



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2018
OF THE CONDITION AND AFFAIRS OF THE
Moda Health Plan, Inc.

NAIC Group Code 1313 1313 NAIC Company Code 47098 Employer's ID Number 93-0989307
(Current) (Prior)

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: 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 Portland, OR, US 97204
(Street and Number) (City or Town, State, Country and Zip Code)
503-228-6554
(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 Portland, OR, US 97204
(Street and Number) (City or Town, State, Country and Zip Code)
503-228-6554
(Area Code) (Telephone Number)

Internet Website Address www.modahealth.com

Statutory Statement Contact Katherine Stalsberg 503-412-4030
(Name) (Area Code) (Telephone Number)
katie.stalsberg@modahealth.com 503-243-4495
(E-mail Address) (FAX Number)

OFFICERS

President William Ellis Johnson Treasurer David Wayne Evans
Secretary Thomas James Bikales CEO Robert Glenn Gootee

OTHER

DIRECTORS OR TRUSTEES

Robert Glenn Gootee Kenneth Lee Allen Michael Biermann #
Molly Hering Bordonaro David Wesley Howerton Jill Ronne Eberwein #

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.

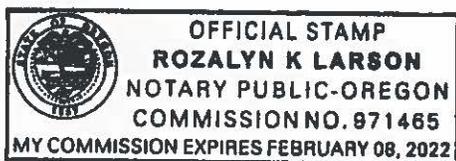
William Ellis Johnson
President

Thomas James Bikales
Secretary

David Wayne Evans
Treasurer

Subscribed and sworn to before me this 10 day of May, 2018
Rozalyn K Larson

- 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 MARCH 31, 2018 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	1,437,084		1,437,084	1,439,413
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	41,725,036		41,725,036	39,241,244
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 (\$34,454,530), cash equivalents (\$7,875,530) and short-term investments (\$)	42,330,060		42,330,060	7,082,647
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets	0		0	0
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)	85,492,180	0	85,492,180	47,763,304
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	4,375		4,375	12,125
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	2,890,079	228,382	2,661,697	4,732,822
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 (\$46,992,544)	296,057,890	248,887,443	47,170,447	41,978,932
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	8,439,673		8,439,673	6,965,078
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	50,332,520	267,931	50,064,589	48,947,901
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset	937,714		937,714	937,714
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software	1,345,886	1,345,886	0	0
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	77,077,711		77,077,711	94,077,817
24. Health care (\$5,492,328) and other amounts receivable	10,872,663	5,380,335	5,492,328	5,460,610
25. Aggregate write-ins for other than invested assets	1,801,549	900,674	900,875	935,058
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	535,252,240	257,010,651	278,241,589	251,811,361
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	535,252,240	257,010,651	278,241,589	251,811,361
DETAILS OF WRITE-INS				
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	900,674	900,674	0	0
2502. Other Receivables	900,875		900,875	935,058
2503.				
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)	1,801,549	900,674	900,875	935,058

