bonds and stocks disposed of .....	441,082	1,564,090
7. Deduct amortization of premium .....	69,114	156,517
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) .....	29,343,571	28,964,502
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	29,343,571	28,964,502

## SCHEDULE D - PART 1B

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

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	20,800,821	1,188,555	1,399,857	(48,644)	20,540,875			20,800,821
2. NAIC 2 (a) .....	9,164,791			(22,590)	9,142,201			9,164,791
3. NAIC 3 (a) .....								
4. NAIC 4 (a) .....								
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds .....	29,965,612	1,188,555	1,399,857	(71,234)	29,683,076			29,965,612
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....								
9. NAIC 2 .....								
10. NAIC 3 .....								
11. NAIC 4 .....								
12. NAIC 5 .....								
13. NAIC 6 .....								
14. Total Preferred Stock .....								
15. Total Bonds & Preferred Stock .....	29,965,612	1,188,555	1,399,857	(71,234)	29,683,076			29,965,612

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....94,445; NAIC 2 \$.....245,061; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

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

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals .....	339,505	X X X	339,761	29	

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

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	1,001,110	
2. Cost of short-term investments acquired .....	299,735	6,905,340
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		1
6. Deduct consideration received on disposals .....	957,865	5,902,116
7. Deduct amortization of premium .....	3,475	2,114
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) .....	339,505	1,001,110
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	339,505	1,001,110

**SI04 Schedule DB - Part A Verification ..... NONE**

**SI04 Schedule DB - Part B Verification ..... NONE**

**SI05 Schedule DB Part C Section 1 ..... NONE**

**SI06 Schedule DB Part C Section 2 ..... NONE**

**SI07 Schedule DB - Verification ..... NONE**

**SCHEDULE E - Verification**  
(Cash Equivalents)

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year .....	.....	.....
2.	Cost of cash equivalents acquired .....	.....	95,150
3.	Accrual of discount .....	.....	.....
4.	Unrealized valuation increase (decrease) .....	.....	.....
5.	Total gain (loss) on disposals .....	.....	.....
6.	Deduct consideration received on disposals .....	.....	95,000
7.	Deduct amortization of premium .....	.....	150
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) .....	.....	.....

**E01 Schedule A Part 2 ..... NONE**

**E01 Schedule A Part 3 ..... NONE**

**E02 Schedule B Part 2 ..... NONE**

**E02 Schedule B Part 3 ..... NONE**

**E03 Schedule BA Part 2 ..... NONE**

**E03 Schedule BA Part 3 ..... NONE**



## SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Special Revenue, Special Assessment</b>									
3134GAJ96	FEDERAL HOME LOAN MORTGAGE CORP		03/27/2017	Royal Bank of Canada	X X X	499,915	500,000	847	1
3136G3DB8	FEDERAL NATIONAL MORTGAGE ASSOCIATION		02/14/2017	Jefferies	X X X	120,003	120,000	358	1
795576FH5	SALT LAKE CITY UTAH ARPT REV		02/09/2017	CITIGROUP GLOBAL MARKETS INC.	X X X	93,946	80,000		1FE
93978TVW6	WASHINGTON ST HSG FIN COMMN		03/23/2017	BAUM, GEORGE K., & COMPANY	X X X	75,000	75,000		1FE
3199999	Subtotal - Bonds - U.S. Special Revenue, Special Assessment				X X X	788,864	775,000	1,205	X X X
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>									
037833CG3	APPLE INC		02/02/2017	GOLDMAN, SACHS & CO.	X X X	99,956	100,000		1FE
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)				X X X	99,956	100,000		X X X
8399997	Subtotal - Bonds - Part 3				X X X	888,820	875,000	1,205	X X X
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
8399999	Subtotal - Bonds				X X X	888,820	875,000	1,205	X X X
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
9899999	Subtotal - Preferred and Common Stocks				X X X		X X X		X X X
9999999	Total - Bonds, Preferred and Common Stocks				X X X	888,820	X X X	1,205	X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

## SCHEDULE D - PART 4

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

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation or Market Indicator (a)	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B./A.C.V.								
<b>Bonds - U.S. Governments</b>																						
38379UXA9	GNR 1698 AB - CMBS		03/01/2017	Paydown	X X X	213	213	215	215				(56)	(56)	215		(1)	(1)	0	08/16/2052	1	
0599999 Subtotal - Bonds - U.S. Governments					X X X	213	213	215	215				(56)	(56)	215		(1)	(1)	0	X X X	X X X	
<b>Bonds - U.S. Special Revenue, Special Assessment</b>																						
3136G3DB8	FEDERAL NATIONAL MORTGAGE ASSOCIATION		03/22/2017	Call @ 100.0	X X X	120,000	120,000	120,003					1	1	120,004		(4)	(4)	450	03/22/2019	1	
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					X X X	120,000	120,000	120,003					1	1	120,004		(4)	(4)	450	X X X	X X X	
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																						
00817YAT5	AETNA INC		03/16/2017	VARIOUS	X X X	315,700	315,000	317,123	316,747				(143)	(143)	316,605		(905)	(905)	4,096	06/07/2019	1FE	
46590MAN0	JPMCC 16JP2 A1 - CMBS		03/01/2017	Paydown	X X X	3,189	3,189	3,189	3,188				0	0	3,188		0	0	4	08/17/2049	1FE	
46646RAG8	JPMDB 16C4 A1 - CMBS		03/01/2017	Paydown	X X X	1,980	1,980	1,980	1,980						1,980		0	0	3	12/17/2049	1FE	
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					X X X	320,869	320,169	322,292	321,916				(143)	(143)	321,773		(905)	(905)	4,103	X X X	X X X	
8399997 Subtotal - Bonds - Part 4					X X X	441,082	440,382	442,510	322,131				(198)	(198)	441,992		(910)	(910)	4,553	X X X	X X X	
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
8399999 Subtotal - Bonds					X X X	441,082	440,382	442,510	322,131				(198)	(198)	441,992		(910)	(910)	4,553	X X X	X X X	
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9899999 Subtotal - Preferred and Common Stocks					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	441,082	440,382	442,510	322,131				(198)	(198)	441,992		(910)	(910)	4,553	X X X	X X X	

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

QE05

**E06 Schedule DB Part A Section 1 ..... NONE**

**E07 Schedule DB Part B Section 1 ..... NONE**

**E08 Schedule DB Part D Section 1 ..... NONE**

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

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

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

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

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

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
<b>open depositories</b>									
BB&T Checking Account .....	Washington, DC .....		0.050	3,896		6,319,982	6,321,195	6,322,537	X X X
BB&T IDA Account .....	Washington, DC .....	SD	0.050	29		301,155	301,164	301,139	X X X
BB&T Claims Account .....	Washington, DC .....					4,869,602	6,309,294	8,774,386	X X X
BB&T Checking Account #3916 .....	Washington, DC .....			196		857,141	(64,453)	179,425	X X X
Wells Fargo Money Market Fund .....	Richmond, VA .....			196					X X X
Wells Fargo Fixed Income .....	Richmond, VA .....			62					X X X
Charles Schwab Deposit Account .....	Charlotte, NC .....					204,400	121,765	598,597	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	4,379		12,552,280	12,988,965	16,176,084	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	4,379		12,552,280	12,988,965	16,176,084	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	4,379		12,552,280	12,988,965	16,176,084	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
<div style="border: 1px solid black; padding: 10px; display: inline-block; font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">N O N E</div>							
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  
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