

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2016

OF THE CONDITION AND AFFAIRS OF THE

ATRIO Health Plans, Inc.

NAIC Group Code	0000 (Current Period)	0000	NAIC Company Code _	10123	Employer's ID Number	43-2071108	
0	,	(Prior Period)	01.1.15				
Organized under the Laws o	t	Oregon	, State of Dom	icile or Port of Entry	Oi	egon	
Country of Domicile	Un	ted States of America					
Licensed as business type:	Life, Accident & Hea Dental Service Corp Other[]	oration[] Vision	ty/Casualty[] Service Corporation[] D Federally Qualified? Yes[] N	Health Ma	Medical & Dental Service or Inc aintenance Organization[]	lemnity[]	
Incorporated/Organized		12/23/2004	Comm	enced Business	01/04/200	5	
Statutory Home Office	2	2270 NW Aviation Drive, Suite	3 ,		Roseburg, OR, US 97470		
Main Administrative Office		(Street and Number)		tion Drive, Suite 3	City or Town, State, Country and Zip	Code)	
	Roseb	urg, OR, US 97470	(Street a	ilia Namber)	(541)672-8620		
Mail Address	, ,	e, Country and Zip Code) 270 NW Aviation Drive, Suite	.3		(Area Code) (Telephone Num Roseburg, OR, US 97470	ber)	
Mail Addi C33		(Street and Number or P.O. Box)		(0	(City or Town, State, Country and Zip Code)		
Primary Location of Books a	nd Records			V Aviation Drive, Suite Street and Number)	e 3		
		, OR, US 97470	(1		(541)672-8620		
Internet Web Site Address	(City or Town, Sta	e, Country and Zip Code) www.atriohp.com			(Area Code) (Telephone Num	ber)	
Statutory Statement Contact		Kimberly Rocha			(541)672-8620		
•	Visaborly De	(Name)			(Area Code)(Telephone Number)(E	extension)	
		cha@atriohp.com ail Address)			(541)672-8670 (Fax Number)		
	Jar Bre Rai	Dean A DIREC O Akins L. Buffa PhD nt Eichman # all A. Mirande MD # arles Wilson MD	OTHERS CTORS OR TRUST		is Noah MD		
nerein described assets were elated exhibits, schedules ar eporting entity as of the repo Statement Instructions and A eporting not related to accou described officers also includ-	the absolute property and explanations therein orting period stated abo occounting Practices and nting practices and pro- es the related correspo	of the said reporting entity, fre contained, annexed or referre ve, and of its income and ded d Procedures manual except to cedures, according to the besonding electronic filing with the	ee and clear from any liens or cled to, is a full and true statemer uctions therefrom for the period to the extent that: (1) state law st of their information, knowledg	laims thereon, except nt of all the assets and d ended, and have be may differ; or, (2) that ge and belief, respecti n exact copy (except	, and that on the reporting perio as herein stated, and that this a d liabilities and of the condition en completed in accordance wit state rules or regulations requively. Furthermore, the scope of for formatting differences due to	statement, together with and affairs of the said th the NAIC Annual re differences in f this attestation by the	
Ruth F (P	(Signature) Rogers Bauman rinted Name) 1. President (Title)		(Signature) Jeffrey R Davis (Printed Name) 2. Secretary (Title)		(Signature) Kimberly Rocha (Printed Name) 3. Chief Financial Off (Title)		
Subscribed and sworn day of	to before me this , 20		is an original filing? 1. State the amendment 2. Date filed 3. Number of pages attack		Yes[X] No[]	- - -	

(Notary Public Signature)

