



# HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2016  
OF THE CONDITION AND AFFAIRS OF THE  
**Moda Health Plan, Inc.**

NAIC Group Code 1313 1313 NAIC Company Code 47088 Employer's ID Number 93-0989307  
(Current) (Prior)

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

Country of Domicile United States of America

Licensed as business type: HMDI

Is HMO Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized 11/03/1988 Commenced Business 12/28/1988

Statutory Home Office 601 SW Second Ave Portland, OR, US 97204  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 601 SW Second Ave  
(Street and Number) Portland, OR, US 97204 503-228-6554  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 601 SW Second Ave Portland, OR, US 97204  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 601 SW Second Ave  
(Street and Number) Portland, OR, US 97204 503-228-6554  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.modahealth.com

Statutory Statement Contact Katherine Stalsberg 503-412-4030  
(Name) (Area Code) (Telephone Number)  
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### OFFICERS

President Williams Ellis Johnson Treasurer David Wayne Evans  
Secretary Thomas James Bikales

### OTHER

### DIRECTORS OR TRUSTEES

Molly Hering Bardonaro George Jim Darke Robert Glenn Gootee  
David Wesley Howerton Carlton James McLeod

State of Oregon SS:  
County of Multnomah

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.

William Ellis Johnson Thomas James Bikales David Wayne Evans  
President Secretary Treasurer

Subscribed and sworn to before me this 15<sup>th</sup> day of August 2016  
Dianne M. Warren

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



## STATEMENT AS OF JUNE 30, 2016 OF THE Moda Health Plan, Inc.

## 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 .....	20,895,004		20,895,004	39,925,027
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....	73,936,440		73,936,440	51,699,976
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ encumbrances) .....			0	0
5. Cash (\$ .....(5,904,453) ), cash equivalents (\$ ..... ) and short-term investments (\$ .....2,074,515 ) .....	(3,829,938)		(3,829,938)	(32,916,937)
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....			0	0
8. Other invested assets .....	7,257,756		7,257,756	7,455,502
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	98,259,262	0	98,259,262	66,163,568
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	116,942		116,942	233,240
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	5,608,825	439,563	5,169,262	11,539,094
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....	217,349,540	204,318,156	13,031,384	8,134,306
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	359,925,732		359,925,732	348,571,490
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....	52,216,940	66,760	52,150,180	27,915,374
18.1 Current federal and foreign income tax recoverable and interest thereon .....	18,441,427		18,441,427	69,117,940
18.2 Net deferred tax asset .....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....	9,797,195	9,461,010	336,185	154,217
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	45,066,933		45,066,933	19,556,819
24. Health care (\$ ..... ) and other amounts receivable .....	6,626,911	2,100,000	4,526,911	6,714,106
25. Aggregate write-ins for other than invested assets .....	1,253,954	454,823	799,131	633,536
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	814,663,661	216,840,312	597,823,349	558,733,690
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	814,663,661	216,840,312	597,823,349	558,733,690
<b>DETAILS OF WRITE-INS</b>				
1101. ....			0	0
1102. ....			0	0
1103. ....			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) .....	0	0	0	0
2501. Miscellaneous Prepaids .....	454,823	454,823	0	0
2502. Other Receivables .....	799,131		799,131	633,536
2503. Risk Adjustment Receivable .....			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	1,253,954	454,823	799,131	633,536



STATEMENT AS OF JUNE 30, 2016 OF THE Moda Health Plan, Inc.

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 12,808,340 reinsurance ceded)	100,716,638	7,943,021	108,659,659	88,335,503
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	5,629,434	443,966	6,073,400	7,381,000
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	43,589,089		43,589,089	37,244,171
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	14,642,915		14,642,915	14,103,432
9. General expenses due or accrued	37,728,302		37,728,302	21,237,871
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	255,978,997		255,978,997	260,699,653
12. Amounts withheld or retained for the account of others	1,165,410		1,165,410	516,668
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	210,296		210,296	242,343
16. Derivatives			0	0
17. Payable for securities			0	2,052,968
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$ ) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	61,751,933		61,751,933	59,661,194
23. Aggregate write-ins for other liabilities (including \$ current)	330,436	0	330,436	240,597
24. Total liabilities (Lines 1 to 23)	521,743,450	8,386,987	530,130,437	491,715,400
25. Aggregate write-ins for special surplus funds	XXX	XXX	14,428,954	29,678,901
26. Common capital stock	XXX	XXX	2,500,000	2,500,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	155,578,582	45,578,582
29. Surplus notes	XXX	XXX	73,000,000	153,000,000
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(177,814,624)	(163,739,193)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$ )	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$ )	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	67,692,912	67,018,290
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	597,823,349	558,733,690
<b>DETAILS OF WRITE-INS</b>				
2301. Unclaimed Property	330,436		330,436	240,597
2302. Risk Adjustment Payable			0	0
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	330,436	0	330,436	240,597
2501. Surplus appropriated for CY ACA Section 9010 Fee	XXX	XXX	14,428,954	29,678,901
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	14,428,954	29,678,901
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

## 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 .....	XXX	849,597	1,295,255	2,612,932
2. Net premium income ( including \$ ..... non-health premium income).....	XXX	456,736,558	387,315,364	777,092,615
3. Change in unearned premium reserves and reserve for rate credits.....	XXX			
4. Fee-for-service (net of \$ ..... medical expenses).....	XXX			
5. Risk revenue .....	XXX			
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	456,736,558	387,315,364	777,092,615
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		326,039,296	374,519,631	792,203,468
10. Other professional services .....		33,371,924	42,099,324	92,911,630
11. Outside referrals .....		15,665,004	17,316,141	39,535,219
12. Emergency room and out-of-area .....		47,923,337	42,096,363	100,283,062
13. Prescription drugs .....		26,921,121	69,137,084	149,858,113
14. Aggregate write-ins for other hospital and medical .....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....				0
16. Subtotal (Lines 9 to 15) .....	0	449,920,682	545,168,543	1,174,791,492
<b>Less:</b>				
17. Net reinsurance recoveries .....		7,148,954	169,915,602	395,974,365
18. Total hospital and medical (Lines 16 minus 17) .....	0	442,771,728	375,252,941	778,817,127
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$ .....3,285,650 cost containment expenses .....		12,157,327	10,124,642	27,047,760
21. General administrative expenses .....		38,107,971	40,089,290	34,732,646
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....				0
23. Total underwriting deductions (Lines 18 through 22) .....	0	493,037,026	425,466,873	840,597,533
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(36,300,468)	(38,151,509)	(63,504,918)
25. Net investment income earned .....		413,847	(255,781)	(85,450)
26. Net realized capital gains (losses) less capital gains tax of \$ .....(187,258) .....		(363,501)	782,709	1,508,062
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	50,346	526,928	1,422,612
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....				
29. Aggregate write-ins for other income or expenses .....	0	97,885	(42,685)	(142,814)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	(36,152,237)	(37,667,266)	(62,225,120)
31. Federal and foreign income taxes incurred .....	XXX	(3,122,356)	(3,885,305)	(12,695,690)
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(33,029,881)	(33,781,961)	(49,529,430)
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX			0
0602. ....	XXX			0
0603. ....	XXX			0
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) .....	XXX	0	0	0
0701. ....	XXX			0
0702. ....	XXX			0
0703. ....	XXX			0
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) .....	XXX	0	0	0
1401. ....				0
1402. ....				0
1403. ....				0
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) .....	0	0	0	0
2901. Miscellaneous Income .....		182,398	34,537	(34,512)
2902. Grants & Donations .....		(84,513)	(77,222)	(108,302)
2903. ....				0
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) .....	0	97,885	(42,685)	(142,814)



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

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	67,018,290	121,061,663	121,061,663
34. Net income or (loss) from Line 32.....	(33,029,881)	(33,781,958)	(49,529,430)
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 335,478.....	26,920,155	1,084,807	11,573,225
37. Change in net unrealized foreign exchange capital gain or (loss).....		0	
38. Change in net deferred income tax.....	15,467,291	(1,202,257)	56,125,204
39. Change in nonadmitted assets.....	(38,682,943)	(3,361,167)	(165,212,372)
40. Change in unauthorized and certified reinsurance.....	0	0	0
41. Change in treasury stock.....	0	0	0
42. Change in surplus notes.....	(80,000,000)	0	93,000,000
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in.....	0	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....	110,000,000	0	0
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.....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47).....	674,622	(37,260,575)	(54,043,373)
49. Capital and surplus end of reporting period (Line 33 plus 48)	67,692,912	83,801,088	67,018,290
<b>DETAILS OF WRITE-INS</b>			
4701. ....			0
4702. ....			0
4703. ....			0
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