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$0 reinsurance ceded)	57,333,600	4,375,150	61,708,750	72,926,300
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	2,866,679	218,757	3,085,436	3,646,313
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	8,550,255		8,550,255	9,718,848
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	21,121,031		21,121,031	9,106,972
9. General expenses due or accrued	45,167,912		45,167,912	15,744,041
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	1,186,833		1,186,833	3,925,538
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others	101,277		101,277	105,527
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	1,435		1,435	236,196
16. Derivatives			0	0
17. Payable for securities			0	0
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	60,688,483		60,688,483	45,477,304
23. Aggregate write-ins for other liabilities (including \$ current)	772,838	0	772,838	753,358
24. Total liabilities (Lines 1 to 23)	197,790,343	4,593,907	202,384,250	161,640,397
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	20,615,148
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	205,303,317	205,303,317
29. Surplus notes	XXX	XXX	60,000,000	60,000,000
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(191,945,978)	(198,247,501)
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	75,857,339	90,170,964
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	278,241,589	251,811,361
DETAILS OF WRITE-INS				
2301. Unclaimed Property	772,838		772,838	753,358
2302.			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)	772,838	0	772,838	753,358
2501. Surplus appropriated for ACA Section 9010 Fee	XXX	XXX		20,615,148
2502.	XXX	XXX		0
2503.	XXX	XXX		0
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	0	20,615,148
3001.	XXX	XXX		0
3002.	XXX	XXX		0
3003.	XXX	XXX		0
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	271,496	245,778	933,093
2. Net premium income (including \$ non-health premium income)	XXX	168,376,040	142,619,182	561,141,440
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	168,376,040	142,619,182	561,141,440
Hospital and Medical:				
9. Hospital/medical benefits		103,621,024	88,889,412	340,129,132
10. Other professional services		10,276,135	9,733,570	36,540,220
11. Outside referrals		7,369,074	4,124,251	19,765,737
12. Emergency room and out-of-area		12,981,796	11,543,436	43,739,497
13. Prescription drugs		19,736,063	17,468,161	78,005,252
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)	0	153,984,092	131,758,830	518,179,838
Less:				
17. Net reinsurance recoveries		7,046,991	1,835,405	(2,818,051)
18. Total hospital and medical (Lines 16 minus 17)	0	146,937,101	129,923,425	520,997,889
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 2,445,101 cost containment expenses		8,430,383	3,778,151	17,643,978
21. General administrative expenses		27,571,092	4,351,238	14,558,119
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	182,938,576	138,052,814	553,199,986
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(14,562,536)	4,566,368	7,941,454
25. Net investment income earned		31,715	79,889	19,501,871
26. Net realized capital gains (losses) less capital gains tax of \$ 1,779		3,453	13,306,164	20,380,929
27. Net investment gains (losses) (Lines 25 plus 26)	0	35,168	13,386,053	39,882,800
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	33,884	62,538	(10,550)
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	(14,493,484)	18,014,959	47,813,704
31. Federal and foreign income taxes incurred	XXX	1,185,054	1,394,500	3,648,699
32. Net income (loss) (Lines 30 minus 31)	XXX	(15,678,538)	16,620,459	44,165,005
DETAILS OF WRITE-INS				
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 (Expense)		71,656	121,662	105,764
2902. Grants & Donations	0	(37,772)	(59,124)	(116,314)
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	33,884	62,538	(10,550)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	90,170,964	77,572,556	77,572,556
34. Net income or (loss) from Line 32.....	(15,678,538)	16,620,459	44,165,005
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	2,483,792	(10,374,159)	(3,712,109)
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....		133,601	788,926
39. Change in nonadmitted assets.....	(1,118,879)	335,285	1,136,175
40. Change in unauthorized and certified reinsurance.....	0	0	0
41. Change in treasury stock.....	0	0	0
42. Change in surplus notes.....	0	0	(35,950,000)
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.....	0	(2,016,044)	6,170,411
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).....	(14,313,625)	4,699,142	12,598,408
49. Capital and surplus end of reporting period (Line 33 plus 48)	75,857,339	82,271,698	90,170,964
DETAILS OF WRITE-INS			
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 MARCH 31, 2018 OF THE Moda Health Plan, Inc.

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	176,139,487	145,894,488	532,575,348
2. Net investment income	41,794	65,456	9,978,020
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	176,181,281	145,959,944	542,553,368
5. Benefit and loss related payments	160,324,374	178,268,980	566,486,331
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	(6,888,928)	7,656,071	47,348,578
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	1,183,275	(704,712)	199,015
10. Total (Lines 5 through 9)	154,618,721	185,220,339	614,033,924
11. Net cash from operations (Line 4 minus Line 10)	21,562,560	(39,260,395)	(71,480,556)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	6,841,401	15,441,175
12.2 Stocks	0	18,228,387	23,767,693
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	1,985,791
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	25,069,788	41,194,659
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	2,475,278	2,952,375
13.2 Stocks	0	1,164	1,222
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	1,999,735	1,999,735
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	4,476,177	4,953,332
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)	0	20,593,611	36,241,327
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	22,950,000	9,568,689
16.2 Capital and paid in surplus, less treasury stock	0	0	14,524,441
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)	13,684,853	18,819,746	20,319,174
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	13,684,853	41,769,746	44,412,304
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	35,247,413	23,102,962	9,173,075
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	7,082,647	(2,090,428)	(2,090,428)
19.2 End of period (Line 18 plus Line 19.1)	42,330,060	21,012,534	7,082,647

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

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STATEMENT AS OF MARCH 31, 2018 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							
Total Members at end of:										
1. Prior Year	72,826	20,893	34,052	0	0	0	0	17,881	0	0
2. First Quarter	90,407	41,469	30,974					17,964		
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	271,496	124,622	92,911					53,963		
Total Member Ambulatory Encounters for Period:										
7. Physician	73,299	33,255	26,164					13,880		
8. Non-Physician	58,575	26,755	21,684					10,136		
9. Total	131,874	60,010	47,848	0	0	0	0	24,016	0	0
10. Hospital Patient Days Incurred	11,224	3,543	2,440					5,241		
11. Number of Inpatient Admissions	1,846	650	515					681		
12. Health Premiums Written (a)	169,381,791	74,370,240	47,197,377					46,506,268		1,307,906
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	169,381,791	74,370,240	47,197,377					46,506,268		1,307,906
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services.....	165,201,643	64,536,245	51,957,171					44,768,665		3,939,562
18. Amount Incurred for Provision of Health Care Services	153,984,092	65,671,689	41,368,899					43,003,942		3,939,562