ASSETS

	AUU		urrent Statement Dat	to.	4
		1	2	3	т
		'		Net Admitted	December 31
			Nonadmitted	Assets	Prior Year Net
		Assets	Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds	20,824,000		20,824,000	20,558,000
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks				
2					
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$0				
	encumbrances)				
	4.2 Properties held for the production of income (less \$0				
	encumbrances)				
	4.3 Properties held for sale (less \$0 encumbrances)				
5.	. , , , , , , , , , , , , , , , , , , ,				
5.	Cash (\$2,646,598), cash equivalents (\$24,401,942) and	07.040.540		07.040.540	40,000,404
	short-term investments (\$0)				
6.	Contract loans (including \$0 premium notes)				
7.	Derivatives				
8.	Other invested assets	2,293,933		2,293,933	1,136,510
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)				
13.	·				
1	Title plants less \$0 charged off (for Title insurers only)				
14.	Investment income due and accrued	33,151		33,151	23,537
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of				
	collection	564,604	158,468	406,136	141,903
	15.2 Deferred premiums, agents' balances and installments booked				
	but deferred and not yet due (including \$0 earned but				
	unbilled premiums)				
	15.3 Accrued retrospective premiums (\$0) and contracts				
		0 000 007		0 000 007	0.705.400
	subject to redetermination (\$8,802,296)	0,802,297		8,802,297	8,725,100
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	832,759		832,759	349,601
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans	1,977,508		1,977,508	1,974,972
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
					404 400
20.	Electronic data processing equipment and software	092,170	189,759	502,411	491,128
21.	Furniture and equipment, including health care delivery assets				
	(\$0)				
22.	Net adjustments in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	7,006,137		7,006,137	243,509
24.	Health care (\$1,980,364) and other amounts receivable	3,721,112	1,740,748	1,980,364	771,641
25.	Aggregate write-ins for other-than-invested assets				
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and	,	,		•
	Protected Cell Accounts (Lines 12 to 25)	75 006 601	2 07/1 66/1	72 121 027	46 408 603
27	,	75,090,001	2,314,004	12,121,331	40,430,033
27.	From Separate Accounts, Segregated Accounts and Protected Cell				
	Accounts				
28.	TOTAL (Lines 26 and 27)	75,096,601	2,974,664	72,121,937	46,498,693
	ILS OF WRITE-INS				
1101.					
1102. 1103.					
	Summary of remaining write-ins for Line 11 from overflow page				
	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
	Prepaid Expenses				
	State Income Tax Receivable				
2503.					· ·
	Summary of remaining write-ins for Line 25 from overflow page				<u></u>
	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				423,920

LIABILITIES, CAPITAL AND SURPLUS

	LIABILITIES, CAPITAL AND		Current Period		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$0 reinsurance ceded)				
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	27,530		27,530	27,530
4.	Aggregate health policy reserves, including the liability of \$0 for medical loss ratio				
	rebate per the Public Health Service Act	627,251		627,251	677,253
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	18,076,101		18,076,101	342,375
9.	General expenses due or accrued	2,829,723		2,829,723	1,166,956
10.1	Current federal and foreign income tax payable and interest thereon (including \$0				
	on realized gains (losses))	391,650		391,650	
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable	25,598		25,598	56,076
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$0 current) and interest thereon \$0				
	(including \$0 current)				
15.	Amounts due to parent, subsidiaries and affiliates				
16.	Derivatives			1	
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with (\$0 authorized reinsurers, \$0				
13.	unauthorized reinsurers and \$0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$0) companies				
21.	· · · · · · · · · · · · · · · · · · ·				
	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including \$0 current)				
24.	Total liabilities (Lines 1 to 23)				
25.	Aggregate write-ins for special surplus funds				
26.	Common capital stock				
27.	Preferred capital stock				
28.	Gross paid in and contributed surplus				
29.	Surplus notes				
30.	Aggregate write-ins for other-than-special surplus funds				
31.	Unassigned funds (surplus)	X X X	X X X	9,843,205	6,787,234
32.	Less treasury stock, at cost:				
	32.10 shares common (value included in Line 26 \$0)	X X X	X X X		
	32.20 shares preferred (value included in Line 27 \$0)	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	30,342,104	28,135,475
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	72,121,937	46,498,694
	ILS OF WRITE-INS				
2301. 2302.					
2303.					
	Summary of remaining write-ins for Line 23 from overflow page				
	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
	2016 ACA Estimated 9010 Tax				
2502. 2503.					
	Summary of remaining write-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.		X X X	X X X		
3002. 3003.					
	Summary of remaining write-ins for Line 30 from overflow page				
	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)		X X X		

STATEMENT AS OF September 30, 2016 OF THE ATRIO Health Plans, Inc. STATEMENT OF REVENUE AND EXPENSES