## STATEMENT AS OF JUNE 30, 2016 OF THE Moda Health Plan, Inc.

**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 .....	431,006,087	339,847,993	948,864,463
2. Net investment income .....	613,187	(1,793)	485,323
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	431,619,274	339,846,200	949,349,786
5. Benefit and loss related payments .....	431,614,619	398,689,817	1,016,483,793
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	57,194,991	26,681,018	46,503,910
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	(69,414,380)	3,921,308	3,313,143
10. Total (Lines 5 through 9) .....	419,395,230	429,292,143	1,066,300,846
11. Net cash from operations (Line 4 minus Line 10) .....	12,224,044	(89,445,943)	(116,951,060)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	29,967,538	41,346,133	82,489,563
12.2 Stocks .....	9,711,036	7,775,218	15,280,257
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	(363,501)	34	0
12.7 Miscellaneous proceeds .....	0	1,380,311	337,888
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	39,305,073	50,501,696	98,107,708
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	10,674,466	31,014,851	57,816,075
13.2 Stocks .....	5,313,910	216,713	2,436,361
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	(32,359)
13.5 Other invested assets .....	0	996,898	1,334,000
13.6 Miscellaneous applications .....	2,052,968	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	18,041,344	32,228,462	61,554,077
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	21,263,729	18,273,234	36,553,631
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	(80,000,000)	0	93,000,000
16.2 Capital and paid in surplus, less treasury stock .....	110,000,000	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied) .....	(34,400,774)	56,022,387	(14,772,806)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	(4,400,774)	56,022,387	78,227,194
<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) .....	29,086,999	(15,150,322)	(2,170,235)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	(32,916,937)	(30,746,702)	(30,746,702)
19.2 End of period (Line 18 plus Line 19.1) .....	(3,829,938)	(45,897,024)	(32,916,937)

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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STATEMENT AS OF JUNE 30, 2016 OF THE Moda Health Plan, Inc.

**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							
<b>Total Members at end of:</b>										
1. Prior Year .....	216,267	123,189	88,473	0	0	0	0	4,605	0	0
2. First Quarter .....	143,266	72,796	63,207	0	0	0	0	7,263	0	0
3. Second Quarter .....	134,146	67,810	58,913					7,423		
4. Third Quarter .....	0									
5. Current Year	0									
6. Current Year Member Months	849,597	433,355	372,424					43,818		
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician .....	110,018	55,139	45,399					9,480		
8. Non-Physician .....	83,196	45,243	31,583					6,370		
9. Total	193,214	100,382	76,982	0	0	0	0	15,850	0	0
10. Hospital Patient Days Incurred	15,793	7,635	5,218					2,940		
11. Number of Inpatient Admissions	2,925	1,433	1,074					418		
12. Health Premiums Written (a) .....	459,248,712	221,258,916	166,344,604					69,285,226		2,359,966
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	459,248,712	221,258,916	166,344,604					69,285,226		2,359,966
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	476,072,681	237,467,213	173,608,442					59,459,042		5,537,984
18. Amount Incurred for Provision of Health Care Services	449,920,682	216,048,691	167,152,745					61,148,953		5,570,293

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 69,285,226





STATEMENT AS OF JUNE 30, 2016 OF THE Moda Health Plan, Inc.

**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 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	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 and medical) .....	84,886,724	277,563,821	2,158,409	97,787,647	87,045,133	81,766,400
2. Medicare Supplement .....					.0	.0
3. Dental Only .....					.0	.0
4. Vision Only .....					.0	.0
5. Federal Employees Health Benefits Plan .....					.0	.0
6. Title XVIII - Medicare .....	4,298,543	50,160,500	38,772	7,674,831	4,337,315	5,569,103
7. Title XIX - Medicaid .....					.0	.0
8. Other health .....	1,536,369	4,001,615		1,000,000	1,536,369	1,000,000
9. Health subtotal (Lines 1 to 8) .....	90,721,636	331,725,996	2,197,181	106,462,478	92,918,817	88,335,503
10. Healthcare receivables (a) .....					.0	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts .....					.0	.0
13. Totals (Lines 9-10+11+12)	90,721,636	331,725,996	2,197,181	106,462,478	92,918,817	88,335,503

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

STATEMENT AS OF JUNE 30, 2016 OF THE Moda Health Plan, Inc.  
**NOTES TO FINANCIAL STATEMENTS**

1. Summary of Significant Accounting Policies

A. Accounting Practices

The accompanying financial statements have been prepared in conformity with accounting practices prescribed or permitted by the State of Oregon, Department of Consumer and Business Services, Insurance Division. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures* manual, March 2016 version 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:

<u>NET INCOME</u>	State of Domicile	2016	2015
(1) Moda Health Plan, Inc. state basis (Page 4, Line 32, Columns 2 & 3)	OR	\$ (33,029,881)	\$ (49,529,430)
(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)	OR	<u>\$ (33,029,881)</u>	<u>\$ (49,529,430)</u>
<u>SURPLUS</u>			
(5) Moda Health Plan, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	OR	\$ 67,692,912	\$ 67,018,290
(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)	OR	<u>\$ 67,692,912</u>	<u>\$ 67,018,290</u>

B. Use of Estimates in Preparation of Financial Statements

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

C. Accounting Policy

The Company uses the following accounting policies:

- 1) Short-term investments are stated at amortized cost.
- 2) Bonds not backed by other loans are stated at amortized cost.
- 3) Common stocks are stated at market.
- 4) Not applicable.
- 5) Not applicable.
- 6) Loan-backed securities are stated at either the amortized cost or the lower of amortized cost or fair market value. The retrospective adjustment method is used to value all securities.
- 7) The Company carries Dentists Benefits Insurance Company at statutory equity. BenefitHelp Solutions, Inc., ODS Community Health, Inc., and ODS Plaza, Inc. are carried at GAAP equity. ODS Bend Property LLC and Propel Health, LLC are represented in other invested assets as these companies are Limited Liability Corporations.
- 8) The Company has ownership interests in limited liability corporations. The Company's ownership interests are valued based on the GAAP equity basis as described in SSAP No. 48 and are recorded in other invested assets.
- 9) Not applicable.
- 10) Not applicable.
- 11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.
- 12) The Company has not modified its capitalization policy from the prior period.
- 13) Pharmaceutical rebate receivables are estimated based on contractual rebate terms.

2. Accounting Changes and Corrections of Errors

Not applicable.

3. Business Combinations and Goodwill

Not applicable.

4. Discontinued Operations

Not applicable.

5. Investments

A. Mortgage Loans

Not applicable.

B. Debt Restructuring

Not applicable.

C. Reverse Mortgages

Not applicable.

D. Loan Back Securities

1) Prepayment assumptions were obtained from third party market sources.

2) Not applicable.

3) Not applicable.

STATEMENT AS OF JUNE 30, 2016 OF THE Moda Health Plan, Inc.  
NOTES TO FINANCIAL STATEMENTS

- 4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):
- a. The aggregate amount of unrealized losses:
- |    |                     |    |       |
|----|---------------------|----|-------|
| 1  | Less than 12 Months | \$ | 4,588 |
| 2. | 12 Months or Longer | \$ | 4,970 |
- b. The aggregate related fair value of securities with unrealized losses:
- |    |                     |    |          |
|----|---------------------|----|----------|
| 1  | Less than 12 Months | \$ | 1469,537 |
| 2. | 12 Months or Longer | \$ | 641,582  |
- 5) The loan-backed securities in #4 above are in a continuous unrealized loss position due to reasons including, but not limited to, changes in interest rates, changes in economic conditions and changes in market outlook for various industries. The Company does not intend to sell these securities at the reporting date and has the ability to retain the securities for a period of time sufficient to recover the amortized cost basis. Therefore, the Company does not consider these investments to be other-than-temporarily impaired at June 30, 2016.

E. Repurchase Agreements and/or Securities Lending Transactions

Not applicable.

F. Real Estate

Not applicable.

G. Investments in low-income housing tax credits (LIHTC)

Not applicable.

H. Restricted Assets

1) Restricted Assets (Including Pledged)

	1	2	3	4	5	6
Restricted Assets (Including Pledged)	Total Gross Restricted from Current Year	Total Gross Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
j. On deposit with states	17,468,978	2,400,775	15,068,203	17,468,978	2.398%	3.175%
m. Pledged as collateral	-	10,345,058	(10,345,058)	-	0.000%	0.000%
o. Total Restricted Assets	17,468,978	12,745,833	4,723,145	17,468,978	2.398%	3.175%

2) During the current year, the Company ended its sales-leaseback transaction as further discussed within Note 15. The company no longer holds pledged assets as had been required by the lease agreement.

