



**QUARTERLY STATEMENT  
AS OF MARCH 31, 2017  
OF THE CONDITION AND AFFAIRS OF THE  
ATRIO Health Plans, Inc.**

NAIC Group Code 0000 , 0000 NAIC Company Code 10123 Employer's ID Number 43-2071108  
(Current Period) (Prior Period)

Organized under the Laws of Oregon , State of Domicile or Port of Entry OR

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[  ]  
 Other[  Is HMO Federally Qualified? Yes[  ] No[  ] N/A[]

Incorporated/Organized 12/23/2004 Commenced Business 01/04/2005

Statutory Home Office 2270 NW Aviation Drive, Suite 3 , Roseburg, OR, US 97470  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 2270 NW Aviation Drive, Suite 3  
(Street and Number)

Roseburg, OR, US 97470 (541)672-8620  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 2270 NW Aviation Drive, Suite 3 , Roseburg, OR, US 97470  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 2270 NW Aviation Drive, Suite 3  
(Street and Number)

Roseburg, OR, US 97470 (541)672-8620  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.atriohp.com

Statutory Statement Contact Katie Cook (971)239-5038  
(Name) (Area Code)(Telephone Number)(Extension)  
Katie.Cook@atriohp.com (541)672-8670  
(E-Mail Address) (Fax Number)

**OFFICERS**

Name	Title	#
Samuel Porter	President	
Jeffrey R Davis	Secretary	
Dean Andretta	Treasurer	

**OTHERS**

**DIRECTORS OR TRUSTEES**

Tayo Akins	Jeffrey R. Davis
Jan L. Buffa PhD	Russell Francis Noah
Brent Eichman	Bart J. Bruns MD
Raul A. Mirande MD	Charles Wilson MD

State of Oregon  
 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)  
 Samuel Porter  
(Printed Name)  
 1.  
 Interim CEO  
(Title)

\_\_\_\_\_  
(Signature)  
 Jeffrey R Davis  
(Printed Name)  
 2.  
 Secretary  
(Title)

\_\_\_\_\_  
(Signature)  
 Katie Cook  
(Printed Name)  
 3.  
 Interim Chief Financial Officer  
(Title)

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[] 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 .....	12,920,014		12,920,014	19,401,018
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 (\$.....5,575,266), cash equivalents (\$.....29,639,622) and short-term investments (\$.....9,482,064) .....	44,696,951		44,696,951	13,170,386
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....	2,367,848		2,367,848	2,367,848
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) .....	59,984,813		59,984,813	34,939,252
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	30,162		30,162	32,041
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	2,719,300	243,465	2,475,835	823,295
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 (\$.....9,680,571) .....	9,680,571		9,680,571	7,538,163
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	808,063		808,063	885,021
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 .....	269,920		269,920	240,867
18.1 Current federal and foreign income tax recoverable and interest thereon .....	840,386		840,386	742,686
18.2 Net deferred tax asset .....	718,669		718,669	718,669
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....	647,582	152,486	495,096	458,263
21. Furniture and equipment, including health care delivery assets (\$.....0) .....	208,919	208,919		
22. Net adjustments in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	5,262,648		5,262,648	3,794,926
24. Health care (\$.....0) and other amounts receivable .....	2,031,265	2,031,265		253,975
25. Aggregate write-ins for other-than-invested assets .....	891,166	567,771	323,395	323,395
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	84,093,464	3,203,906	80,889,558	50,750,553
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	84,093,464	3,203,906	80,889,558	50,750,553
<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 .....	567,771	567,771		
2502. State Income Tax Receivable .....	323,395		323,395	323,395
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	891,166	567,771	323,395	323,395

## LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded) .....	19,372,131		19,372,131	10,884,048
2. Accrued medical incentive pool and bonus amounts .....	131,520		131,520	
3. Unpaid claims adjustment expenses .....	286,440		286,440	286,440
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....	7,310,057		7,310,057	5,760,057
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserve .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....	22,560,869		22,560,869	1,819,487
9. General expenses due or accrued .....	3,458,496		3,458,496	2,233,742
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) .....				
10.2 Net deferred tax liability .....				
11. Ceded reinsurance premiums payable .....				56,392
12. Amounts withheld or retained for the account of others .....	52,995		52,995	37,351
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 .....	3,080,283		3,080,283	2,960,269
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 .....	1,140,790		1,140,790	1,140,790
23. Aggregate write-ins for other liabilities (including \$.....0 current) .....				
24. Total liabilities (Lines 1 to 23) .....	57,393,581		57,393,581	25,178,575
25. Aggregate write-ins for special surplus funds .....	X X X	X X X	949,651	
26. Common capital stock .....	X X X	X X X		
27. Preferred capital stock .....	X X X	X X X	20,498,899	20,498,899
28. Gross paid in and contributed surplus .....	X X X	X X X		
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	2,047,427	5,073,080
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0) .....	X X X	X X X		
32.2 .....0 shares preferred (value included in Line 27 \$.....0) .....	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	X X X	X X X	23,495,977	25,571,979
34. Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	80,889,558	50,750,554
<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. 2018 ACA Estimated 9010 Tax .....	X X X	X X X	949,651	
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	949,651	
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	Prior Year
	1	2	To Date	Ended
	Uncovered	Total	Total	December 31
1. Member Months .....	X X X	84,755	58,097	240,191
2. Net premium income (including \$.....0 non-health premium income) .....	X X X	66,460,154	50,027,962	203,293,456
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	66,460,154	50,027,962	203,293,456
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		30,493,405	20,656,047	92,413,628
10. Other professional services .....		22,205,136	14,286,941	57,226,073
11. Outside referrals .....				
12. Emergency room and out-of-area .....		1,774,398	1,204,495	4,482,128
13. Prescription drugs .....		6,290,209	5,069,795	21,511,445
14. Aggregate write-ins for other hospital and medical .....				
15. Incentive pool, withhold adjustments and bonus amounts .....		(449,994)	968,858	654,646
16. Subtotal (Lines 9 to 15) .....		60,313,153	42,186,136	176,287,919
<b>Less:</b>				
17. Net reinsurance recoveries .....		64,612	297,668	1,270,186
18. Total hospital and medical (Lines 16 minus 17) .....		60,248,541	41,888,468	175,017,733
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....929,906 cost containment expenses .....		2,274,125	1,656,553	7,345,447
21. General administrative expenses .....		6,847,625	7,391,591	22,034,816
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....				1,800,000
23. Total underwriting deductions (Lines 18 through 22) .....		69,370,290	50,936,612	206,197,996
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X	(2,910,136)	(908,650)	(2,904,540)
25. Net investment income earned .....		52,601	38,400	188,114
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....				
27. Net investment gains or (losses) (Lines 25 plus 26) .....		52,601	38,400	188,114
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] .....			(1,263)	(16,926)
29. Aggregate write-ins for other income or expenses .....		13,500		
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	(2,844,035)	(871,513)	(2,733,352)
31. Federal and foreign income taxes incurred .....	X X X	(79,300)	749,100	725,705
32. Net income (loss) (Lines 30 minus 31) .....	X X X	(2,764,735)	(1,620,613)	(3,459,058)
<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. Gain on Sale of Asset .....		13,500		
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) .....		13,500		

## 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 .....	25,571,980	28,135,474	28,135,474
34. Net income or (loss) from Line 32 .....	(2,764,735)	(1,620,613)	(3,459,058)
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 .....			1,781,338
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....			(39,631)
39. Change in nonadmitted assets .....	688,733	44,471	(1,146,206)
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 .....			1,564,197
44.2 Transferred from surplus (Stock Dividend) .....			
44.3 Transferred to surplus .....			
45. Surplus adjustments:			
45.1 Paid in .....			
45.2 Transferred to capital (Stock Dividend) .....			
45.3 Transferred from capital .....			
46. Dividends to stockholders .....			
47. Aggregate write-ins for gains or (losses) in surplus .....			(1,264,134)
48. Net change in capital and surplus (Lines 34 to 47) .....	(2,076,002)	(1,576,142)	(2,563,495)
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	23,495,977	26,559,332	25,571,980
<b>DETAILS OF WRITE-INS</b>			
4701. Correction of an Error .....			(1,264,134)
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) .....			(1,264,134)

## 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 .....	84,878,231	47,809,948	212,021,152
2. Net investment income .....	54,484	31,549	179,612
3. Miscellaneous income .....			
4. TOTAL (Lines 1 to 3) .....	84,932,716	47,841,497	212,200,764
5. Benefit and loss related payments .....	50,608,458	39,571,470	182,254,164
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	7,912,548	5,629,885	25,196,599
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....	18,400	596,819	1,114,761
10. TOTAL (Lines 5 through 9) .....	58,539,405	45,798,174	208,565,523
11. Net cash from operations (Line 4 minus Line 10) .....	26,393,310	2,043,323	3,635,241
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	6,481,000	5,691,000	20,471,000
12.2 Stocks .....			
12.3 Mortgage loans .....			
12.4 Real estate .....			
12.5 Other invested assets .....			550,000
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....			
12.7 Miscellaneous proceeds .....			(1)
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7) .....	6,481,000	5,691,000	21,020,999
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....		6,654,000	19,314,020
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) .....		6,654,000	19,314,020
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) .....	6,481,000	(963,000)	1,706,979
<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 .....			1,564,197
16.3 Borrowed funds .....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5 Dividends to stockholders .....			
16.6 Other cash provided (applied) .....	(1,347,746)	852,027	(4,626,512)
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	(1,347,746)	852,027	(3,062,315)
<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) .....	31,526,565	1,932,350	2,279,905
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	13,170,387	10,890,481	10,890,481
19.2 End of period (Line 18 plus Line 19.1) .....	44,696,951	12,822,831	13,170,387

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 .....	20,538	2,181	105					18,252		
2. First Quarter .....	28,853	9,751	197					18,905		
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....	84,755	27,451	594					56,710		
Total Member Ambulatory Encounters for Period:										
7. Physician .....	186,057	14,035	233					171,789		
8. Non-Physician .....	69,490	2,856	31					66,603		
9. Total .....	255,547	16,891	264					238,392		
10. Hospital Patient Days Incurred .....	106,275	89						106,186		
11. Number of Inpatient Admissions .....	1,190	27						1,163		
12. Health Premiums Written (a) .....	67,462,717	18,943,665	237,247					48,281,805		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	67,462,717	18,943,665	237,247					48,281,805		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	43,342,928	11,690,673	62,173					31,590,082		
18. Amount Incurred for Provision of Health Care Services .....	60,313,153	18,012,773	62,173					42,238,207		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....48,281,805.