		Current Ye	ear To Date	Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1. Men	mber Months		178,173	139,339	
	premium income (including \$0 non-health premium income)				
	ange in unearned premium reserves and reserves for rate credits				
	-for-service (net of \$0 medical expenses)				
	k revenue				
	gregate write-ins for other health care related revenues				
	gregate write-ins for other non-health revenues				
	al revenues (Lines 2 to 7)				
Hospital an			,	, , , , , , , , , , , , , , , , , , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-	pital/medical benefits		69 716 743	52 808 958	74 959 225
	er professional services				
	side referrals				
	ergency room and out-of-area				
	scription drugs				
	pregate write-ins for other hospital and medical				
	entive pool, withhold adjustments and bonus amounts				
	ototal (Lines 9 to 15)				
	itotal (Lines 9 to 13)		133,376,230	110,903,234	147,797,074
Less:			4 000 000	0.17	0.47
	reinsurance recoveries				
	al hospital and medical (Lines 16 minus 17)				
	n-health claims (net)				
	ims adjustment expenses, including \$2,285,418 cost containment expenses				
	neral administrative expenses		17,564,229	14,531,469	18,742,871
	ease in reserves for life and accident and health contracts (including \$0 increase				
	eserves for life only)				
	al underwriting deductions (Lines 18 through 22)				
	underwriting gain or (loss) (Lines 8 minus 23)				
	investment income earned				
	realized capital gains (losses) less capital gains tax of \$0				
	investment gains or (losses) (Lines 25 plus 26)		136,074	57,444	83,638
	gain or (loss) from agents' or premium balances charged off [(amount recovered				
	0) (amount charged off \$16,733)]				
	gregate write-ins for other income or expenses			(69,405)	(69,405)
	income or (loss) after capital gains tax and before all other federal income taxes (Lines 24				
· ·	s 27 plus 28 plus 29)				
	leral and foreign income taxes incurred				
	income (loss) (Lines 30 minus 31)	X X X	(286,758)	393,767	1,287,969
	P WKIIE-INS	X X X			
	nmary of remaining write-ins for Line 6 from overflow page				
	TALS (Lines 0601 through 0603 plus 0698) (Line 6 above)				
0798. Sum	nmary of remaining write-ins for Line 7 from overflow page	X X X			
	TALS (Lines 0701 through 0703 plus 0798) (Line 7 above)				
1402					
	pmany of romaining write inc for Line 14 from greatly radge				
	nmary of remaining write-ins for Line 14 from overflow page				
2901. CMS	S Penalty			(69,405)	(69,405)
2998. Sum	nmary of remaining write-ins for Line 29 from overflow page				
2999. TOT	TALS (Lines 2901 through 2903 plus 2998) (Line 29 above)			(69,405)	[(69,405)

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	_	^
		1	2	3 Prior Year
		Current Year To Date	Prior Year To Date	Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	28,135,474	23,351,537	23,351,536
34.	Net income or (loss) from Line 32	(286,758)	393,767	1,287,969
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$	1,157,423	1,725,844	1,139,044
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			877,100
39.	Change in nonadmitted assets	(228,231)	(514,509)	(1,179,877)
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in	1,564,197		2,659,702
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	2,206,631	1,605,102	4,783,938
49.	Capital and surplus end of reporting period (Line 33 plus 48)	30,342,105	24,956,639	28,135,474
DETAI 4701.	LS OF WRITE-INS	<u> </u>		
4701.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

		OAOIII LOII	1	2	2
			Current	∠ Prior	3 Prior
			Year	Year	Year Ended
			To Date	To Date	December 31
		Cash from Operations			
1.	Premiu	ums collected net of reinsurance	174,068,880	132,427,605	168,353,195
2.	Net inv	vestment income	126,460	53,917	73,307
3.	Miscel	laneous income			
4.	TOTAL	L (Lines 1 to 3)	174,195,340	132,481,522	168,426,502
5.	Benefi	t and loss related payments	135,634,135	111,873,871	149,813,605
6.	Net tra	ansfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Comm	issions, expenses paid and aggregate write-ins for deductions	21,215,055	20,151,214	24,534,806
8.	Divide	nds paid to policyholders			
9.		al and foreign income taxes paid (recovered) net of \$			
		s)	1.083.819	2.393.943	2.697.003
10.	•	L (Lines 5 through 9)			
11.		ish from operations (Line 4 minus Line 10)			
11.	INEL Ca	Cash from Investments	10,202,331	(1,937,300)	(0,010,912)
10	D				
12.		eds from investments sold, matured or repaid:	45.000.000	44.070.000	44.047.000
	12.1	Bonds			
	12.2	Stocks			
	12.3	Mortgage loans			
	12.4	Real estate			
	12.5	Other invested assets			
	12.6	Net gains or (losses) on cash, cash equivalents and short-term investments			
	12.7	Miscellaneous proceeds			276,200
	12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)	15,208,000	11,272,000	15,193,200
13.	Cost o	f investments acquired (long-term only):			
	13.1	Bonds	15,474,000	15,296,000	20,558,000
	13.2	Stocks			
	13.3	Mortgage loans			
	13.4	Real estate			
	13.5	Other invested assets			
	13.6	Miscellaneous applications			
	13.7	TOTAL investments acquired (Lines 13.1 to 13.6)			
14.		crease (or decrease) in contract loans and premium notes			
		ish from investments (Line 12.8 minus Line 13.7 and Line 14)			
15.	INEL Ca	· · · · · · · · · · · · · · · · · · ·	(200,000)	(4,024,000)	(5,304,600)
40	0 1	Cash from Financing and Miscellaneous Sources			
16.	•	provided (applied):			
	16.1	Surplus notes, capital notes			
	16.2	Capital and paid in surplus, less treasury stock			
	16.3	Borrowed funds			
	16.4	Net deposits on deposit-type contracts and other insurance liabilities			
	16.5	Dividends to stockholders			
	16.6	Other cash provided (applied)	(1,402,469)	2,083,532	7,555,332
17.	Net ca	sh from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5			
	plus Li	ine 16.6)	161,728	2,083,532	10,215,034
	RECON	CILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net ch	ange in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and			
	17)		16,158,059	(3,877,974)	(3,768,678)
19.	Cash,	cash equivalents and short-term investments:			
	19.1	Beginning of year	10,890,481	14,659,159	14,659,159
	19.2	End of period (Line 18 plus Line 19.1)	27.048.540	10.781.185	10.890.481