3) Not applicable.

I. Working Capital Finance Investments

Not applicable.

J. Offsetting and Netting of Assets and Liabilities

Not applicable.

K. Structured Notes

Not applicable.

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.
- B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. Investment Income

- A. No investment income earned by the Company has been excluded from the financial presentation of this statement.
- B. Not applicable.

8. Derivative Instruments

Not applicable.

9. Federal Income Taxes

No Significant Changes.

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

A. Not applicable.

B. Not applicable.

C. Not applicable.

D. Receivables for related parties at June 30, 2016:

Oregon Dental Service	\$	4,301,101
ODS Plaza, Inc	\$	48,951
BenefitHelp Solutions, Inc	\$	123
Moda, Inc.	\$	40,716,758

Payables for related parties at June 30, 2016:

ODS Community Health, Inc.	\$	5,425
BenefitHelp Solutions, Inc	\$	605
Eastern Oregon Coordinated Care Organization, LLC	\$	204,266



STATEMENT AS OF JUNE 30, 2016 OF THE Moda Health Plan, Inc.

NOTES TO FINANCIAL STATEMENTS

Amounts due to or from related parties are the result of the entity's allocation portion of the transactions described in Note 10F below as well as amounts due to or from the sweep account.

- E. Not applicable.
  - F. Allocation of Corporate Expenses  
 Moda, Inc. provides certain administrative services including accounting, data processing, facilities, purchasing, legal and senior executive management. Moda, Inc. and Oregon Dental Service provide facilities to subsidiaries. The expenses incurred as a result of using the services and facilities, are estimated and allocated to the subsidiaries, including Moda Health Plan, Inc., in a manner which management believes is reasonable.
  - G. The Company owns 100% of the outstanding shares of Dentists Benefits Insurance Company (DBIC), a property and casualty insurer. The shares of DBIC are reported at a statutory value of \$12,383,946 on the Company's financial statements. The Company owns 100% of the outstanding shares of BenefitHelp Solutions, Inc., a third party administrator, and is reported using the equity method for a value of \$1,041,668. The Company owns 100% of the outstanding shares of ODS Community Health, Inc. and is reported using the equity method for a value of \$24,550,320. The Company owns 100% of the outstanding shares of ODS Plaza, Inc. and is reported using the equity method for a value of \$10,203,992. The Company owns 100% of ODS Bend Property LLC and is reported in Other Invested Assets with a value of \$6,389,041. The Company owns 14% of Propel Health, LLC and is reported in Other Invested Assets with a value of \$868,715. As of June 30, 2016, the Company has reflected 100% ownership of the outstanding shares of Payless Drug Stores, Inc.; the Company is currently in the process of transferring this entity's ownership from Moda, Inc. to Moda Health Plan, Inc. When the transaction is approved by the Insurance Division, Schedule Y and the associated Organization Chart will be updated accordingly. PayLess Drug Stores, Inc. is reported using the equity method for a value of \$16,413,000.
  - H. Not applicable.
  - I. Not applicable.
  - J. Not applicable.
  - K. Not applicable.
  - L. Not applicable.
11. Debt  
 Not applicable.
12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
- A. Not applicable.
  - B. Not applicable.
  - C. Not applicable.
  - D. Not applicable.
  - E. Not applicable.
  - F. Not applicable.
  - G. Consolidated/Holding Company Plans  
 The Company participates in a qualified defined contribution plan sponsored by Moda, Inc., an affiliate. The Company has no legal obligation for benefits under the plan. Amounts are allocated to the Company based on headcount. The Company's share of net expense for the defined contribution plan for the period ended June 30, 2016 and 2015 was \$1,029,193 and \$1,377,074, respectively.
  - H. Not applicable.
  - I. Not applicable.
13. Capital and Surplus, Shareholders' Dividends Restrictions and Quasi-Reorganizations
- 1) 2,000,000 shares issued and outstanding; par value \$1.25 per share.
  - 2) Not applicable.
  - 3) Not applicable.
  - 4) Not applicable.
  - 5) Not applicable.
  - 6) Not applicable.
  - 7) Not applicable.
  - 8) Not applicable.
  - 9) Not applicable.
  - 10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$26,991,155.
  - 11) Surplus Notes  
 The Company issued the following surplus debenture or similar obligation in 2016 and prior years:

Date Issued	Interest Rate	Par Value (Face Amount of Note)	Carrying Value of Note	Interest And/Or Principal Paid Current Year	Total Interest And/Or Principal Paid	Unapproved Interest And/Or Principal	Date of Maturity
7/1/2012	4.500%	10,000,000	10,000,000	-	1,462,500	337,500	6/30/2017
12/15/2014	4.000%	50,000,000	50,000,000	-	1,500,000	1,583,333	12/15/2024
12/31/2015	4.000%	13,000,000	13,000,000	-	-	260,000	-
1311999 Total		73,000,000	73,000,000	-	2,962,500	2,180,833	XXX

STATEMENT AS OF JUNE 30, 2016 OF THE Moda Health Plan, Inc.

NOTES TO FINANCIAL STATEMENTS

In December 2009, the Company issued a surplus note to OEA Choice Welfare Benefit Trust (OEA) for \$18 million cash at an interest rate of 6% maturing June 30, 2012. \$8 million principal and \$2.7 million interest was paid on the OEA note and the remaining \$10 million was extended on July 1, 2012 at an interest rate of 4.5% maturing June 30, 2017.

In December 2014, the Company issued a surplus note to Oregon Health & Science University (OHSU) for \$50 million cash at an interest rate of 4% maturing December 15, 2024.

In December 2015 the Company also issued a surplus note to Oregon Dental Service (ODS) for \$13 million cash and securities at an interest rate of 4% with no specific maturity date.

During the current year, \$80 million of surplus notes from parent company were converted to contributed capital.

12) Not applicable.

13) Not applicable.

14. Liabilities, Contingencies and Assessments

A. Contingency Commitments

Not applicable.

B. Assessments

Not applicable.

C. Gain Contingencies

Not applicable.

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

Not applicable.

E. Joint and Several Liabilities

F. All Other Contingencies

The Company, in common with the Insurance Industry in general, is subject to litigation in the normal course of their business. The Company's management does not believe that such litigation will have a material effect on its statutory basis financial statements. The Company has no assets that it considers to be impaired.

15. Leases

A. During the current year, the Company ended its sales-leaseback transaction and has resumed title of those assets, which are non-admitted EDP.

B. Not applicable.

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentration of Credit Risk

Not applicable.

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

Not applicable.

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

A. ASO Plans

No significant changes.

B. ASC Plans

No significant changes.

C. Medicare of Similarly Structured Cost Based Reimbursement Contract

Not applicable.

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

Not applicable.

20. Fair Value Measurements

A. 1. Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Common Stock				
Mutual Funds	\$ 9,343,514	\$ -	\$ -	\$ 9,343,514
Total Common Stock	\$ 9,343,514	\$ -	\$ -	\$ 9,343,514
Total assets at fair value	\$ 9,343,514	\$ -	\$ -	\$ 9,343,514

b. Not applicable.

2. Not applicable.

3. Not applicable.

4. The Company has elected to use the practical expedient method for measuring investments in certain entities that calculate net asset value per share.

5. Not applicable.

B. Not applicable.

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)
Short-Term Investments	2,074,515	2,074,515	-	2,074,515	-	-
Bonds	21,405,661	20,895,004	-	21,405,661	-	-
Common Stocks	9,343,514	9,343,514	9,343,514	-	-	-
Total	\$ 32,823,690	\$ 32,313,033	\$ 9,343,514	\$ 23,480,176	\$ -	\$ -



STATEMENT AS OF JUNE 30, 2016 OF THE Moda Health Plan, Inc.  
NOTES TO FINANCIAL STATEMENTS

- D. Not applicable.
21. Other Items
- A. Extraordinary Items  
Not applicable.
  - B. Troubled Debt Restructuring: Debtors  
Not applicable.
  - C. Other Disclosures and Unusual Items  
Not applicable.
  - D. Business Interruption Insurance Recoveries  
Not applicable.
  - E. State Transferable Tax Credits  
Not applicable.
  - F. Subprime Mortgage Related Risk Exposure  
Not applicable.
  - G. Retained Assets  
Not applicable.
22. Events Subsequent  
No significant changes.
23. Reinsurance  
There were no significant changes since December 31, 2015.
24. Retrospectively Rated Contracts & Contracts Subject to Redetermination
- A. Not applicable.
  - B. Not applicable.
  - C. Not applicable.
  - D. As of June 30, 2016, no medical loss ratio rebates were incurred or paid by the Company.
  - E. Risk Sharing Provisions of the Affordable Care Act
    - 1. Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk sharing provisions? Yes
    - 2. Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year
 

Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment	\$ 12,603,081
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 189,160
3. Premium adjustments payable due to ACA Risk Adjustment	\$ 30,462,515
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ 1,268,708
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$ 44,384
Transitional ACA Reinsurance Program	
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$ 79,581,080
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ 12,808,341
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ -
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premiums	\$ 3,125,599
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$ 2,720,083
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ 6,403,717
Operations (Revenue & Expense)	
7. Ceded reinsurance premiums due to ACA Reinsurance	\$ 1,284,951
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ (4,845,208)
9. ACA Reinsurance contributions - not reported as ceded premium	\$ 2,067,131
Temporary ACA Risk Corridors Program	
Assets	
1. Accrued retrospective premium due to ACA Risk Corridors	\$ 428,303
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ 110,503
Operations (Revenue & Expense)	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	\$ 29,207,214
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$ -
  - 3. Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.