**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 .....	9,044,250					9,044,250
0499999 Subtotals .....	9,044,250					9,044,250
0599999 Unreported claims and other claim reserves .....						10,327,881
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						19,372,131
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....						131,520



**UNDERWRITING AND INVESTMENT EXHIBIT**  
**ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE**

Line of Business	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) .....	1,573,600	9,991,346	187,900	7,407,100	1,761,500	1,085,000
2. Medicare Supplement .....						
3. Dental only .....						
4. Vision only .....						
5. Federal Employees Health Benefits Plan .....						
6. Title XVIII - Medicare .....	9,145,348	30,556,637	515,375	11,261,755	9,660,722	9,799,047
7. Title XIX - Medicaid .....						
8. Other health .....						
9. Health subtotal (Lines 1 to 8) .....	10,718,948	40,547,983	703,275	18,668,855	11,422,222	10,884,047
10. Healthcare receivables (a) .....	688,972	1,342,293			688,972	2,974,787
11. Other non-health .....						
12. Medical incentive pools and bonus amounts .....	(930,993)	349,478		131,520	(930,993)	
13. Totals (Lines 9 - 10 + 11 + 12) .....	9,098,983	39,555,168	703,275	18,800,376	9,802,258	7,909,260

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

## Notes to Financial Statement

### 1. Summary of Significant Accounting Policies

#### A. Accounting Practices

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

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

		SSAP #	F/S Page	F/S Line #	State of Domicile	2017	2016
<b>NET INCOME</b>							
(1)	State basis (Page 4, Line 32, Columns 2 & 3)				OR	(\$2,764,735)	(\$3,459,058)
(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)					(\$2,764,735)	(\$3,459,058)
<b>SURPLUS</b>							
(5)	State basis (Page 3, Line 33, Columns 3 & 4)				OR	\$23,495,977	\$25,571,979
(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)					\$23,495,977	\$25,571,979

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

No Material Change

#### C. Accounting Policy

(1)– (5) – No Material Change

(6) The Company's loan-backed securities are stated at amortized cost.

(7) – (13) - No Material Change

#### D. Going Concern

The Company's management has not identified any conditions or events that raise substantial doubt about its ability to continue as a going concern.

## Notes to Financial Statement

### 2. Accounting Changes and Corrections of Errors

No Material Change

### 3. Business Combinations and Goodwill

No Material Change

### 4. Discontinued Operations

No Material Change

### 5. Investments

A. Mortgage Loans – No Material Change

B. Debt Restructuring – No Material Change

C. Reverse Mortgages – No Material Change

D. Loan-Backed Securities – None

(1) Prepayment assumptions for single class and multi-class mortgage-backed/asset-backed securities were obtained from broker dealer survey values or internal estimates.

(2) There are no other-than-temporary impairments on any Loan-Backed Securities.

(3) There are no other-than-temporary impairments on any Loan-Backed Securities.

(4) and (5) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains) - None

E. Repurchase Agreements and/or Securities Lending Transaction

(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

## Notes to Financial Statement

- 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 – No Material Change
  - M. Short-Sales – No Material Change
  - N. Prepayment Penalty and Acceleration Fees - No Material Change
- 6. Joint Ventures, Partnerships and Limited Liability Companies**
- No Material Change
- 7. Investment Income**
- No Material Change
- 8. Derivative Instruments**
- No Material Change
- 9. Income Taxes**
- No Material Change
- 10. Information Concerning Parent, Subsidiaries and Affiliates**
- A, B, & C - No Material Change
  - D. Amounts Due from or to Related Parties - No Material Change
  - E. Guarantees or undertakings for benefit of affiliate - No Material Change
  - F. Description of Material Management Contracts and Cost-Sharing Agreements Company – No Material Change
  - G. Nature of the Control Relationship Company – The Company is owned 33.33% by Architrave Health LLC (DCIPA), 33.33% by Cascade Comprehensive Care, Inc. (CCC) and 33.33% by Marion Polk Community Health Plan Advantage, Inc (MPCHP). Effective January 10, 2017, Architrave Health LLC (DCIPA) changed its name to Umpqua Health Alliance.
  - H. Ownership in Upstream Entity - No Material Change
  - I. Investment in SCA – No Material Change
  - J. Investment in impaired SCA – No Material Change
  - K. Invest in foreign insurance subsidiary – No Material Change
  - L. Investments in downstream non-insurance holding company - No Material Change
  - M. The Company does not have any SCA investments.
  - N. The Company does not have any insurance SCAs.
- 11. Debt**

## Notes to Financial Statement

- A. Debt - No Material Change
- B. FHLB (Federal Home Loan Bank) Agreements - None

### 12. Retirement Plans, Deferred Compensation, Post-Employment Benefits, Compensated Absences and other Postretirement Benefit Plans.