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$46,506,268

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 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	54,217,238	55,229,186	2,166,322	41,894,847	56,383,560	53,513,997
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	16,896,471	27,872,194	757,387	15,990,194	17,653,858	18,512,303
7. Title XIX - Medicaid					0	0
8. Other health		3,939,562		900,000	0	900,000
9. Health subtotal (Lines 1 to 8)	71,113,709	87,040,942	2,923,709	58,785,041	74,037,418	72,926,300
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)	71,113,709	87,040,942	2,923,709	58,785,041	74,037,418	72,926,300

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

STATEMENT AS OF MARCH 31, 2018 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 2018 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 (loss) 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 #	2018	2017
NET INCOME (LOSS)					
(1) Moda Health Plan, Inc. state basis (Page 4, Line 32, Columns 2 & 3)	N/A	4	32	\$ (15,678,538)	\$ 44,165,005
(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)	N/A	4	32	\$ (15,678,538)	\$ 44,165,005
SURPLUS					
(5) Moda Health Plan, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	N/A	3	33	\$ 75,857,339	\$ 90,170,964
(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)	N/A	3	33	\$ 75,857,339	\$ 90,170,964

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) BenefitHelp Solutions, Inc., ODS Community Health, Inc., and PayLess Drug Stores, Inc. are carried at GAAP equity.
- 8) Not applicable.
- 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) Not applicable.

2) Not applicable.

3) Not applicable.

4) Not applicable.

5) Not applicable.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

Not applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not applicable.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not applicable.

STATEMENT AS OF MARCH 31, 2018 OF THE Moda Health Plan, Inc.

NOTES TO FINANCIAL STATEMENTS

- H. Repurchase Agreements Transactions Accounted for as a Sale
Not applicable.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale
Not applicable.
- J. Real Estate
Not applicable.
- K. Investments in low-income housing tax credits (LIHTC)
Not applicable.
- L. Restricted Assets
 - 1) Restricted Assets (Including Pledged)

	1	2	3	4	5	6	7
Restricted Assets (Including Pledged)	Total Gross Restricted from Current Year	Total Gross Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	-	-	-	-	-	-	-
b. Collateral held under security lending agreements	-	-	-	-	-	-	-
c. Subject to repurchase agreements	-	-	-	-	-	-	-
d. Subject to reverse repurchase agreements	-	-	-	-	-	-	-
e. Subject to dollar repurchase agreements	-	-	-	-	-	-	-
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-
g. Pledged under option contracts	-	-	-	-	-	-	-
h. Letter stock or securities restricted as to sale	-	-	-	-	-	-	-
i. FHLB capital stock	-	-	-	-	-	-	-
j. On deposit with states	3,937,085	6,439,414	(2,502,329)	-	3,937,085	0.74%	1.41%
k. On deposit with other regulatory bodies	-	-	-	-	-	-	-
l. Pledged collateral to FHLB	-	-	-	-	-	-	-
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-
n. Other restricted assets	4,505,230	4,503,009	2,221	-	4,505,230	0.84%	1.62%
o. Total Restricted Assets	8,442,315	10,942,423	(2,500,108)	-	8,442,315	1.58%	3.03%

The Company currently has \$2.5 million on deposit with the State of Alaska; this amount was reduced by \$2.5 million during the current quarter. In addition, the Company has \$1.29 million on deposit with the State of Oregon, and an additional \$152K on deposit with the State of Washington.

- 2) Not applicable.
- 3) The Company has \$4.5 million of cash equivalents in a restricted escrow account, which the Company has access to upon mutual consent.
- 4) Not applicable.

- M. Working Capital Finance Investments
Not applicable.
 - N. Offsetting and Netting of Assets and Liabilities
Not applicable.
 - O. Structured Notes
Not applicable.
 - P. 5* Securities
Not applicable.
 - Q. Short Sales
Not applicable.
 - R. Prepayment Penalty and Acceleration Fees
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.

STATEMENT AS OF MARCH 31, 2018 OF THE Moda Health Plan, Inc.

NOTES TO FINANCIAL STATEMENTS

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 March 31, 2018:

Moda, Inc.	\$	69,974,548
Eastern Oregon Coordinated Care Organization, LLC	\$	1,036,107
Oregon Dental Service	\$	6,067,056

Payables for related parties at March 31, 2018:

BenefitHelp Solutions, Inc.	\$	1,435
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The Company engages in transactions with affiliates as part of the ordinary course of business, including participation in a management services agreement (as described in Note 10F) and tax sharing agreement with Moda, Inc. and other affiliates. The \$70.0 million receivable from Moda, Inc. includes approximately \$6.3 million of receivables from the ordinary course of business, taxes (\$29.6million) and the remaining amount is comprised of notes and other agreements (\$34.1 million).