STATEMENT AS OF JUNE 30, 2016 OF THE Moda Health Plan, Inc.  
**NOTES TO FINANCIAL STATEMENTS**

	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 Receivable	2 (Payable)	3 Receivable	4 (Payable)	Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	9 Cumulative Balance from Prior Years (Col 1 - 3 + 7)	10 Cumulative Balance from Prior Years (Col 2 - 4 + 8)	
					5 Receivable	6 (Payable)	7 Receivable	8 (Payable)			
<b>a. Permanent ACA Risk Adjustment Program</b>											
1. Premium adjustments receivable	\$ 6,489,971	\$ -	\$ -	\$ -	\$ 6,489,971	\$ -	\$ 33,420	\$ -	A	\$ 6,523,391	\$ -
2. Premium adjustments (payable)	\$ -	\$ 24,772,739	\$ -	\$ -	\$ -	\$ 24,772,739	\$ -	\$ (1,016)	B	\$ -	\$ 24,771,723
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 6,489,971	\$ 24,772,739	\$ -	\$ -	\$ 6,489,971	\$ 24,772,739	\$ 33,420	\$ (1,016)		\$ 6,523,391	\$ 24,771,723
<b>b. Transitional ACA Reinsurance Program</b>											
1. Amounts recoverable for claims paid	\$ 132,185,549	\$ -	\$ 132,185,549	\$ -	\$ -	\$ -	\$ -	\$ -	C	\$ -	\$ -
2. Amounts recoverable for claims unpaid (contra liability)	\$ 59,284,497	\$ -	\$ 59,284,497	\$ -	\$ -	\$ -	\$ -	\$ -	D	\$ -	\$ -
3. Amounts receivable relating to uninsured plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	E	\$ -	\$ -
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ -	\$ 6,491,243	\$ -	\$ 5,262,611	\$ -	\$ 1,228,632	\$ -	\$ -	F	\$ -	\$ 1,228,632
5. Ceded reinsurance premium payable	\$ -	\$ 7,440,746	\$ -	\$ 6,312,619	\$ -	\$ 1,128,127	\$ -	\$ -	G	\$ -	\$ 1,128,127
6. Liability for amounts held under uninsured plans	\$ -	\$ 10,316,631	\$ -	\$ 6,277,636	\$ -	\$ 4,038,995	\$ -	\$ -	H	\$ -	\$ 4,038,995
7. Subtotal ACA Transitional Reinsurance Program	\$ 191,470,046	\$ 24,248,620	\$ 191,470,046	\$ 17,852,866	\$ -	\$ 6,395,754	\$ -	\$ -		\$ 6,395,754	\$ -
<b>c. Temporary ACA Risk Corridor Program</b>											
1. Accrued retrospective premium	\$ 191,253,278	\$ -	\$ 10,964,333	\$ -	\$ 180,288,945	\$ -	\$ (179,971,141)	\$ -	I	\$ 317,804	\$ -
2. Reserve for rate or credit or policy experience rating refunds	\$ -	\$ 108,192	\$ -	\$ 28,073	\$ -	\$ 80,119	\$ -	\$ -	J	\$ -	\$ 80,119
3. Subtotal ACA Risk Corridor Program	\$ 191,253,278	\$ 108,192	\$ 10,964,333	\$ 28,073	\$ 180,288,945	\$ 80,119	\$ (179,971,141)	\$ -		\$ 317,804	\$ 80,119
4. Total for ACA Risk Sharing Provisions	\$ 380,213,295	\$ 49,129,551	\$ 202,434,379	\$ 17,880,939	\$ 186,778,916	\$ 31,248,612	\$ (179,971,721)	\$ (1,016)		\$ 6,841,195	\$ 31,247,596

**Explanations of Adjustments**  
A. Adjustment to reflect the final amounts calculated by CMS  
B. Adjustment to reflect the final amounts calculated by CMS  
C. Adjustment to reflect the final amounts calculated by CMS  
D. \_\_\_\_\_  
E. \_\_\_\_\_  
F. \_\_\_\_\_  
G. \_\_\_\_\_  
H. \_\_\_\_\_  
I. Adjustment to reflect the final amounts calculated by the 2014 Risk Corridor Plan Level Form  
J. Adjustment to reflect the final amounts calculated by the 2014 Risk Corridor Plan Level Form

- 25. Change in Incurred Claims and Claims Adjustment Expenses  
Unpaid claims as of December 31, 2015 were \$88.3 million. As of June 30, 2016, approximately \$90.7 million has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$2.2 million as a result of re-estimation of unpaid claims. Therefore, there has been a \$4.6 million unfavorable prior-year development since December 31, 2015 to June 30, 2016. The change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known.
- 26. Intercompany Pooling Arrangements  
Not applicable.
- 27. Structured Settlements  
Not applicable.
- 28. Health Care Receivables
  - A. Pharmaceutical Rebate Receivables  
No significant changes.
  - B. Risk Sharing Receivables  
Not applicable.
- 29. Participating Policies  
Not applicable.
- 30. Premium Deficiency Reserves  
Not applicable.
- 31. Anticipated Salvage and Subrogation  
Not applicable.

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

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

- 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 [ X ] 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. .... 12/31/2012
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 12/04/2013
- 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 [ ] No [ ] N/A [ X ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [ ] N/A [ X ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

**GENERAL INTERROGATORIES**

- 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 [  ] No [  ]  
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 (c) Compliance with applicable governmental laws, rules and regulations;  
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain: .....
- 9.2 Has the code of ethics for senior managers been amended? ..... Yes [  ] No [  ]  
 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: ..... \$ 40,716,757

**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: ..... \$ .....
13. Amount of real estate and mortgages held in short-term investments: ..... \$ .....
- 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 .....	\$ 0	\$ .....
14.22 Preferred Stock .....	\$ 0	\$ .....
14.23 Common Stock .....	\$ 37,995,626	\$ 64,592,926
14.24 Short-Term Investments .....	\$ 0	\$ .....
14.25 Mortgage Loans on Real Estate .....	\$ 0	\$ .....
14.26 All Other .....	\$ 7,455,502	\$ 7,257,756
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	\$ 45,451,128	\$ 71,850,682
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 [  ]  
 If no, attach a description with this statement.



**GENERAL INTERROGATORIES**

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 [ X ] 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
U.S. Bank Custodial Services .....	555 SW Oak Street, 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 [ X ]

- 17.4 If yes, give full information relating thereto:

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

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

1 Central Registration Depository	2 Name(s)	3 Address
18005 .....	RWK, Inc. ....	1211 SW 5th Avenue, Suite 900, Portland, OR 97204 .....
104559 .....	Pacific Investment Management Company, LLC .....	840 Newport Center Drive, Newport Beach, CA 92660 .....
107680 .....	Prime Advisors, Inc. ....	22635 NE Marketplace Drive, Ste #160, Richmond, WA 98053 .....