- A. Defined Benefit Plan
  - (1)-(3) No Material Change
  - (4) Amount of Net Periodic Benefit Cost Recognized – None
  - (5)-(21) No Material Change
- B. Narrative Description of Investments Policies and Strategies – No Material Change
- C. Fair Value of Each Class of Plan Assets – No Material Change
- D. Narrative Description of the Basis Used to Determine the Overall Expected Long-Term Rate-of-Return-on-Assets Assumption – No Material Change
- E. Defined Contribution Plans – No Material Change
- F. Multiemployer Plans – No Material Change
- G. Consolidated/Holding Company Plans – No Material Change
- H. Postemployment Benefits and Compensated Balances – No Material Change
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) – No Material Change

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

No Material Change

### 14. Contingencies

No Material Change

### 15. Leases

- A. Lessee Operating Leases - No Material Change
- B. (1) Lessor Leases – No Material Change
- (2) Leveraged 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

## Notes to Financial Statement

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 – No Material Change

(6) Transfers of receivables with recourse – No Material Change

(7) Securities underlying repurchase and reverse repurchase agreements – No Material Change

C. Wash Sales – None

### 18. Gain or Loss to the Reporting Entity from Uninsured A & H 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 Market Value - None

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

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

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

(5) Derivative assets and liabilities- None

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

#### C. Aggregate Fair Value of All Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	12,916,590	12,920,014		12,920,014		
Short-Term Investments	9,482,064	9,482,064		9,482,064		
Cash Equivalents	29,639,621	29,639,621		29,639,621		
Other Invested Assets	2,367,848	2,367,848			2,367,848	

D. Not Practicable to Estimate Fair Value - None

### 21. Other Items

A. Unusual or Infrequent Items – No Material Change

B. Troubled Debt Restructuring – No Material Change

## Notes to Financial Statement

C. Other Disclosures – No Material Change

D. Business Interruption Insurance Recoveries - No Material Change

E. State Transferable and Nontransferable Tax Credits - No Material Change

F. Subprime Related Risk Exposure – No Material Change

G. Retained Assets - No Material Change

H. Insurance Linked Securities – No Material Change

### 22. Events Subsequent

Type I. – Recognized Subsequent Events

No Material Change

Type II. – Nonrecognized Subsequent Events

No Material Change

### 23. Reinsurance

No Material Change

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

A-D. No Material Change

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

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

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

	AMOUNT
<b>a. Permanent ACA Risk Adjustment Program Assets</b>	
1. Premium adjustments receivable due to ACA Risk Adjustment	\$ 0
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 0
3. Premium adjustments payable due to ACA Risk Adjustment Operations (Revenue & Expense)	\$ 5,200,000
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ (2,000,000)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 0
<b>b. Transitional ACA Reinsurance Program Assets</b>	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$ 696,434
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ 0
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ 0
<b>Liabilities</b>	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$ 0
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$ (5,114)

## Notes to Financial Statement

6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$	0
Operations (Revenue & Expense)			
7.	Ceded reinsurance premiums due to ACA Reinsurance	\$	0
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$	0
9.	ACA Reinsurance contributions – not reported as ceded premium	\$	0
c. Temporary ACA Risk Corridors Program Assets			
1.	Accrued retrospective premium due to ACA Risk Corridors Liabilities	\$	0
2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$	0
Operations (Revenue & Expense)			
3.	Effect of ACA Risk Corridors on net premium income (paid/received)	\$	0
4.	Effect of ACA Risk Corridors on change in reserves for rate credits	\$	0

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

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date			
	1	2	3	4	Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)		
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)	
<b>a. Permanent ACA Risk Adjustment Program</b>												
1. Premium adjustments receivable	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	A	\$0	\$0
2. Premium adjustments (payable)	\$0	\$3,200,000	\$0	\$0	\$0	\$3,200,000	\$0	\$0	\$0	B	\$0	\$3,200,000
3. Subtotal ACA Permanent Risk Adjustment Program	\$0	\$3,200,000	\$0	\$0	\$0	\$3,200,000	\$0	\$0	\$0		\$0	\$3,200,000
<b>b. Transitional ACA Reinsurance Program</b>												
1. Amounts recoverable for claims paid	\$0	\$835,389	\$0	\$0	\$0	\$835,389	\$0	\$0	\$0	C	\$0	\$835,389
2. Amounts recoverable for claims unpaid (contra liability)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	D	\$0	\$0
3. Amounts receivable relating to uninsured plans	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	E	\$0	\$0
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$0	\$1,548	\$0	\$0	\$0	\$1,548	\$0	\$0	\$0	F	\$0	\$1,548
5. Ceded reinsurance premiums payable	\$0	\$56,392	\$0	\$0	\$0	\$56,392	\$0	\$0	\$0	G	\$0	\$56,392
6. Liability for amounts held under uninsured plans	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	H	\$0	\$0
7. Subtotal ACA Transitional Reinsurance Program	\$0	\$893,329	\$0	\$0	\$0	\$893,329	\$0	\$0	\$0		\$0	\$893,329
<b>c. Temporary ACA Risk Corridors Program</b>												
1. Accrued retrospective premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	I	\$0	\$0
2. Reserve for rate credits or policy experience rating refunds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	J	\$0	\$0
3. Subtotal ACA Risk Corridors Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
d. Total for ACA Risk Sharing Provisions	\$0	\$4,093,329	\$0	\$0	\$0	\$4,093,329	\$0	\$0	\$0		\$0	\$4,093,329

## Roll Forward of ACA Risk Corridor Asset and Liability Balances

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
	1	2	3	4	Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
2014 Program Benefit Year Risk Corridor	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
2015 Program Benefit Year Risk Corridor	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
2016 Program Benefit Year Risk Corridor	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0