- 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 BenefitHelp Solutions, Inc., a third party administrator, and is reported using the equity method for a value of \$545,266. The Company owns 100% of the outstanding shares of ODS Community Health, Inc. and is reported using the equity method for a value of \$4,825,137. The Company owns 100% of the outstanding shares of PayLess Drug Stores, Inc., a long term care and specialty pharmacy company, and is reported using the equity method for a value of \$36,354,633.
- H. Not applicable.
- I. Not applicable.
- J. Not applicable.
- K. Not applicable.
- L. Not applicable.
- M. All SCA Investments
 - 1) Balance Sheet Value (Admitted and Nonadmitted) All SCA's (Except 8bi Entities)

SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Noadmitted Amount
a. SSAP No. 97 8a Entities		\$ -	\$ -	\$ -
		-	-	-
		-	-	-
Total SSAP No. 97 8a Entities	XXX	\$ -	\$ -	\$ -
b. SSAP No. 97 8b(ii) Entities		\$ -	\$ -	\$ -
		-	-	-
		-	-	-
Total SSAP No. 97 8b(ii) Entities	XXX	\$ -	\$ -	\$ -
c. SSAP No. 97 8b(iii) Entities				
Benefit Help Solutions, Inc.	100%	545,266	545,266	\$ -
ODS Community Health, Inc.	100%	4,825,137	4,825,137	-
PayLess Drug Stores, Inc.	100%	36,354,633	36,354,633	-
Total SSAP No. 97 8b(iii) Entities	XXX	\$ 41,725,036	\$ 41,725,036	\$ -
d. SSAP No. 97 8b(iv) Entities		\$ -	\$ -	\$ -
		-	-	-
		-	-	-
Total SSAP No. 97 8b(iv) Entities	XXX	\$ -	\$ -	\$ -
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	\$ 41,725,036	\$ 41,725,036	\$ -
f. Aggregate Total (a+e)	XXX	\$ 41,725,036	\$ 41,725,036	\$ -

STATEMENT AS OF MARCH 31, 2018 OF THE Moda Health Plan, Inc.

NOTES TO FINANCIAL STATEMENTS

2) NAIC Filing Response Information

SCA Entity (Should be same entities as shown in M(1) above.)	Type of NAIC Filing*	Date of Filing to the NAIC	NAIC Valuation Amount	NAIC Response Received Y/N	NAIC Disallowed Entities Valuation Method Resubmission Required Y/N	Code**
a. SSAP No. 97 8a Entities			-			
Total SSAP No. 97 8a Entities			\$ -			
b. SSAP No. 97 8b(ii) Entities			\$ - - -			
Total SSAP No. 97 8b(ii) Entities			\$ -			
c. SSAP No. 97 8b(iii) Entities						
Benefit Help Solutions, Inc.	S2	7/11/2017	\$ 909,960	Y	N	
ODS Community Health, Inc.	S2	6/26/2017	1,860,041	Y	N	
PayLess Drug Stores, Inc.	S2	1/2/2018	19,879,307	Y	N	
Total SSAP No. 97 8b(iii) Entities			\$ 22,649,308			
d. SSAP No. 97 8b(iv) Entities			\$ - - -			
Total SSAP No. 97 8b(iv) Entities			\$ -			
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)			\$ 22,649,308			
f. Aggregate Total (a+e)			\$ 22,649,308			

* S1-Sub-1, S2-Sub-2 or RDF - Resubmission of Disallowed Filing

** I-Immaterial or M - Material

N. Not applicable.

11. Debt

- A. Not applicable.
- B. 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 March 31, 2018 and 2017 was \$660,123 and \$480,255 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) Special surplus funds as reported on Line 25 of page 3 are for the ACA fee; the balance changed from the prior year as there is no ACA fee for 2019 due to the 2019 Moratorium, which suspends collection of the health insurance provider fee for the 2019 calendar year.
- 10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$2,483,792.
- 11) Surplus Notes
The Company issued the following surplus debenture or similar obligation in 2018 and prior years:

STATEMENT AS OF MARCH 31, 2018 OF THE Moda Health Plan, Inc.

NOTES TO FINANCIAL STATEMENTS

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
12/15/2014	4.000%	50,000,000	50,000,000	-	1,500,000	5,083,333	12/15/2024
7/1/2017	6.550%	10,000,000	10,000,000	-	-	491,250	6/30/2024
1311999 Total		60,000,000	60,000,000	-	1,500,000	5,574,583	XXX

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. This note was amended and restated on July 1, 2017 at an interest rate of 6.55% maturing June 30, 2024.

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.

The above surplus notes have the following repayment conditions and restrictions: Each payment of interest on and principal of the surplus note may be made only with prior approval of the Director of the Department of Consumer and Business Services of the State of Oregon and only to the extent the Company has sufficient surplus earnings to make such payments.