	Note: Supplemental disclosures of Cash Flow Information for Non-Cash Transactions:								
20,000									
20.000									

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

		1	Comprehensive (H	ospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
		Total	Individual	Craun	Medicare	Vision	Dental	Employees Health	Title XVIII	Title XIX	Othor
		Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Other
Total	Members at end of:										
1.	Prior Year	15,586	253	4					15,329		
2.	First Quarter	19,582	2,130	5					17,447		
3.	Second Quarter	19,933	2,119	35					17,779		
4.	Third Quarter	20,464	2,225	102					18,137		
5.	Current Year										
6.	Current Year Member Months	178,173	18,776	337					159,060		<u></u>
Total	Member Ambulatory Encounters for Period:										
7.	Physician	478,934	14,214	158					464,562		
8.	Non-Physician	194,823	4,115	35					190,673		
9.	Total	673,757	18,329	193					655,235		
10.	Hospital Patient Days Incurred	23,704	154						23,550		
11.	Number of Inpatient Admissions	3,727	56						3,671		
12.	Health Premiums Written (a)	157,420,622	7,441,754	105,861					149,873,007		
13.	Life Premiums Direct										
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned	157,420,622	7,441,754	105,861					149,873,007		
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services	136,179,244	9,225,248	40,580					126,913,417		
18.	Amount Incurred for Provision of Health Care										
	Services								123,509,508		

⁽a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....149,873,007.

	Aging Ar	alysis of Unpaid Cla	ims			
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 days	Over 120 Days	Total
Claims unpaid (Reported)						
Medimpact	1,551,624					1,551,62
0199999 Individually Listed Claims Unpaid	1,551,624					1,551,62
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	3,012,051					3,012,05
0499999 Subtotals	4,563,676					4,563,67
0599999 Unreported claims and other claim reserves						7,566,69
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						12,130,37

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

						5	6
				Liab	oility		
		Cla	ims	End	d of		
		Paid Yea	r to Date	Current	Current Quarter		
		1	2	3	4		Estimated Claim
							Reserve and
		On	On	On	On		Claim
	Line	Claims Incurred	Claims Incurred	Claims Unpaid	Claims Incurred	Claims Incurred	Liability
	of	Prior to January 1	During the	Dec 31 of	During the	in Prior Years	Dec 31 of
	Business	of Current Year	Year	Prior Year	Year	(Columns 1+3)	Prior Year
1.	Comprehensive (hospital & medical)					57,151	173,600
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare						11,776,812
7.	Title XIX - Medicaid						
8.	Other health						
9.	Health subtotal (Lines 1 to 8)						
10.	Healthcare receivables (a)					1,353,338	1,393,882
11.	Other non-health						
12.	Medical incentive pools and bonus amounts	2,034,402	(13,796)			2,034,402	1,304,988
13.	Totals (Lines 9 - 10 + 11 + 12)	6,336,300	125,944,813	108,631	12,021,744	6,444,930	11,861,518

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

1. Summary of Significant Accounting Policies

A. Accounting Practices

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

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

		State of	September 30,	
		<u>Domicile</u>	2016	2015
NET I	NCOME			
(1)	State basis (Page 4, Line 32, Columns 2 & 3)	OR	(\$286,758)	\$1,287,969
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:			
(201)				
(299)	Total		0	0
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:			
(301)				
(399)	Total		0	0
(4)	NAIC SAP (1-2-3=4)		(\$286,758)	\$1,287,969
SURP	<u>LUS</u>			
(5)	State basis (Page 3, Line 33, Columns 3 & 4)	OR	\$30,342,104	\$28,135,474
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:			
(601)				
(699)	Total		0	0
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:			
(701)				
(799)	Total		0	0
(8)	NAIC SAP (5-6-7=8)		\$30,342,104	\$28,135,474
<u> </u>				