## Notes to Financial Statement

### ACA Risk Corridor Receivable:

Program Benefit Year	2014	2015	2016
Estimated amount to be filed or final amounts filed with federal agency	\$0	\$0	\$0
Amounts impaired or amounts not accrued for other reasons (not withstanding collectability concerns)	\$0	\$0	\$0
Amounts received from federal agency	\$0	\$0	\$0
Asset balance gross of nonadmission	\$0	\$0	\$0
Nonadmitted amounts	\$0	\$0	\$0
Net admitted assets	\$0	\$0	\$0

### 25. Change in Incurred Claims and Claims Adjustment Expenses

Reserves as of December 31, 2016 were \$11,170,488. As of March 31, 2017, \$9,385,423 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$703,275 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$1,081,790 favorable prior-year development since December 31, 2016 to March 31, 2017. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

### 26. Intercompany Pooling Arrangements

No Material Change

### 27. Structured Settlements

No Material Change

### 28. Health Care Receivables

#### A. Pharmaceutical Rebate Receivables

No Material Change

#### B. Risk Sharing Receivables

No Material Change

### 29. Participating Policies

No Material Change

### 30. Premium Deficiency Reserves

No Material Change

### 31. Anticipated Salvage and Subrogation

No Material Change

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes  No
- 1.2 If yes, has the report been filed with the domiciliary state? Yes  No  N/A
  
- 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
- 2.2 If yes, date of change: .....
  
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes  No   
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
- 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
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. .....

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

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes  No  N/A   
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. ..... 12/31/2015
- 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. ..... 12/31/2011
- 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). ..... 10/02/2012
- 6.4 By what department or departments?  
Oregon Department of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes  No  N/A
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes  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
- 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
- 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
- 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

- 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?  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships; Yes  No   
(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
- 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
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s). .....

### FINANCIAL

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

### INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes  No
- 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?

Yes  No 

14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes  No 

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes  No  N/A 

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ ..... 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ ..... 0

16.3 Total payable for securities lending reported on the liability page

\$ ..... 0

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

Yes  No 

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

1 Name of Custodian(s)	2 Custodian Address
US Bank .....	555 SW Oak St, Plaza 6, Portland, OR 97204 .....

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
First Clearing, LLC .....	US Bank .....	01/24/2017 ..	The assets were previously held at a limited liability corporation. The Oregon Department of Consumer and Business Services requested that the Company move their assets to a financial institution. ....

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
Katie Cook .....	I .....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

Yes  No 

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes  No 

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

## 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

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?  
 18.2 If no, list exceptions:

Yes[X] No[]

## GENERAL INTERROGATORIES

### PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	..... 92.053%
1.2 A&H cost containment percent	..... 1.399%
1.3 A&H expense percent excluding cost containment expenses	..... 12.905%
2.1 Do you act as a custodian for health savings accounts?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 .....	07/01/2016 .....	PARTNERRE AMER INS CO .....	DE .....	ASL/A/I .....	Authorized .....		

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

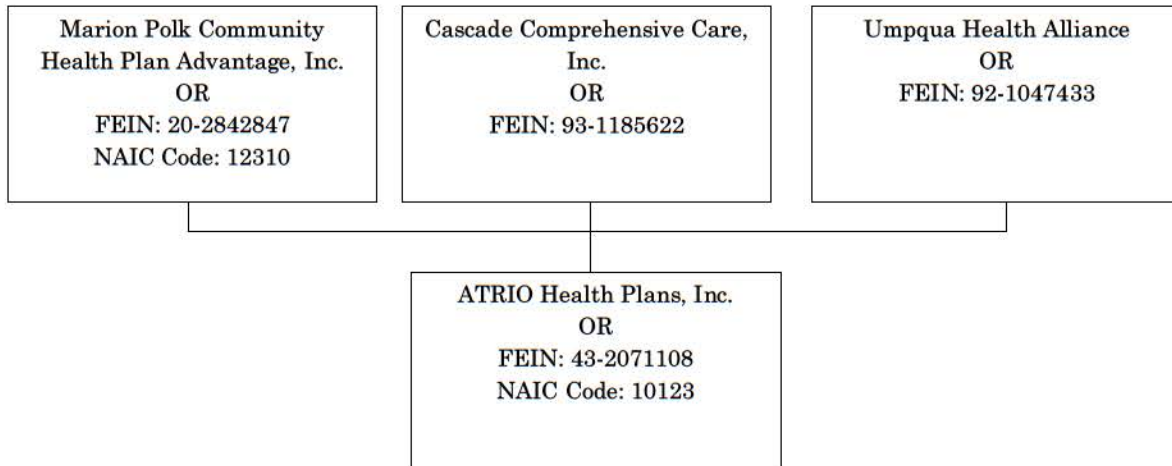
Current Year to Date - Allocated by States and Territories