In the event of the liquidation or dissolution of the Company, payment of the principal balance and all accrued interest is subordinated to the claims of: 1) Policyholders; 2) Beneficiaries and other claimants; and 3) The debts and liabilities owed to all creditors of the company other than holders of Other Surplus Notes.

12) Not applicable.

13) Not applicable.

14. Liabilities, Contingencies and Assessments

A. Contingency Commitments

1) Not applicable.

2a) Not applicable.

2b) Not applicable.

2c) Not applicable.

2d) 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

Not applicable.

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. Lessee Operating Leases

No significant changes.

B. Lessor Leases

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.

NOTES TO FINANCIAL STATEMENTS

20. Fair Value Measurements

- A. 1. 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)	Net Asset Value (NAV) Included in Level 2
Short-Term Investments	-	-	-	-	-	-	-
Bonds	1,403,306	1,437,084	-	1,403,306	-	-	-
Common Stocks	-	-	-	-	-	-	-
Total	\$ 1,403,306	\$ 1,437,084	\$ -	\$ 1,403,306	\$ -	\$ -	\$ -

D. Not applicable.

21. Other Items

- A. Unusual or Infrequent Items
 Not applicable.
- B. Troubled Debt Restructuring: Debtors
 Not applicable.
- C. Other Disclosures
 Not applicable.
- D. Business Interruption Insurance Recoveries
 Not applicable.
- E. State Transferable and Non-transferable Tax Credits
 Not applicable.
- F. Subprime-Mortgage-Related Risk Exposure
 Not applicable.
- G. Retained Assets
 Not applicable.
- H. Insurance-Linked Securities (ILS) Contracts
 Not applicable.

22. Events Subsequent

Subsequent events have been considered through the filing date for the first quarter 2018 statutory statements. There are no significant changes to note.

23. Reinsurance

- A. Ceded Reinsurance Report
 Section 1 – General Interrogatories
 1. No
 2. No
 Section 2 – Ceded Reinsurance Report – Part A
 1. No
 2. No
 Section 3 – Ceded Reinsurance Report – Part B
 1. Not applicable.
 2. No
- B. Uncollectible Reinsurance
 Not applicable.
- C. Commutation of Ceded Reinsurance
 Not applicable.
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation
 Not applicable.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Not applicable.
 B. Not applicable.
 C. Not applicable.
 D. As of March 31, 2018, 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

STATEMENT AS OF MARCH 31, 2018 OF THE Moda Health Plan, Inc.

NOTES TO FINANCIAL STATEMENTS

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

a. Permanent ACA Risk Adjustment Program

Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	\$ 46,992,544
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 63,417
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	\$ 733,370
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ 5,752,849
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$ -

b. Transitional ACA Reinsurance Program

Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$ 54,278
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ -
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	\$ -
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$ -
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ -
Operations (Revenue & Expense)	
7. Ceded reinsurance premiums due to ACA Reinsurance	\$ -
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ -
9. ACA Reinsurance contributions - not reported as ceded premium	\$ -

c. Temporary ACA Risk Corridors Program

Assets	
1. Accrued retrospective premium due to ACA Risk Corridors	\$ 177,902
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ -
Operations (Revenue & Expense)	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	\$ -
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$ -

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

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
	1	2	3	4	5	6	7	8	9	10	
											Prior Year Acrued Less Payments (Col 1-3)
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	\$ 41,137,796	\$ -	\$ 23,948	\$ -	\$ 41,113,848	\$ -	\$ -	\$ -	A	\$ 41,113,848	\$ -
2. Premium adjustments (payable) (including high risk pool premium)	\$ -	\$ (607,519)	\$ -	\$ -	\$ -	\$ (607,519)	\$ -	\$ -	B	\$ -	\$ (607,519)
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 41,137,796	\$ (607,519)	\$ 23,948	\$ -	\$ 41,113,848	\$ (607,519)	\$ -	\$ -		\$ 41,113,848	\$ (607,519)
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$ 5,058,430	\$ -	\$ 5,004,151	\$ -	\$ 54,279	\$ -	\$ -	\$ -	C	\$ 54,279	\$ -
2. Amounts recoverable for claims unpaid (contra liability)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	D	\$ -	\$ -
3. Amounts receivable relating to uninsured plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	E	\$ -	\$ -
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	F	\$ -	\$ -
5. Ceded reinsurance premiums payable	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	G	\$ -	\$ -
6. Liability for amounts held under uninsured plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	H	\$ -	\$ -
7. Subtotal ACA Transitional Reinsurance Program	\$ 5,058,430	\$ -	\$ 5,004,151	\$ -	\$ 54,279	\$ -	\$ -	\$ -		\$ 54,279	\$ -
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$ 249,726,562	\$ -	\$ 661,216	\$ -	\$ 249,065,346	\$ -	\$ -	\$ -	I	\$ 249,065,346	\$ -
2. Reserve for rate credits or policy experience rating refunds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	J	\$ -	\$ -
3. Subtotal ACA Risk Corridors Program	\$ 249,726,562	\$ -	\$ 661,216	\$ -	\$ 249,065,346	\$ -	\$ -	\$ -		\$ 249,065,346	\$ -
d. Total for ACA Risk Sharing Provisions	\$ 295,922,788	\$ (607,519)	\$ 5,689,315	\$ -	\$ 290,233,473	\$ (607,519)	\$ -	\$ -		\$ 290,233,473	\$ (607,519)