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

No Material Change

- C. Accounting Policy
 - (1)–(5) No Material Change
 - (6) The Company's loan-backed securities are stated at amortized cost.
 - (7) (13) No Material Change

D. Going Concern

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

2. Accounting Changes and Corrections of Errors

No Material Change

3. Business Combinations and Goodwill

No Material Change

4. Discontinued Operations

No Material Change

5. Investments

- A. Mortgage Loans No Material Change
- B. Debt Restructuring No Material Change
- C. Reverse Mortgages No Material Change
- D. Loan-Backed Securities None
- E. Repurchase Agreements
 - (1) Policy for requiring collateral or other security No Material Change
 - (2) Carrying amount and classification of both those assets and associated liabilities No Material Change
 - (3) Collateral accepted that it is permitted by contract or custom to sell or repledge:
 - a. Aggregate amount of contractually obligated open collateral positions No Material Change
 - Fair value of that collateral and of the portion of that collateral that it has sold or repledged None
 - c. Information about the sources and uses of that collateral No Material Change
 - (4) Aggregate value of the reinvested collateral which is "one-line" reported and the aggregate reinvested collateral which is reported in the investment schedules No Material Change
 - (5) Reinvestment of the cash collateral and any securities which it or its agent receives as collateral that can be sold or repledged No Material Change
 - (6) Collateral accepted that it is not permitted by contract or custom to sell or repledge No Material Change
 - (7) Collateral for transactions that extend beyond one year from the reporting date No Material Change
- F. Real Estate No Material Change
- G. Low-income housing tax credits (LIHTC) No Material Change
- H. Restricted Assets No Material Change
- I. Working Capital Finance Investments
 - $(2)\ Aggregate\ Book/Adjusted\ Carrying\ Value-None$
 - (3) Events of Default None
- J. Offsetting and Netting of Assets and Liabilities None
- K. Structured Notes No Material Change
- 6. Joint Ventures, Partnerships and Limited Liability Companies

No Material Change

7. Investment Income

No Material Change

8. Derivative Instruments

No Material Change

9. Income Taxes

No Material Change

10. Information Concerning Parent, Subsidiaries and Affiliates

- A, B, & C No Material Change
- D. Amounts Due from or to Related Parties No Material Change
- E. Guarantees or undertakings for benefit of affiliate No Material Change
- F. Description of Material Management Contracts and Cost-Sharing Agreements Company No Material Change
- G. Nature of the Control Relationship Company No Material Change
- H. Ownership in Upstream Entity No Material Change
- I. Investment in SCA No Material Change
- J. Investment in impaired SCA No Material Change
- K. Invest in foreign insurance subsidiary No Material Change
- L. Investments in downstream non-insurance holding company No Material Change
- M. The Company does not have any SCA investments.
- N. The Company does not have any insurance SCAs.

11. Debt

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

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

- A. Defined Benefit Plan
- (1) Change in benefit obligation No Material Change
- (2) Change in plan assets- No Material Change
- (3) Funded status No Material Change
- (4) Components of net periodic benefit cost None
- (5) The amount included in unassigned funds (surplus) for the period arising from a change in the additional minimum pension liability recognized No Material Change
- (6) Amounts in unassigned funds (surplus expected to be recognized in the next fiscal year as components of net periodic benefit cost No Material Change
- (7) Amounts in unassigned funds (surplus) that have not been recognized as components of net periodic benefit cost No Material Change

- (8) Weighted-average assumptions used to determine net period benefit cost No Material Change
- (9) The amount of accumulated benefit obligation for defined benefit pension plans No Material Change
- (10) (11) The defined benefit pension plan asset allocation as of the measurement date, and the target asset allocation, presented as a percentage of total plan assets No Material Change
- (12) Estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years- No Material Change
- (13) Regulatory contribution requirements No Material Change
- (14) (21) Not applicable.
- B. Investment Policies and Strategies No Material Change
- C. Plan Assets No Material Change
- D. Long-term Rate-of-return-on-assets Assumption No Material Change
- E. Defined Contribution Plans No Material Change
- F. Multi-Employer Plan No Material Change
- G. Consolidated/Holding Company Plans No Material Change
- H. Post-Employment Benefits and Compensated Absences No Material Change
- Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) No Material Change

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

No Material Change

14. Contingencies

No Material Change

15. Leases

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

16. Information about Financial Instruments with off-balance sheet risk and financial instruments with concentrations of credit risk.