	1	Direct Business Only							
		2	3	4	5	6	7	8	9
State, Etc.	Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama (AL) .....	N								
2. Alaska (AK) .....	N								
3. Arizona (AZ) .....	N								
4. Arkansas (AR) .....	N								
5. California (CA) .....	N								
6. Colorado (CO) .....	N								
7. Connecticut (CT) .....	N								
8. Delaware (DE) .....	N								
9. District of Columbia (DC) .....	N								
10. Florida (FL) .....	N								
11. Georgia (GA) .....	N								
12. Hawaii (HI) .....	N								
13. Idaho (ID) .....	N								
14. Illinois (IL) .....	N								
15. Indiana (IN) .....	N								
16. Iowa (IA) .....	N								
17. Kansas (KS) .....	N								
18. Kentucky (KY) .....	N								
19. Louisiana (LA) .....	N								
20. Maine (ME) .....	N								
21. Maryland (MD) .....	N								
22. Massachusetts (MA) .....	N								
23. Michigan (MI) .....	N								
24. Minnesota (MN) .....	N								
25. Mississippi (MS) .....	N								
26. Missouri (MO) .....	N								
27. Montana (MT) .....	N								
28. Nebraska (NE) .....	N								
29. Nevada (NV) .....	N								
30. New Hampshire (NH) .....	N								
31. New Jersey (NJ) .....	N								
32. New Mexico (NM) .....	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) .....	L	19,180,912	48,281,805					67,462,717	
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	19,180,912	48,281,805					67,462,717	
60. Reporting entity contributions for Employee Benefit Plans .....	X X X								
61. Total (Direct Business) .....	(a) 1	19,180,912	48,281,805					67,462,717	
<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)	*	
Q16		10123	43-2071108				ATRIO Health Plans, Inc.	OR	RE	Marion Polk Community Health Plan Advantage, Inc.	Ownership	33.3	Marion Polk Community Health Plan Advantage, Inc./Cascade Comprehensive Care, Inc./Umpqua Health Alliance	N	0000001	
		10123	43-2071108				ATRIO Health Plans, Inc.	OR	RE	Cascade Comprehensive Care Inc.	Ownership	33.3	Marion Polk Community Health Plan Advantage, Inc./Cascade Comprehensive Care, Inc./Umpqua Health Alliance	N	0000002	
		10123	43-2071108				ATRIO Health Plans, Inc.	OR	RE	Umpqua Health Alliance	Ownership	33.3	Marion Polk Community Health Plan Advantage, Inc./Cascade Comprehensive Care, Inc./Umpqua Health Alliance	N	0000003	
		12310	20-2842847				Marion Polk Community Health Plan Advantage, Inc.	OR	UDP					Marion Polk Community Health Plan Advantage, Inc./Cascade Comprehensive Care, Inc./Umpqua Health Alliance	N	
		00000	93-1185622				Cascade Comprehensive Care Inc.	OR	UDP					Marion Polk Community Health Plan Advantage, Inc./Cascade Comprehensive Care, Inc./Umpqua Health Alliance	N	
		00000	92-1047433				Umpqua Health Alliance	OR	UDP					Marion Polk Community Health Plan Advantage, Inc./Cascade Comprehensive Care, Inc./Umpqua Health Alliance	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.

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

RESPONSE

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



10123201736500001

2017

Document Code: 365



**SCHEDULE A - VERIFICATION****Real Estate**

	1	2
	Year To Date	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	2
	Year To Date	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 paid .....		
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	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	2,367,848	1,136,510
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) .....		1,781,338
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		550,000
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) .....	2,367,848	2,367,848
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....	2,367,848	2,367,848

**SCHEDULE D - VERIFICATION****Bonds and Stocks**

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	19,401,018	20,558,000
2. Cost of bonds and stocks acquired .....		19,314,020
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration for bonds and stocks disposed of .....	6,481,000	20,471,000
7. Deduct amortization of premium .....	5	2
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) .....	12,920,014	19,401,018
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	12,920,014	19,401,018

**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**

NAIC Designation		1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>									
1.	NAIC 1 (a) .....	19,401,018	9,482,064	6,481,000	(5)	22,402,078			19,401,018
2.	NAIC 2 (a) .....								
3.	NAIC 3 (a) .....								
4.	NAIC 4 (a) .....								
5.	NAIC 5 (a) .....								
6.	NAIC 6 (a) .....								
7.	Total Bonds .....	19,401,018	9,482,064	6,481,000	(5)	22,402,078			19,401,018
<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 .....	19,401,018	9,482,064	6,481,000	(5)	22,402,078			19,401,018

(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 \$.....22,402,078; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

QS102

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

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals .....	9,482,064	X X X	9,482,064	806	

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

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of short-term investments acquired .....	9,482,064	
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration received on disposals .....		
7. Deduct amortization of premium .....		
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other-than-temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	9,482,064	
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	9,482,064	

**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 .....	8,279,396	7,813,302
2.	Cost of cash equivalents acquired .....	74,405,058	222,683,112
3.	Accrual of discount .....		
4.	Unrealized valuation increase (decrease) .....		
5.	Total gain (loss) on disposals .....		
6.	Deduct consideration received on disposals .....	53,044,832	222,217,018
7.	Deduct amortization of premium .....		
8.	Total foreign exchange change in book/adjusted carrying value .....		
9.	Deduct current year's other-than-temporary impairment recognized .....		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	29,639,622	8,279,396
11.	Deduct total nonadmitted amounts .....		
12.	Statement value at end of current period (Line 10 minus Line 11) .....	29,639,622	8,279,396