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

STATEMENT AS OF MARCH 31, 2018 OF THE Moda Health Plan, Inc.

NOTES TO FINANCIAL STATEMENTS

4. Roll-forward of Risk Corridors Asset and Liability Balances by Program Benefit Year:

Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
				Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3-7)	Cumulative Balance from Prior Years (Col 2-4-8)	
1	2	3	4	5	6	7	8	9	10	
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)

a. 2014

1. Accrued retrospective premium	\$ 75,233,344	\$ 661,216	\$ 74,572,128	\$ -	\$ -	\$ 74,572,128	\$ -
2. Reserve for rate credits or policy experience rating refunds							

b. 2015

1. Accrued retrospective premium	\$ 133,950,868	\$ -	\$ 133,950,868	\$ -	\$ -	\$ 133,950,868	\$ -
2. Reserve for rate credits or policy experience rating refunds							

c. 2016

1. Accrued retrospective premium	\$ 40,542,350	\$ -	\$ 40,542,350	\$ -	\$ -	\$ 40,542,350	\$ -
2. Reserve for rate credits or policy experience rating refunds							

Total for Risk Corridors	\$ 249,726,562	\$ -	\$ 661,216	\$ -	\$ 249,065,346	\$ -	\$ -	\$ 249,065,346	\$ -
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Explanations of Adjustments

A Adjustment to reflect the final amounts calculated by CMS

5. ACA Risk Corridors Receivable as of Reporting Date:

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts received from CMS	4 Asset Balance (Gross of Non-admissions) (1-2-3)	5 Non-admitted Amount	6 Net Admitted Asset (4-5)
a. 2014	\$ 89,426,430		\$ 14,854,302	\$ 74,572,128	\$ 74,394,226	\$ 177,902
b. 2015	133,950,868			133,950,868	133,950,868	-
c. 2016	40,542,350			40,542,350	40,542,350	-
d Total (a+b+c)	\$ 263,919,648	\$ -	\$ 14,854,302	\$ 249,065,346	\$ 248,887,444	\$ 177,902

25. Change in Incurred Claims and Claims Adjustment Expenses

Unpaid claims as of December 31, 2017 were \$72.9 million. As of March 31, 2018, approximately \$71.1 million has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$2.9 million as a result of re-estimation of unpaid claims. Therefore, there has been a \$1.1 million unfavorable prior-year development from December 31, 2017 to March 31, 2018. 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.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No [X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 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. 12/31/2015
- 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). 06/27/2017
- 6.4 By what department or departments?
State of Oregon, Department of Consumer and Business Services, Division of Financial Regulation
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [] N/A []
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [X] N/A []
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

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: \$ 69,974,548

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	\$ 39,241,244	\$ 41,725,036
14.24 Short-Term Investments	\$ 0	\$
14.25 Mortgage Loans on Real Estate	\$ 0	\$
14.26 All Other	\$ 0	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 39,241,244	\$ 41,725,036
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 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 St, 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 information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation
R.V. Kuhns & Associates, Inc.	U.....
Pacific Investment Management Company, LLC	U.....
Prime Advisors, Inc.	U.....

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

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
18005	R.V. Kuhns & Associates, Inc.		U.S. Securities and Exchange Commission	DS.....
104559	Pacific Investment Management Company, LLC ..	549300KGPYQZXGMYYN38	U.S. Securities and Exchange Commission	OS.....
107680	Prime Advisors, Inc.		U.S. Securities and Exchange Commission	NO.....