No Material Change

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

- A. Transfers of Receivables reported as Sales No Material Change
- B. Transfer and Servicing of Financial Assets
 - (1) Description of loaned securities No Material Change
 - (2) Servicing Assets and Liabilities
 - a. Risks inherent in servicing assets and servicing liabilities None
 - b. Amount of contractually specified servicing fees, late fees and ancillary fees earned for each period None
 - c. Assumptions used to estimate the fair value None

- (3) Servicing assets and servicing liabilities are subsequently measured at fair value No Material Change
- (4) For securitizations, asset-backed financing arrangements, and similar transfers accounted for as sales when the transferor has continuing involvement (as defined in the glossary of the Accounting Practices & Procedures Manual) with the transferred financial assets:
 - a. Each income statement presented None
 - b. Each statement of financial position presented, regardless of when the transfer occurred None
- (5) Transfers of financial assets accounted for as secured borrowing value No Material Change
- (6) Transfers of receivables with recourse No Material Change
- (7) Securities underlying repurchase and reverse repurchase agreements No Material Change
- C. Wash Sales None

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

No Material Change

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

No Material Change

20. Fair Value Measurements

- A. Fair Market Value at Reporting Date
 - (1)Fair Market Value None
 - (2) Fair Value Measurements in (Level 3) of the Fair Value None
 - (3) The Company's policy for determining when transfers between levels are recognized is determined at the end of the reporting period.
 - (4) The Company has not valued any securities at a Level 2 or 3.
 - (5) Derivative assets and liabilities- None
- B. Fair Value Information under SSAP No. 100 combined with Fair Value information Under Other Account Pronouncements None
- C. Aggregate Fair Value of All Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	20,807,872	20,824,000		20,807,872		
Cash Equivalents	24,401,942	24,401,942	24,401,942			
Other Invested Assets	2,293,933	2,293,933			2,293,933	

D. Not Practicable to Estimate Fair Value - None

21. Other Items

- A. Unusual or Infrequent Items No Material Change
- B. Troubled Debt Restructuring No Material Change
- C. Other Disclosures No Material Change
- D. Business Interruption Insurance Recoveries No Material Change

- E. State Transferable and Nontransferable Tax Credits No Material Change
- F. Subprime Related Risk Exposure No Material Change
- G. Retained Assets No Material Change
- H. Insurance Linked Securities No Material Change

22. Events Subsequent

Type I. – Recognized Subsequent Events

No Material Change

Type II. - Nonrecognized Subsequent Events

No Material Change

23. Reinsurance

No Material Change

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

- A-D. No Material Change
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA)
- (1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)? Yes
- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

			AMOU	NT			
a.	Permane	ent ACA Risk Adjustment Program Assets					
	1.	Premium adjustments receivable due to ACA Risk Adjustment Liabilities					
	2.	Risk adjustment user fees payable for ACA Risk Adjustment					
	3.	Premium adjustments payable due to ACA Risk Adjustment Operations (Revenue & Expense)	\$	191,739			
	4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$	191,739			
	5.	Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$	259			
b.	Transitio	onal ACA Reinsurance Program Assets					
	1.	Amounts recoverable for claims paid due to ACA Reinsurance	\$	560,744			
	2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (Cont Liability)	ra \$	0			
	3.	Amounts receivable relating to uninsured plans for contributions for AC					
Lia	bilities		\$	0			
	4.	orted as o	ceded 284				
	5.	Ceded reinsurance premiums payable due to ACA Reinsurance	\$	25,598			
Ope	6. erations (Liabilities for amounts held under uninsured plans contributions for AC Revenue & Expense)	CA Reins \$	urance 0			
- r	(1/					

- 7. Ceded reinsurance premiums due to ACA Reinsurance \$ 9,901
- 8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments \$ 0
- 9. ACA Reinsurance contributions not reported as ceded premium \$ 646
- c. Temporary ACA Risk Corridors Program Assets
 - 1. Accrued retrospective premium due to ACA Risk Corridors \$ 0 Liabilities
 - 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) \$ 0
- 4. Effect of ACA Risk Corridors on change in reserves for rate credits \$ 0
- (3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