- 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 .....99.2 %

1.2 A&H cost containment percent .....0.7 %

1.3 A&H expense percent excluding cost containment expenses .....10.3 %

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 ..... \$

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 ..... \$





**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		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 & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama..... AL	N								0	
2. Alaska..... AK	L	73,102,637							73,102,637	
3. Arizona..... AZ	N								0	
4. Arkansas..... AR	N								0	
5. California..... CA	L	2,900							2,900	
6. Colorado..... CO	N								0	
7. Connecticut..... CT	N								0	
8. Delaware..... DE	N								0	
9. District of Columbia..... DC	N								0	
10. Florida..... FL	N								0	
11. Georgia..... GA	N								0	
12. Hawaii..... HI	N								0	
13. Idaho..... ID	L								0	
14. Illinois..... IL	N								0	
15. Indiana..... IN	N								0	
16. Iowa..... IA	N								0	
17. Kansas..... KS	N								0	
18. Kentucky..... KY	N								0	
19. Louisiana..... LA	N								0	
20. Maine..... ME	N								0	
21. Maryland..... MD	N								0	
22. Massachusetts..... MA	N								0	
23. Michigan..... MI	N								0	
24. Minnesota..... MN	N								0	
25. Mississippi..... MS	N								0	
26. Missouri..... MO	N								0	
27. Montana..... MT	N								0	
28. Nebraska..... NE	N								0	
29. Nevada..... NV	N								0	
30. New Hampshire..... NH	N								0	
31. New Jersey..... NJ	N								0	
32. New Mexico..... NM	N								0	
33. New York..... NY	N								0	
34. North Carolina..... NC	N								0	
35. North Dakota..... ND	N								0	
36. Ohio..... OH	N								0	
37. Oklahoma..... OK	N								0	
38. Oregon..... OR	L	307,112,432	69,285,226						376,397,658	
39. Pennsylvania..... PA	N								0	
40. Rhode Island..... RI	N								0	
41. South Carolina..... SC	N								0	
42. South Dakota..... SD	N								0	
43. Tennessee..... TN	N								0	
44. Texas..... TX	L								0	
45. Utah..... UT	N								0	
46. Vermont..... VT	N								0	
47. Virginia..... VA	N								0	
48. Washington..... WA	L	9,745,517							9,745,517	
49. West Virginia..... WV	N								0	
50. Wisconsin..... WI	N								0	
51. Wyoming..... WY	N								0	
52. American Samoa..... AS	N								0	
53. Guam..... GU	N								0	
54. Puerto Rico..... PR	N								0	
55. U.S. Virgin Islands..... VI	N								0	
56. Northern Mariana Islands..... MP	N								0	
57. Canada..... CAN	N								0	
58. Aggregate Other Aliens..... OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal.....	XXX	389,963,486	69,285,226	0	0	0	0	0	459,248,712	0
60. Reporting Entity Contributions for Employee Benefit Plans.....	XXX								0	
61. Totals (Direct Business).....	(a) 6	389,963,486	69,285,226	0	0	0	0	0	459,248,712	0
DETAILS OF WRITE-INS										
58001.....	XXX									
58002.....	XXX									
58003.....	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page.....	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above).....	XXX	0	0	0	0	0	0	0	0	0

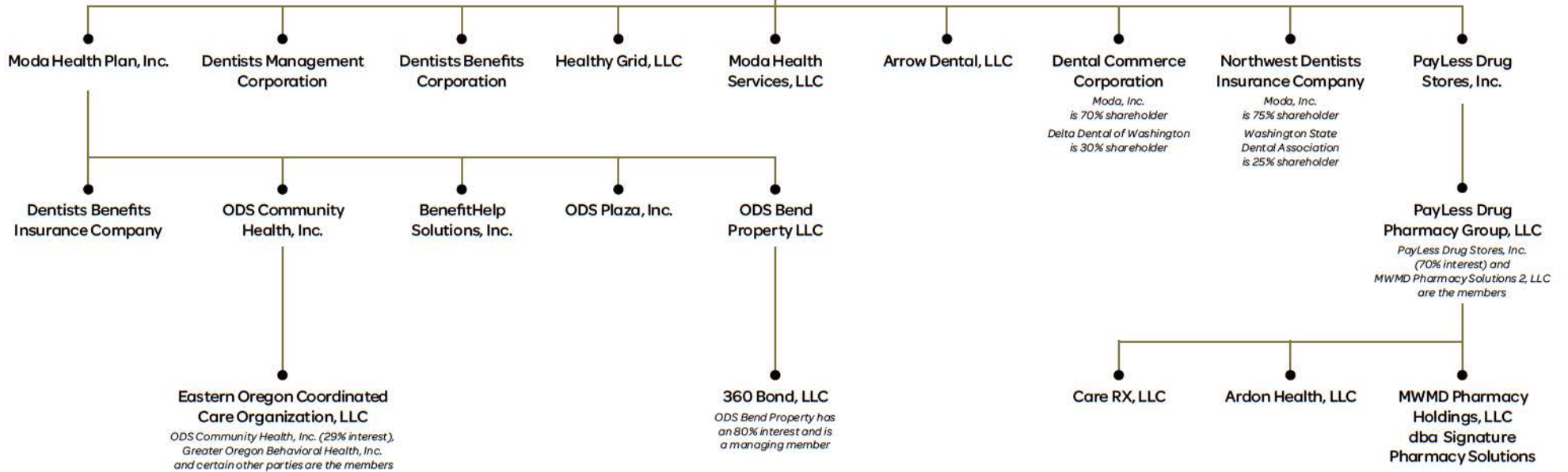
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

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

**Oregon Dental Association**  
*An Oregon non-profit corporation*  
*Appoints Board of Directors for Moda, Inc.*

**Oregon Dental Service dba Delta Dental Plan of Oregon**  
*An Oregon non-profit corporation*

**Moda, Inc.**  
*An Oregon business corporation*



Ownership is 100% unless otherwise noted  
 (updated 8/2015)

STATEMENT AS OF JUNE 30, 2016 OF THE Moda Health Plan, Inc.

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
1313	OREGON DENTAL GRP	54941	93-0438772				Oregon Dental Service	OR	UIP	Oregon Dental Association	Board of Directors		Oregon Dental Association	
1313	OREGON DENTAL GRP	47098	93-0999307				Moda Health Plan, Inc.	OR		Moda, Inc.	Ownership	100.000	Oregon Dental Association	
1313	OREGON DENTAL GRP	18813	93-0890424				Dentists Benefits Insurance Company	OR	DS	Moda Health Plan, Inc.	Ownership	100.000	Oregon Dental Association	
1313	OREGON DENTAL GRP	32417	91-1444206				Northwest Dentists Insurance Company	WA	IA	Moda, Inc.	Ownership	75.000	Oregon Dental Association	
			93-0787508				Dentists Benefits Corporation	OR	NIA	Moda, Inc.	Ownership	100.000	Oregon Dental Association	
			93-0792340				Dentists Management Corporation	OR	NIA	Moda, Inc.	Ownership	100.000	Oregon Dental Association	
			93-113521				BenefitHelp Solutions, Inc.	OR	DS	Moda Health Plan, Inc.	Ownership	100.000	Oregon Dental Association	
			93-1083363				Moda, Inc.	OR	UDP	Oregon Dental Service	Ownership	100.000	Oregon Dental Association	
			45-0528457				ODS Community Health, Inc.	OR	DS	Moda Health Plan, Inc.	Ownership	100.000	Oregon Dental Association	
			83-0463200				ODS Plaza, Inc.	OR	DS	Moda Health Plan, Inc.	Ownership	100.000	Oregon Dental Association	
			26-0233981				380 Bond, LLC	OR	DS	ODS Bond Property LLC	Ownership	80.000	Oregon Dental Association	
			26-0772139				ODS Bend Property LLC	OR	DS	Moda Health Plan, Inc.	Ownership	100.000	Oregon Dental Association	
			35-2410053				Dental Commerce Corporation	OR	NIA	Moda, Inc.	Ownership	70.000	Oregon Dental Association	
			80-0835179				Eastern Oregon Coordinated Care Organization, LLC	OR	DS	ODS Community Health, Inc.	Ownership	29.000	Oregon Dental Association	
			93-1278451				PayLess Drug Stores, Inc.	OR	NIA	Moda, Inc.	Ownership	100.000	Oregon Dental Association	
			94-3382598				CareRX, LLC	OR	NIA	PayLess Drug Pharmacy Group, LLC	Ownership	100.000	Oregon Dental Association	
			46-1495608				Healthy Grid, LLC	OR	NIA	Moda, Inc.	Ownership	100.000	Oregon Dental Association	
			46-3003497				Ardon Health, LLC	OR	NIA	PayLess Drug Pharmacy Group, LLC	Ownership	100.000	Oregon Dental Association	
			46-3132078				Moda Health Services, LLC	OR	NIA	Moda, Inc.	Ownership	100.000	Oregon Dental Association	
			46-3324446				PayLess Drug Pharmacy Group, LLC	OR	NIA	PayLess Drug Stores, Inc.	Ownership	70.000	Oregon Dental Association	
			45-2901744				MIND Pharmacy Holdings, LLC	WA	NIA	PayLess Drug Pharmacy Group, LLC	Ownership	100.000	Oregon Dental Association	
			46-3887256				Arrow Dental, LLC	OR	NIA	Moda, Inc.	Ownership	100.000	Oregon Dental Association	

Asterisk	Explanation
----------	-------------



## 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

Explanation:

1. Not applicable

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



**OVERFLOW PAGE FOR WRITE-INS**

STATEMENT AS OF JUNE 30, 2016 OF THE Moda Health Plan, 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 and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
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	7,455,502	7,366,193
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		.0
2.2 Additional investment made after acquisition		1,334,000
3. Capitalized deferred interest and other		.0
4. Accrual of discount		
5. Unrealized valuation increase (decrease)	(197,746)	(1,244,691)
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		.0
10. Deduct current year's other than temporary impairment recognized		.0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6+7+8+9+10)	7,257,756	7,455,502
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	7,257,756	7,455,502

**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	91,625,003	115,820,201
2. Cost of bonds and stocks acquired	15,988,376	60,252,436
3. Accrual of discount	11,598	42,790
4. Unrealized valuation increase (decrease)	27,371,868	11,389,718
5. Total gain (loss) on disposals	(167,730)	2,284,775
6. Deduct consideration for bonds and stocks disposed of	39,903,031	97,769,820
7. Deduct amortization of premium	94,640	395,097
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)	94,831,444	91,625,003
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	94,831,444	91,625,003



STATEMENT AS OF JUNE 30, 2016 OF THE Moda Health Plan, Inc.