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes No

- 18.2 If no, list exceptions:

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

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

- Has the reporting entity self-designated 5*GI securities? Yes No

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent92.9 %
 - 1.2 A&H cost containment percent1.5 %
 - 1.3 A&H expense percent excluding cost containment expenses19.9 %
- 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\$.....
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [X] No []
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No []

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

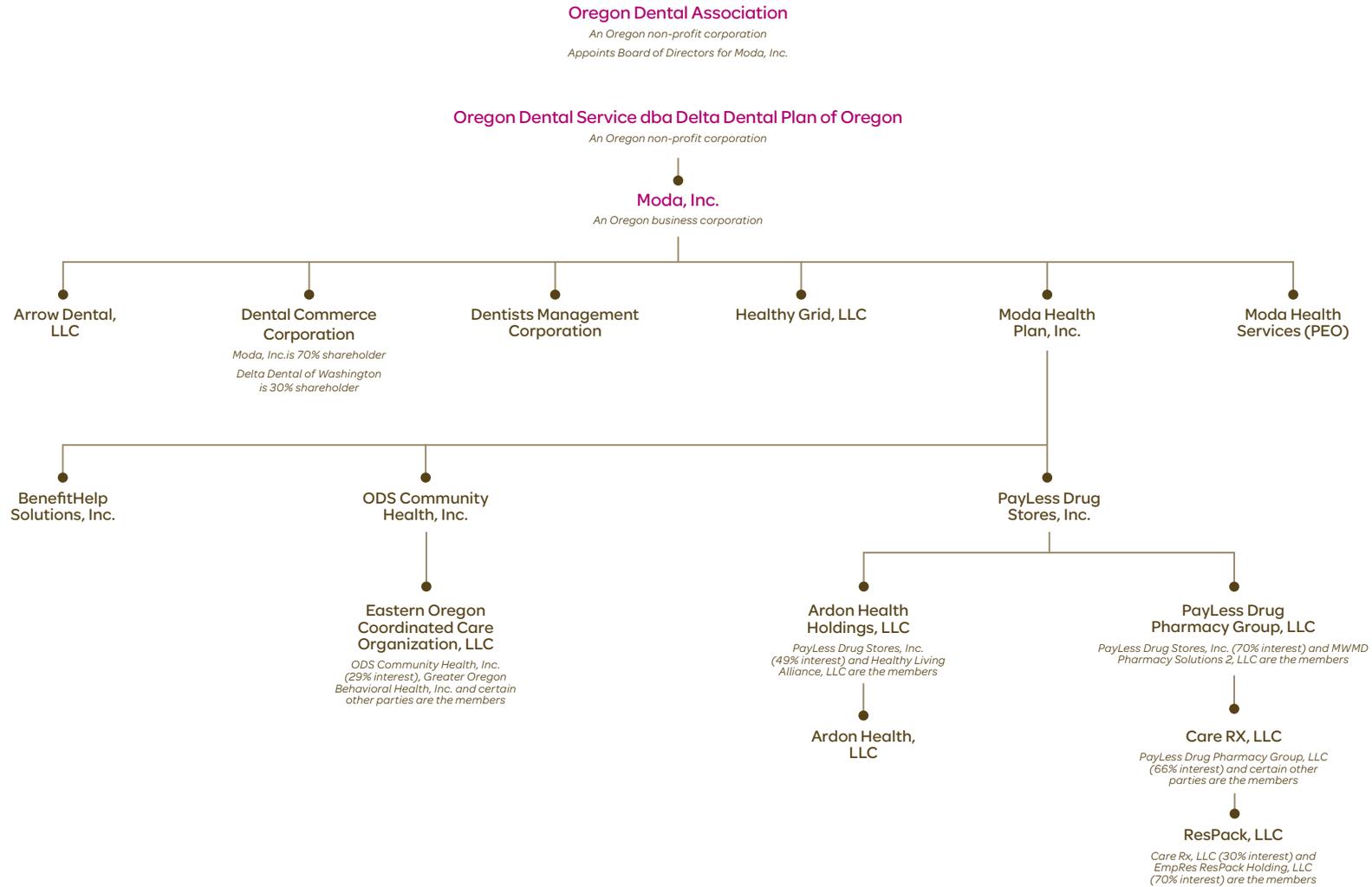
Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	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	2,006,488							2,006,488	
3. Arizona AZ	N								0	
4. Arkansas AR	N								0	
5. California CA	L								0	
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	120,868,411	46,506,268						167,374,679	
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	624							624	
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	122,875,523	46,506,268	0	0	0	0	0	169,381,791	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX								0	
61. Totals (Direct Business)	XXX	122,875,523	46,506,268	0	0	0	0	0	169,381,791	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

(a) Active Status Counts:

- L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG.....6
- E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....0
- N - None of the above - Not allowed to write business in the state.....51
- R - Registered - Non-domiciled RRGs.....0
- Q - Qualified - Qualified or accredited reinsurer.....0

STATEMENT AS OF MARCH 31, 2018 OF THE Moda Health Plan, Inc.