**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**

**E04 Schedule D Part 3** ..... **NONE**

## SCHEDULE D - PART 4

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

QE05

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation or Market Indicator (a)	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization) Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V.	15 Total Foreign Exchange Change in B./A.C.V.								
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																						
447764AB7	HURON VALLEY STATE BK .75% Sen 1/13/2017		01/13/2017	Umpqua Investments	X XX	248,000	248,000	248,000	248,000						248,000				148	01/13/2017	1FE	
29667RNV9	ESSA BANK AND TRUST .75% Sen 1/27/2017		01/27/2017	US Bank	X XX	248,000	248,000	248,000	248,000						248,000				1,860	01/27/2017	1FE	
3920NAJ1	GREEN BANK NA .25% Sen 1/30/2017		01/30/2017	US Bank	X XX	248,000	248,000	248,000	248,000						248,000				179	01/30/2017	1FE	
643068B9	NEW BUFFALO SAVINGS BK .7% Sen 2/3/2017		02/03/2017	US Bank	X XX	248,000	248,000	248,000	248,000						248,000				285	02/03/2017	1FE	
12738RCV4	CADENCE BANK NA .8% Sen 2/10/2017		02/10/2017	US Bank	X XX	248,000	248,000	248,000	248,000						248,000				1,000	02/10/2017	1FE	
99430BCY0	YADKIN BANK .65% Sen 2/10/2017		02/10/2017	US Bank	X XX	57,000	57,000	57,000	57,000						57,000				63	02/10/2017	1FE	
029124AH7	AMERICAN PRIDE BANK .65% Sen 2/16/2017		02/16/2017	US Bank	X XX	248,000	248,000	248,000	248,000						248,000				1,616	02/16/2017	1FE	
13057CAM0	CALIFORNIA REP BANK 0.75% Sen 2/17/17		02/17/2017	US Bank	X XX	248,000	248,000	248,000	248,000						248,000				316	02/17/2017	1FE	
31911QDL6	FIRST BK FINL CENTRE .7% Sen 2/17/2017		02/17/2017	US Bank	X XX	248,000	248,000	248,000	248,000						248,000				290	02/17/2017	1FE	
33648PAF0	FIRST STATE BANK .65% Sen 2/17/2017		02/17/2017	US Bank	X XX	248,000	248,000	248,000	248,000						248,000				269	02/17/2017	1FE	
32087LAA0	FIRST MIDWEST BK DXTR .65% Sen 2/22/2017		02/22/2017	US Bank	X XX	248,000	248,000	248,000	248,000						248,000				274	02/22/2017	1FE	
8716ADHP8	SYNOVUS BANK .7% Sen 2/23/2017		02/23/2017	US Bank	X XX	248,000	248,000	248,000	248,000						248,000				1,741	02/23/2017	1FE	
17689WFS9	CITIZENS STATE BANK .5% Sen 2/24/2017		02/24/2017	US Bank	X XX	248,000	248,000	248,000	248,000						248,000				253	02/24/2017	1FE	
373128FU6	GEORGIA B&T CO .6% Sen 2/24/2017		02/24/2017	US Bank	X XX	248,000	248,000	248,000	248,000						248,000				253	02/24/2017	1FE	
606857V56	MIZRAHI TEFAHOT BK .7% Sen 2/24/2017		02/24/2017	US Bank	X XX	248,000	248,000	248,000	248,000						248,000				1,731	02/24/2017	1FE	
06427LBF1	BANK OF RUSTON .75% Sen 2/28/2017		02/28/2017	US Bank	X XX	248,000	248,000	248,000	248,000						248,000				316	02/28/2017	1FE	
14147VFH4	CARDINAL BANK NA .6% Sen 2/28/2017		02/28/2017	US Bank	X XX	248,000	248,000	248,000	248,000						248,000				249	02/28/2017	1FE	
31909PAH4	FRST BK CHARLSTON INC .6% Sen 2/28/2017		02/28/2017	US Bank	X XX	186,000	186,000	186,000	186,000						186,000				187	02/28/2017	1FE	
06424QC00	BANK OF MISSOURI .65% Sen 3/1/2017		03/01/2017	US Bank	X XX	248,000	248,000	248,000	248,000						248,000				397	03/01/2017	1FE	
316041CY6	FIDELITY BANK .7% Sen 3/3/2017		03/03/2017	US Bank	X XX	248,000	248,000	248,000	248,000						248,000				1,736	03/03/2017	1FE	
99410YBE2	XENTH BANK .7% Sen 3/16/17		03/16/2017	US Bank	X XX	248,000	248,000	248,000	248,000						248,000				423	03/16/2017	1FE	
30246ADZ8	FARMERS & MERCH BANK .55% Sen 3/21/2017		03/21/2017	US Bank	X XX	248,000	248,000	248,000	248,000						248,000				397	03/21/2017	1FE	
22582CS8	CRESCOM BANK .65% Sen 3/24/17		03/24/2017	US Bank	X XX	38,000	38,000	38,000	38,000						38,000				61	03/24/2017	1FE	
063248K9	BANK LEUMI USA .7% Sen 3/30/17		03/30/2017	US Bank	X XX	248,000	248,000	248,000	248,000						248,000				1,736	03/30/2017	1FE	
60888MSS4	MIZUHO BANK (USA) .65% Sen 3/30/2017		03/30/2017	US Bank	X XX	248,000	248,000	248,000	248,000						248,000				1,612	03/30/2017	1FE	
98878BDW5	ZB NA .65% Sen 3/30/2017		03/30/2017	US Bank	X XX	248,000	248,000	248,000	248,000						248,000				1,608	03/30/2017	1FE	
23957SSA6	ENTERPRISE BK & TR .65% Sen 3/31/17		03/31/2017	US Bank	X XX	248,000	248,000	248,000	248,000						248,000				397	03/31/2017	1FE	
46147JRN2	INVESTORS COMMNTY BK .75% Sen 3/31/17		03/31/2017	US Bank	X XX	248,000	248,000	248,000	248,000						248,000				459	03/31/2017	1FE	
399999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)		X XX			6,481,000	6,481,000	6,481,000	6,481,000						6,481,000				19,856	X XX	X XX	
839999	Subtotal - Bonds - Part 4		X XX			6,481,000	6,481,000	6,481,000	6,481,000						6,481,000				19,856	X XX	X XX	
839998	Summary Item from Part 5 for Bonds (N/A to Quarterly)		X XX		X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX
839999	Subtotal - Bonds		X XX			6,481,000	6,481,000	6,481,000	6,481,000						6,481,000				19,856	X XX	X XX	
899998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)		X XX		X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX
979998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)		X XX		X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX
989999	Subtotal - Preferred and Common Stocks		X XX		X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX	X XX
999999	Total - Bonds, Preferred and Common Stocks		X XX			6,481,000	6,481,000	6,481,000	6,481,000						6,481,000				19,856	X XX	X XX	