**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) .....	20,711,140	2,253,069	2,558,725	(28,423)	20,711,140	20,377,061	.0	35,659,336
2. NAIC 2 (a) .....	2,093,285	512,985	8,833	(4,979)	2,093,285	2,592,458	.0	4,428,520
3. NAIC 3 (a) .....	100,056	.0	100,000	(56)	100,056	.0	.0	201,327
4. NAIC 4 (a) .....	.0				.0	.0		
5. NAIC 5 (a) .....	.0				.0	.0		
6. NAIC 6 (a) .....	.0				.0	.0		
7. Total Bonds	22,904,481	2,766,054	2,667,558	(33,458)	22,904,481	22,969,519	0	40,289,183
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	.0				.0	.0		.0
9. NAIC 2 .....	.0				.0	.0		.0
10. NAIC 3 .....	.0				.0	.0		.0
11. NAIC 4 .....	.0				.0	.0		.0
12. NAIC 5 .....	.0				.0	.0		.0
13. NAIC 6 .....	.0				.0	.0		.0
14. Total Preferred Stock .....	.0	.0	.0	.0	.0	.0	.0	.0
15. Total Bonds and Preferred Stock	22,904,481	2,766,054	2,667,558	(33,458)	22,904,481	22,969,519	0	40,289,183

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

**SCHEDULE DA - PART 1**

## Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
9199999 Totals	2,074,515	XXX	2,224,409	1,095	388

**SCHEDULE DA - VERIFICATION**

## Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	364,150	506,464
2. Cost of short-term investments acquired .....	15,755,004	39,972,320
3. Accrual of discount .....	39	362
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		191
6. Deduct consideration received on disposals .....	14,044,678	40,114,951
7. Deduct amortization of premium .....		236
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) .....	2,074,515	364,150
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11)	2,074,515	364,150

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

**NONE**

Schedule DB - Part B - Verification - Futures Contracts

**NONE**

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

**NONE**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

**NONE**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of  
Derivatives

**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 .....	0	0
2. Cost of cash equivalents acquired .....	2,150,199	8,399,797
3. Accrual of discount .....	.69	.38
4. Unrealized valuation increase (decrease) .....		.0
5. Total gain (loss) on disposals .....	(7)	(24)
6. Deduct consideration received on disposals .....	2,149,935	8,399,811
7. Deduct amortization of premium .....	326	.0
8. Total foreign exchange change in book/adjusted carrying value .....		.0
9. Deduct current year's other than temporary impairment recognized .....		.0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	0	0
11. Deduct total nonadmitted amounts .....		.0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule A - Part 2 - Real Estate Acquired and Additions Made

**NONE**

Schedule A - Part 3 - Real Estate Disposed

**NONE**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

**NONE**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

**NONE**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

**NONE**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

**NONE**

STATEMENT AS OF JUNE 30, 2016 OF THE Moda Health Plan, Inc.

**SCHEDULE D - PART 3**

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
912828-D7-2	US TREASURY N/B		04/14/2016	CITIGROUP/ELECTRONIC		103,492	100,000	266	I
912828-TN-0	US TREASURY N/B		04/14/2016	CITIGROUP/ELECTRONIC		100,096	100,000	133	I
912828-VY-9	US TREASURY N/B		04/14/2016	CITIGROUP/ELECTRONIC		104,004	100,000	283	I
<b>0599999 Subtotal - Bonds - U.S. Governments</b>						<b>307,592</b>	<b>300,000</b>	<b>682</b>	<b>XXX</b>
002089-CR-1	AT&T INC		04/28/2016	GOLDMAN SACHS		102,360	100,000	653	2FE
002871-AT-6	ABBVIE INC		05/10/2016	MORGAN STANLEY		101,427	100,000	1,243	2FE
05531F-MN-3	BBAT CORPORATION		04/29/2016	JEFFERIES & COMPANY		101,298	100,000	769	1FE
060510-EX-3	BANK OF AMERICA CORP		04/29/2016	J.P. MORGAN		101,841	100,000	787	2FE
172967-HB-6	CITIGROUP INC		04/28/2016	SMPD		100,928	100,000	52	2FE
82343Y-CC-6	VERIZON COMMUNICATIONS		04/29/2016	WELLSCOFF		106,429	100,000	470	2FE
891140-AS-7	TORONTO-DOMINION BANK		05/10/2016	MITSUBISHI		101,688	100,000	773	1FE
<b>3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						<b>715,911</b>	<b>700,000</b>	<b>4,747</b>	<b>XXX</b>
<b>8399997 Total - Bonds - Part 3</b>						<b>1,023,493</b>	<b>1,000,000</b>	<b>5,429</b>	<b>XXX</b>
<b>8399998 Total - Bonds - Part 5</b>						<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
<b>8399999 Total - Bonds</b>						<b>1,023,493</b>	<b>1,000,000</b>	<b>5,429</b>	<b>XXX</b>
<b>8999997 Total - Preferred Stocks - Part 3</b>						<b>0</b>	<b>XXX</b>	<b>0</b>	<b>XXX</b>
<b>8999998 Total - Preferred Stocks - Part 5</b>						<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
<b>8999999 Total - Preferred Stocks</b>						<b>0</b>	<b>XXX</b>	<b>0</b>	<b>XXX</b>
007960-77-5	WESTWOOD INCOME OPPORTUNITY		06/30/2016	DIVIDEND REINVESTMENT	575,471	8,300			I
921809-SI-8	VANGUARD TOP INT ST IDI-LDM		06/14/2016	DIVIDEND REINVESTMENT	218,621	5,155			I
<b>9299999 Subtotal - Common Stocks - Mutual Funds</b>						<b>13,545</b>	<b>XXX</b>	<b>0</b>	<b>XXX</b>
<b>9799997 Total - Common Stocks - Part 3</b>						<b>13,545</b>	<b>XXX</b>	<b>0</b>	<b>XXX</b>
<b>9799998 Total - Common Stocks - Part 5</b>						<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
<b>9799999 Total - Common Stocks</b>						<b>13,545</b>	<b>XXX</b>	<b>0</b>	<b>XXX</b>
<b>9899999 Total - Preferred and Common Stocks</b>						<b>13,545</b>	<b>XXX</b>	<b>0</b>	<b>XXX</b>
<b>9999999 - Totals</b>						<b>1,037,038</b>	<b>XXX</b>	<b>5,429</b>	<b>XXX</b>

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



STATEMENT AS OF JUNE 30, 2016 OF THE Moda Health Plan, Inc.