Ownership is 100% unless otherwise noted

STATEMENT AS OF MARCH 31, 2018 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	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	Domi-ciliary Loca-tion	Relation-ship 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 Per-centage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
1313	OREGON DENTAL GRP	54941	93-0438772				Oregon Dental Service	OR	DIP	Oregon Dental Association	Board of Directors		Oregon Dental Association	N	
			93-1083363				Moda, Inc.	OR	LDP	Oregon Dental Service	Ownership	100.000	Oregon Dental Association	N	
1313	OREGON DENTAL GRP	47098	93-0989307				Moda Health Plan, Inc.	OR		Moda, Inc.	Ownership	100.000	Oregon Dental Association	N	
			93-1135521				BenefitHelp Solutions, Inc.	OR	NIA	Moda Health Plan, Inc.	Ownership	100.000	Oregon Dental Association	Y	
			45-0528457				ODS Community Health, Inc.	OR	NIA	Moda Health Plan, Inc.	Ownership	100.000	Oregon Dental Association	Y	
			80-0835179				Eastern Oregon Coordinated Care Organization, LLC	OR	DS	ODS Community Health, Inc.	Other	29.000	Other	N	
			93-1278451				PayLess Drug Stores, Inc.	OR	NIA	Moda Health Plan, Inc.	Ownership	100.000	Oregon Dental Association	Y	
			46-3324446				PayLess Drug Pharmacy Group, LLC	OR	DS	PayLess Drug Stores, Inc.	Ownership	70.000	Oregon Dental Association	N	
			94-3382598				CareRX, LLC	OR	DS	PayLess Drug Pharmacy Group, LLC	Ownership	66.000	Oregon Dental Association	N	
			82-1561337				Ardon Health Holdings, LLC	OR	DS	PayLess Drug Stores, Inc.	Other	49.000	Other	N	
			46-3003497				Ardon Health, LLC	OR	DS	Ardon Health Holdings, LLC	Ownership	100.000	Other	N	
			46-3887256				Arrow Dental, LLC	OR	DS	Moda, Inc.	Ownership	100.000	Oregon Dental Association	N	
			35-2410553				Dental Commerce Corporation	OR	DS	Moda, Inc.	Ownership	70.000	Oregon Dental Association	N	
			93-0792340				Dentists Management Corporation	OR	DS	Moda, Inc.	Ownership	100.000	Oregon Dental Association	N	
			46-1495608				Healthy Grid, LLC	OR	DS	Moda, Inc.	Ownership	100.000	Oregon Dental Association	N	
			46-3132078				Moda Health Services, LLC	OR	DS	Moda, Inc.	Ownership	100.000	Oregon Dental Association	N	
			46-3528542				ResPack, LLC	OR	DS	CareRX, LLC	Other	30.000	Other	N	

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 MARCH 31, 2018 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 investment and commitment fees		
9. Total foreign exchange change in book value/recorded investment including 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	0	6,182,611
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		0
4. Accrual of discount		
5. Unrealized valuation increase (decrease)	0	(6,182,611)
6. Total gain (loss) on disposals	0	1,985,791
7. Deduct amounts received on disposals	0	1,985,791
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)	0	0
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

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	40,680,657	56,520,403
2. Cost of bonds and stocks acquired		2,413,723
3. Accrual of discount		4,925
4. Unrealized valuation increase (decrease)	2,483,792	2,303,597
5. Total gain (loss) on disposals		18,686,555
6. Deduct consideration for bonds and stocks disposed of		39,208,868
7. Deduct amortization of premium	2,329	39,678
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	43,162,120	40,680,657
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	43,162,120	40,680,657

STATEMENT AS OF MARCH 31, 2018 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
BONDS								
1. NAIC 1 (a)	1,439,413	0	0	(2,329)	1,437,084	0	0	1,439,413
2. NAIC 2 (a)	0				0			
3. NAIC 3 (a)	0				0			
4. NAIC 4 (a)	0				0			
5. NAIC 5 (a)	0				0			
6. NAIC 6 (a)	0				0			
7. Total Bonds	1,439,413	0	0	(2,329)	1,437,084	0	0	1,439,413
PREFERRED STOCK								
8. NAIC 1	0				0			
9. NAIC 2	0				0			
10. NAIC 3	0				0			
11. NAIC 4	0				0			
12. NAIC 5	0				0			
13. NAIC 6	0				0			
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	1,439,413	0	0	(2,329)	1,437,084	0	0	1,439,413

(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 \$0 ; NAIC 2 \$0 ; NAIC 3 \$0 ; NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

S102

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		XXX			

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	0	17,591,688
2. Cost of short-term investments acquired		56,488,906
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		74,080,594
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)	0	0
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

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 - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	10,370,904	1,999,735
2. Cost of cash equivalents acquired	4,691	22,074,125
3. Accrual of discount		265
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	2,500,065	13,703,221
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)	7,875,530	10,370,904
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	7,875,530	10,370,904

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

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

NONE

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of

NONE

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