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

**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	2	3	4	5	Book Balance at End of Each Month			9	
					During Current Quarter				
					6	7	8		
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*	
<b>open depositories</b>									
UMPQUA BANK	ROSEBURG, OR				(185)	(185)	(185)	X X X	
UMPQUA BANK	PORTLAND, OR				2,173,977	1,896,610	1,962,730	X X X	
UMPQUA BANK - Claims Clearing	ROSEBURG, OR				(2,082,442)	(3,650,377)	(2,248,808)	X X X	
UMPQUA BANK - Exchange	ROSEBURG, OR				(457,570)	(500,336)	(459,060)	X X X	
US BANK	PORTLAND, OR	SD			261,000	261,000	261,000	X X X	
UMPQUA CASH	PORTLAND, OR						1,330	X X X	
UMPQUA BANK - Self funded	ROSEBURG, OR				33,087	46,750	43,774	X X X	
Bank of America	ROSEBURG, OR				2,802,951	2,150,170	3,880,770	X X X	
BANKUNITED	MIAMI LAKES, FL	11/17/2016						X X X	
ENERBANK USA	SALT LAKE CITY, UT	04/03/2017	0.600	1,231	248,000	248,000	248,000	X X X	
BRAND BANKING CO	LAWRENCEVILLE, GA	03/30/2017	0.600	367	248,000	248,000		X X X	
SYNCHRONY BANK	DRAPER, UT	02/13/2017	0.650	817	248,000			X X X	
TIAA CREF TRUST CO FSB	ST. LOUIS, MO	05/12/2017	0.650	616	149,000	149,000	149,000	X X X	
NORTHPOINTE BANK	GRAND RAPIDS, MI	06/26/2017	0.650	397	248,000	248,000	248,000	X X X	
FIRST FINANCIAL BANK NA	HAMILTON, OH	06/21/2017	0.700	913	248,000	248,000	248,000	X X X	
BANKFINANCIAL FSB	OLYMPIA FIELDS, IL	07/31/2017	0.650	397	9	248,000	248,000	X X X	
CATHAY BANK	LOS ANGELES, CA	06/28/2017	0.700	880	248,000	248,000	248,000	X X X	
SANTANDER BANK NA	WILMINGTON, DE	07/12/2017	0.750	871	248,000	248,000	248,000	X X X	
PEOPLESBANK	HOLYOKE, MA	10/13/2017	0.700	804	248,000	248,000	248,000	X X X	
FIRST COMMUNITY BANK CENT AL	WETUMPKA, AL	10/30/2017	0.800	489	5	248,000	248,000	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	2,468	5,365	5,359,819	2,584,633	5,574,551	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	2,468	5,365	5,359,819	2,584,633	5,574,551	X X X
0499999 Cash in Company's Office		X X X	X X X	X X X	X X X	507	507	715	X X X
0599999 Total Cash		X X X	X X X	2,468	5,365	5,360,326	2,585,140	5,575,266	X X X

### SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
7799999 Subtotals - Bonds - Total Bonds - Issuer Obligations							
7899999 Subtotals - Bonds - Total Bonds - Residential Mortgage-Backed Securities							
7999999 Subtotals - Bonds - Total Bonds - Commercial Mortgage-Backed Securities							
8099999 Subtotals - Bonds - Total Bonds - Other Loan-Backed and Structured Securities							
8199999 Subtotals - Bonds - SVO Identified Funds							
8399999 Subtotals - Bonds - Total Bonds							
<b>Sweep Accounts</b>							
Umpqua Bank		12/31/2016	0.030	01/01/2017	29,639,621		16,742
Umpqua Bank		12/31/2016	0.030	01/01/2017			49
8499999 Sweep Accounts					29,639,621		16,791
8599999 Other Cash Equivalents							
8699999 Total - Cash Equivalents					29,639,621		16,791

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