**SCHEDULE D - PART 4**

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
..362135-20-0	QMA #56340		06/01/2016	MBS PNT		.26	.26	.26	.26	.0	.0	.0	.0	.0	.26	.0	.0	.0	.0	06/15/2031	
..362131-45-0	QMA #56305		06/01/2016	MBS PNT		.12	.12	.12	.12	.0	.0	.0	.0	.0	.12	.0	.0	.0	.0	06/15/2032	
..912828-9H-6	US TREASURY N/B					7,559											8,280	8,280			
..912828-06-0	US TREASURY N/B					2,565											22,699	22,699			
..912828-F3-9	US TREASURY N/B					4,330											4,841	4,841			
..912828-H4-5	US TREASURY INFL IX NB					5,426											(12,229)	(12,229)			
..912828-H5-2	US TREASURY N/B					5,963											9,802	9,802			
..912828-K3-3	US TREASURY INFL IX NB					4,243											5,129	5,129			
..912828-9H-7	US TREASURY N/B					6,792											7,451	7,451			
..912828-90-8	US TREASURY N/B					2,069											22,159	22,159			
..912828-K7-4	US TREASURY N/B					3,763											10,631	10,631			
..912828-L3-2	QMA #A0257					54,640											8,114	8,114			
..351740-9H-5						38			38								26,575	26,575			
059999	Subtotal - Bonds - U.S. Governments					100,000	100,000	100,440	100,070	80	(150)	0	(70)	0	100,000	0	113,450	113,450	1	XXX	XXX
..282640-12-7	BISPRIFINIBS A/S	R	05/25/2016	MATURITY		300,000	100,000	100,440	100,070	80	(150)	0	(70)	0	100,000	0	0	0	1,188	06/25/2016	3F
109999	Subtotal - Bonds - All Other Governments					100,000	100,000	100,440	100,070	80	(150)	0	(70)	0	100,000	0	0	0	1,188	XXX	XXX
..312834-HH-5	FLMIG 684751		06/01/2016	MBS PNT		.36	.36	.37	.37	.0	.0	.0	.0	.0	.36	.0	.0	.0	.0		
..312834-KJ-4	FLMIG 00617		06/01/2016	MBS PNT		4,790	4,790	5,039	4,819	.0	(28)	.0	(28)	.0	4,790	.0	.0	.0	100	09/01/2038	
..312834-CC-6	FLMIG 006067		06/01/2016	MBS PNT		5,870	5,870	6,249	5,910	.0	(30)	.0	(30)	.0	5,870	.0	.0	.0	122	10/01/2039	
..312834-HF-5	FLMIG 019630		06/01/2016	MBS PNT		6,772	6,772	6,921	6,781	.0	(9)	.0	(9)	.0	6,772	.0	.0	.0	133	07/01/2024	
..312834-L5-7	FLMIG 006347		06/01/2016	MBS PNT		5,319	5,319	5,414	5,327	.0	(7)	.0	(7)	.0	5,319	.0	.0	.0	101	06/01/2039	
..312834-U0-7	FLMIG 009496		06/01/2016	MBS PNT		3,921	3,921	3,989	3,924	.0	(3)	.0	(3)	.0	3,921	.0	.0	.0	57	11/01/2041	
..312945-NH-0	FLMIG A96312		04/13/2016	VARIABLE		172,951	161,951	159,623	159,880	.0	121	.0	121	.0	160,001	.0	12,950	12,950	2,463	01/01/2041	
..31371H-WG-7	FMA #256959		06/01/2016	MBS PNT		3,182	3,182	3,328	3,194	.0	(12)	.0	(12)	.0	3,182	.0	.0	.0	77	11/01/2037	
..31371H-UB-6	FMA #257207		04/25/2016	VARIABLE		30,699	29,405	34,856	34,644	.0	(213)	.0	(213)	.0	34,431	.0	6,268	6,268	1,745	05/01/2038	
..31379H-1B-6	FLMIG 3638 AE		06/01/2016	MBS PNT		9,936	9,936	10,241	9,976	.0	(40)	.0	(40)	.0	9,936	.0	.0	.0	104	11/15/2018	
..313844-K7-5	FMA #H5401		04/28/2016	VARIABLE		142,056	131,116	139,126	138,940	.0	(784)	.0	(784)	.0	137,856	.0	4,200	4,200	2,411	01/01/2041	
..313845-F7-5	FMA #H5781		04/28/2016	VARIABLE		161,375	169,839	167,610	167,968	.0	137	.0	137	.0	168,035	.0	13,340	13,340	2,784	02/01/2041	
..313847-Q2-8	FMA #H5616		04/27/2016	VARIABLE		107,334	101,671	106,484	105,574	.0	(338)	.0	(338)	.0	105,236	.0	2,098	2,098	1,457	02/01/2026	
..31389A-4L-9	FMA #H7126		06/01/2016	MBS PNT		23,376	23,376	24,096	23,400	.0	(20)	.0	(20)	.0	23,376	.0	.0	.0	148	10/01/2027	
..313921-DF-2	FMA 2001-55 PC		06/01/2016	MBS PNT		262	262	262	262	.0	.0	.0	.0	.0	262	.0	.0	.0	7	10/25/2031	
..31393B-K7-5	FMA 2003-95 F		06/25/2016	MBS PNT		662	662	644	660	.0	1	.0	1	.0	662	.0	.0	.0	2	09/25/2042	
..31407H-2K-0	FMA #835176		06/01/2016	MBS PNT		40,004	40,004	45,224	40,000	.0	(301)	.0	(301)	.0	40,004	.0	.0	.0	618	09/01/2035	
..31410G-AG-8	FMA #889407		06/01/2016	MBS PNT		9,559	9,559	10,338	9,626	.0	(67)	.0	(67)	.0	9,559	.0	.0	.0	195	09/01/2036	
..31410K-BF-6	FMA #90170		06/01/2016	MBS PNT		4,547	4,547	4,762	4,569	.0	(22)	.0	(22)	.0	4,547	.0	.0	.0	85	09/01/2019	
..31410K-JF-6	FMA #889572		06/01/2016	MBS PNT		4,150	4,150	4,397	4,173	.0	(23)	.0	(23)	.0	4,150	.0	.0	.0	94	06/01/2038	
..31410L-AL-2	FMA #90256		06/01/2016	MBS PNT		16,945	16,945	17,432	16,962	.0	(47)	.0	(47)	.0	16,945	.0	.0	.0	174	01/01/2024	
..31411U-AU-5	FMA #914510		06/01/2016	MBS PNT		3,075	3,075	3,338	3,098	.0	(23)	.0	(23)	.0	3,075	.0	.0	.0	63	04/01/2037	
..314120-06-7	FMA #931712		06/01/2016	MBS PNT		11,085	11,085	11,376	11,127	.0	(42)	.0	(42)	.0	11,085	.0	.0	.0	191	06/01/2019	
..314120-HH-8	FMA #931947		06/01/2016	MBS PNT		2,986	2,986	3,065	2,992	.0	(6)	.0	(6)	.0	2,986	.0	.0	.0	50	08/01/2019	
..314120-QZ-5	FMA #932072		06/01/2016	MBS PNT		2,514	2,514	2,580	2,525	.0	(11)	.0	(11)	.0	2,514	.0	.0	.0	42	10/01/2019	
..31414A-MZ-2	FMA #960376		06/01/2016	MBS PNT		4,960	4,960	5,255	4,982	.0	(22)	.0	(22)	.0	4,960	.0	.0	.0	108	12/01/2037	
..31414D-Z0-2	FMA #963451		06/01/2016	MBS PNT		3,360	3,360	3,479	3,369	.0	(9)	.0	(9)	.0	3,360	.0	.0	.0	72	06/01/2023	
..31414R-QK-9	FMA #972574		06/01/2016	MBS PNT		1,508	1,508	1,573	1,510	.0	(11)	.0	(11)	.0	1,508	.0	.0	.0	26	03/01/2038	
..314160-EJ-1	FMA #965737		06/01/2016	MBS PNT		4,031	4,031	4,357	4,058	.0	(26)	.0	(26)	.0	4,031	.0	.0	.0	84	02/01/2038	
..314160-JF-4	FMA #963662		06/01/2016	MBS PNT		4,112	4,112	4,317	4,130	.0	(19)	.0	(19)	.0	4,112	.0	.0	.0	84	07/01/2039	
..31416H-9K-1	FMA #A4652		06/01/2016	MBS PNT		4,926	4,926	5,018	4,933	.0	(7)	.0	(7)	.0	4,926	.0	.0	.0	80	06/01/2024	
..31417A-RZ-4	FMA #B4103		05/25/2016	VARIABLE		161,366	153,854	159,479	158,890	.0	(374)	.0	(374)	.0	158,516	.0	2,850	2,850	2,397	12/01/2041	
..31417Y-HZ-3	FMA #H0247		06/01/2016	MBS PNT		9,189	9,189	9,560	9,222	.0	(33)	.0	(33)	.0	9,189	.0	.0	.0	167	11/01/2019	
..31417Y-LJ-2	FMA #H0266		06/01/2016	MBS PNT		12,672	12,672	13,219	12,724	.0	(52)	.0	(52)	.0	12,672	.0	.0	.0	240	12/01/2019	
..31417Y-M6-1	FMA #H0380		04/28/2016	VARIABLE		45,588	43,969	46,332	45,302	.0	(237)	.0	(237)	.0	45,065	.0	523	523	717	04/01/2020	
..31417Y-OS-9	FMA #H0464		06/01/2016	MBS PNT		5,531	5,531	5,746	5,552	.0	(21)	.0	(21)	.0	5,531	.0	.0	.0	80	06/01/2020	
..31419H-1B-2	FMA #H7005		06/01/2016	MBS PNT		16,880	16,880	18,079	16,870	.0	(31)	.0	(31)	.0	16,880	.0	.0	.0	145	10/01/2040	
..31419J-6G-8	FMA #H8070		06/01/2016	MBS PNT		3,407	3,407	3,363	3,405	.0	3	.0	3	.0	3,407	.0	.0	.0	58	12/01/2040	
..3137EA-DB-2	FLMIG					2,134											9,649	9,649			
..31387G-W6-1	FMA #H3370					3,997											12,674	12,674			
..31418J-UB-9	FMA #H7806					2,633											24,542	24,542			



STATEMENT AS OF JUNE 30, 2016 OF THE Moda Health Plan, Inc.

**SCHEDULE D - PART 4**

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book/Adjusted Carrying Value	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)	
31399A-02-9 3137 1K-7J-4	FMA #61308 FMA #254797					2,060 2,254							0 0				7,270 16,912	7,270 16,912				
31999999	Subtotal - Bonds - U.S. Special Revenues					1,144,014	1,071,372	1,106,295	1,010,695	0	(2,600)	0	(2,600)	0	1,088,707	0	113,476	113,476	17,482	XXXX	XXXX	
035236-M-1	BANL 2011-07C1 ASA		06/17/2016	MBS PNT		24,462	24,462	26,521	24,608		(146)								24,462	11/15/2016	IFE	
07394H-01-4	ISBNN 2004-10		06/01/2016	MBS PNT		301	301	294	301		0								301	01/25/2035	IFE	
1596SD-05-8	CYS PASS-THROUGH TRUST		06/10/2016	SHK		731	731	731	731		0								731	01/10/2032	IFE	
190749-0E-1	CNCI 2006-C1 A4		06/01/2016	MBS PNT		20,750	20,750	20,680	20,748		0	2	2						20,750	08/15/2048	IFE	
361591-AF-7	GECC 2007-C1 A1A		06/01/2016	MBS PNT		25,688	25,688	26,325	25,998		(310)		(310)						25,688	12/10/2049	IFE	
446670-CP-1	IMCCE 1997-3 A6		06/01/2016	MBS PNT		1,517	1,517	1,538	1,518		(1)		(1)						1,517	08/20/2028	IFE	
466251-CY-3	JWCC 2004-LJ2 A2		06/01/2016	MBS PNT		1,530	1,530	1,614	1,530		0		0						1,530	07/15/2041	IFE	
466251-0C-2	JWCC 2006-LJ2 A3		06/01/2016	MBS PNT		3,132	3,132	2,764	3,121		11		11						3,132	05/15/2047	IFE	
61758F-AA-0	MSFR 2009-0310 AAA		06/01/2016	MBS PNT		2,040	2,040	2,066	2,040		(10)		(10)						2,040	08/12/2045	IFE	
682671-AA-8	OMFIT 2014-1A A		06/18/2016	MBS PNT		19,143	19,143	19,120	19,143		27		27						19,143	06/18/2024	IFE	
78445J-AA-5	SUNA 2009-9 A		04/25/2016	MBS PNT		5,288	5,288	5,267	5,281		8		8						5,288	04/25/2023	IFE	
90349F-0D-6	US AIRWAYS 2012-2A PTT		06/03/2016	SHK		8,221	8,221	8,047	8,215		8		8						8,221	06/03/2025	IFE	
920794-05-5	WBCMT 2005-C2B APRL		06/15/2016	MBS PNT		21,001	21,001	20,805	20,940		62		62						21,001	10/15/2048	IFE	
949779-0L-6	WMSB 2004-EE 3A2		06/01/2016	MBS PNT		8,517	8,517	8,337	8,507		10		10						8,517	12/25/2034	IFE	
909089-AA-1	AIR CANADA 2013-1A PTT		05/15/2016	SHK		7,154	7,154	7,244	7,156		(2)		(2)						7,154	05/15/2025	IFE	
040121-AA-7	ARES CLO LTD 2007-12A		05/25/2016	MBS PNT		163,319	163,319	161,277	162,153		1,165		1,165						163,319	11/25/2020	IFE	
042710-0B-4	ARPMF 2011-1A A2C		05/20/2016	MBS PNT		9,546	9,546	9,570	9,552		(6)		(6)						9,546	11/19/2047	IFE	
12478-AA-5	CIFC 2006-2A A IIL		06/06/2016	MBS PNT		3,707	3,707	3,663	3,471		236		236						3,707	03/01/2021	IFE	
219239-AA-8	COPR 2007-1A A1S		04/15/2016	MBS PNT		29,289	29,289	28,520	29,117		172		172						29,289	07/15/2021	IFE	
26248P-AA-9	DPD 2006-16A A1		04/23/2016	MBS PNT		23,413	23,413	23,050	23,281		132		132						23,413	10/20/2020	IFE	
278287-AA-5	EXTON 2006-5A A		05/16/2016	MBS PNT		39,321	39,321	39,849	39,321		56		56						39,321	08/15/2022	IFE	
381036-AA-4	GULK 2007-2A A		04/15/2016	MBS PNT		41,883	41,883	41,569	41,801		82		82						41,883	04/15/2019	IFE	
34883K-AA-2	INGIN 2006-3A A1		04/18/2016	MBS PNT		19,951	19,951	19,612	19,958		93		93						19,951	12/13/2020	IFE	
36176Y-AA-0	STOLO 2007-6A A1		04/18/2016	MBS PNT		39,285	39,285	38,715	39,147		118		118						39,285	04/17/2021	IFE	
32769J-AA-5	VIRGIN AJST 2013-1A TR		04/23/2016	SHK		8,101	8,101	8,101	8,101		0		0						8,101	10/23/2023	2ML	
93864L-0D-0	WMSB 2007-5L3 AJ					1,763													1,763			
61758F-AA-0	MSFR 2009-0310 AAA					3,450													3,450			
125131-AF-7	CO 2007-0D A					3,087													3,087			
07329H-0C-9	BAYV 2006-0 I A2					126													126			
17319H-AA-7	COOIT 2013-SMP A					1,559													1,559			
12527J-AA-4	COOIT 2010-PPS ML SR					2,332													2,332			
38248E-AA-3	GSMS 2010-C2 A1					585													585			
12513J-0G-5	CO 2007-0D A1A					2,103													2,103			
19075D-AF-8	CNCI 2007-C3 A1A					2,984													2,984			
38999999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					545,271	527,270	526,304	504,401	0	1,705	0	1,705	0	527,270	0	11,574	11,574	4,507	XXX	XXX	
8399997	Total - Bonds - Part 4					1,843,924	1,698,680	1,733,037	1,615,204	80	(1,045)	0	(965)	0	1,716,015	0	238,500	238,500	23,178	XXX	XXX	
8399998	Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999	Total - Bonds					1,843,924	1,698,680	1,733,037	1,615,204	80	(1,045)	0	(965)	0	1,716,015	0	238,500	238,500	23,178	XXX	XXX	
8999997	Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
8999998	Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999	Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799997	Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799998	Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999	Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999	Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999	Totals					1,843,924	1,698,680	1,733,037	1,615,204	80	(1,045)	0	(965)	0	1,716,015	0	238,500	238,500	23,178	XXX	XXX	

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

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open  
**NONE**

Schedule DB - Part B - Section 1 - Futures Contracts Open  
**NONE**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made  
**NONE**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open  
**NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By  
**NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To  
**NONE**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned  
**NONE**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned  
**NONE**





STATEMENT AS OF JUNE 30, 2016 OF THE Moda Health Plan, Inc.  
**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 and Accrued	Amount Received During Year
05999999. Total - U.S. Government Bonds					0	0	0
10999999. Total - All Other Government Bonds					0	0	0
17999999. Total - U.S. States, Territories and Possessions Bonds					0	0	0
24999999. Total - U.S. Political Subdivisions Bonds					0	0	0
31999999. Total - U.S. Special Revenues Bonds					0	0	0
38999999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds					0	0	0
48999999. Total - Hybrid Securities					0	0	0
55999999. Total - Parent, Subsidiaries and Affiliates Bonds					0	0	0
77999999. Total - Issuer Obligations					0	0	0
78999999. Total - Residential Mortgage-Backed Securities					0	0	0
79999999. Total - Commercial Mortgage-Backed Securities					0	0	0
80999999. Total - Other Loan-Backed and Structured Securities					0	0	0
83999999. Total Bonds					0	0	0
86999999. Total Cash Equivalents					0	0	0