2. Premium adjustments (payable)												alances as of
Accrued During the Prior Year on Business Written Before Before December 31 of the Prior Year Eefore December 31 of the Prior Year Year Payments Year Year Receivable Payable Payments Year Payments Payments Year Payments Year Payments Paym								Adj	ustments			
Vear on Business Written Before December 31 of the Prior Payments Pay												
Before December 31 of the Prior Payments Payments						Accrued	Accrued					
the Prior Year Year Col 1 - 3) Col 2 - 4 Balances Balances 1 - 3 + 7 2 - 4 + 8 1												
1											(
Receivable Rec		the Pric									/	
Permanent ACA Risk Adjustment Program		1		,		-		7	_			
1. Premium adjustments receivable		Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
2. Premium adjustments (payable)	a. Permanent ACA Risk Adjustment Program											
3. Subtotal ACA Permanent Risk Adjustment S0 S0 S0 S0 S0 S0 S0 S	 Premium adjustments receivable 											\$0
Description	Premium adjustments (payable)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
Description	 Subtotal ACA Permanent Risk Adjustment 	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
1. Amounts recoverable for claims paid S0 S0 S0 S0 S0 S0 S0 S	Program											
2. Amounts recoverable for claims unpaid S0 S0 S0 S0 S0 S0 S0 S	b. Transitional ACA Reinsurance Program											
Countra liability 3. Amounts receivable relating to uninsured S0 S0 S0 S0 S0 S0 S0 S	 Amounts recoverable for claims paid 									С	\$0	\$0
3. Amounts receivable relating to uninsured S0 S0 S0 S0 S0 S0 S0 S	Amounts recoverable for claims unpaid	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
Plans	(contra liability)											
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium 5. Ceded reinsurance premiums payable 50 \$15,698 \$0 \$15,698 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	 Amounts receivable relating to uninsured 	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
ACA Reinsurance – not reported as ceded premium 5. Ceded reinsurance premiums payable 50 \$15,698 \$0 \$15,698 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	plans											
premium	 Liabilities for contributions payable due to 	\$0	\$646	\$0	\$646	\$0	\$0	\$0	\$0		\$0	\$0
5. Ceded reinsurance premiums payable S0 \$15,698 \$0 \$15,698 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	ACA Reinsurance – not reported as ceded											
6. Liability for amounts held under uninsured plans 50 50 50 50 50 50 50 5	premium											
Plans Plan		\$0	\$15,698	\$0	\$15,698	\$0	\$0	\$0			\$0	\$0
7. Subtotal ACA Transitional Reinsurance S0 \$16,343 \$0 \$16,343 \$0	Liability for amounts held under uninsured	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
Program												
c. Temporary ACA Risk Corridors Program S0 S0 <td> Subtotal ACA Transitional Reinsurance </td> <td>\$0</td> <td>\$16,343</td> <td>\$0</td> <td>\$16,343</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td></td> <td>\$0</td> <td>\$0</td>	 Subtotal ACA Transitional Reinsurance 	\$0	\$16,343	\$0	\$16,343	\$0	\$0	\$0	\$0		\$0	\$0
1. Accrued retrospective premium	Program											
2. Reserve for rate credits or policy experience rating refunds \$0	c. Temporary ACA Risk Corridors Program											
rating refunds	Accrued retrospective premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
3. Subtotal ACA Risk Corridors Program \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Reserve for rate credits or policy experience	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
	rating refunds											
	 Subtotal ACA Risk Corridors Program 	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
d. Total for ACA Risk Sharing Provisions	d. Total for ACA Risk Sharing Provisions	\$0	\$16,343	\$0	\$16,343	\$0	\$0	\$0	\$0		\$0	\$0

Roll Forward of ACA Risk Corridor Asset and Liability Balances

	Year on Business Written Before December 31 of the Written B				Differ	rences	Adjustments			Unsettled Balances as of the Reporting Date	
			Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		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)	Receivabl e	(Payable)	Ref	Receivable	(Payable)
2014 Program Benefit Year Risk Corridor	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
2015 Program Benefit Year Risk Corridor	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0

ACA Risk Corridor Receivable:

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

25. Change in Incurred Claims and Claims Adjustment Expenses

Reserves as of December 31, 2015 were \$13,282,930. As of September 30, 2016, \$6,363,830 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$108,631 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$6,810,470 favorable prior-year development since December 31, 2015 to September 30, 2016. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements

No Material Change

27. Structured Settlements

No Material Change

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

No Material Change

B. Risk Sharing Receivables

No Material Change

29. Participating Policies

No Material Change

30. Premium Deficiency Reserves

No Material Change

31. Anticipated Salvage and Subrogation

No Material Change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

	Domicile, as requir	ntity experience any material trans ed by the Model Act? ort been filed with the domiciliary si		Disclosure of M	aterial Transaction	ons with the Stat	e of	Y	Yes[] No[X] /es[] No[] N/A[X]
	Has any change be reporting entity? If yes, date of chan	een made during the year of this st	atement in the charter, by-la	ws, articles of in	corporation, or de	eed of settlemen	t of the		Yes[] No[X]
3.1	Is the reporting ent an insurer? If yes, complete S Have there been a	ity a member of an Insurance Holo Schedule Y, Parts 1 and 1A. ny substantial changes in the orga 3.2 is yes, provide a brief description	nizational chart since the pric	-	ore affiliated pers	sons, one or mor	e of which is		Yes[X] No[] Yes[] No[X]
4.2	If yes, provide the i	entity been a party to a merger or contains and entity, NAIC Company Coof the merger or consolidation.	consolidation during the perio de, and state of domicile (us	d covered by thi e two letter state	s statement? e abbreviation) fo	r any entity that	has ceased		Yes[] No[X]
		1 Name of I	Entity	NAIC C	2 ompany Code	State	3 of Domicile		
5.	If the reporting entions similar agreeme	ty is subject to a management agr	eement, including third-party	administrator(s)	, managing gene	ral agent(s), atto	orney-in-fact,	··· \	/es[] No[] N/A[X]
6.1 6.2 6.3	If yes, attach an ex State as of what da State the as of date date should be the State as of what da the reporting entity		of the reporting entity was more port became available feet and not the date the report report became available to content of the content of	nade or is being from either the s t was completed other states or th	made. tate of domicile o d or released. te public from eith	r the reporting e	omicile or		12/31/2015 12/31/2011
6.5	filed with Departme	[:] Insurance atement adjustments within the lat	·			equent financial	statement	 Y Y	10/02/2012 (es[] No[] N/A[X] (es[] No[] N/A[X]
	Has this reporting or revoked by any gov If yes, give full info	entity had any Certificates of Autho vernmental entity during the report rmation	ority, licenses or registrations ing period?	(including corpo	orate registration,	if applicable) su	spended or		Yes[] No[X]
8.2 8.3 8.4	If response to 8.1 is ls the company affi If response to 8.3 is regulatory services	ubsidiary of a bank holding compass yes, please identify the name of liated with one or more banks, the name of syes, please provide below the nagency [i.e. the Federal Reserve tion (FDIC) and the Securities Exc	the bank holding company. fts or securities firms? ames and location (city and s Board (FRB), the Office of th	tate of the main e Comptroller of	office) of any affi the Currency (O	CC), the Federa	l Deposit		Yes[] No[X] Yes[] No[X]
		1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC		
9.1	similar functions) o	ers (principal executive officer, print the reporting entity subject to a chical conduct, including the ethical	ode of ethics, which includes	the following st	andards?		· ·]	Yes[X] No[]
9.11	relationships; (b) Full, fair, accu (c) Compliance w (d) The prompt in (e) Accountability 1 If the response to	rate, timely and understandable di ith applicable governmental laws, ternal reporting of violations to an for adherence to the code. 9.1 is No, please explain:	sclosure in the periodic repor rules and regulations; appropriate person or person	rts required to be	e filed by the repo				
9.2 9.21 9.3	Has the code of e If the response to Have any provision	thics for senior managers been an 9.2 is Yes, provide information rel ons of the code of ethics been wait 9.3 is Yes, provide the nature of a	ated to amendment(s). /ed for any of the specified of	fficers?					Yes[] No[X] Yes[] No[X]
10.1 10.2	1 Does the reporting 2 If yes, indicate an	g entity report any amounts due fro y amounts receivable from parent	om parent, subsidiaries or aff	ANCIAL iliates on Page 2 int:	2 of this statemer	nt?		\$	Yes[X] No[] 7,006,137
	use by another pe	tocks, bonds, or other assets of the erson? (Exclude securities under s d complete information relating the	e reporting entity loaned, pla ecurities lending agreements	STMENT ced under optior s.)	n agreement, or c	otherwise made a	available for		Yes[] No[X]
12.	Amount of real es	tate and mortgages held in other i	nvested assets in Schedule E	BA:					0
13.	Amount of real es	tate and mortgages held in short-t	erm investments:					\$	0

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

14.2 If yes, please complete the following:

Yes[X] No[]

		1	2
		Prior Year-End	Current Quarter
		Book/Adjusted	Book/Adjusted
		Carrying Value	Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal		
	Lines 14.21 to 14.26)	1,136,510	2,293,933
14.28	Total Investment in Parent included in Lines 14.21 to 14.26		
	above		

		above			
		ered into any hedging transactions reported on Sched e description of the hedging program been made avail th this statement.			Yes[] No[X] Yes[] No[] N/A[X]
16.	16.1 Total fair value of reinv16.2 Total book adjusted/ca	urity lending program, state the amount of the following vested collateral assets reported on Schedule DL, Pararrying value of reinvested collateral assets reported on rities lending reported on the liability page	ts 1 and 2		\$ \$ \$
17.	Excluding items in Schedule	E - Part 3 - Special Deposits, real estate, mortgage lo	pans and investments held physically in	the reporting entity's	

offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

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

1	2
Name of Custodian(s)	Custodian Address
First Clearing, LLC	1 N. Jefferson Ave., St. Louis, MO 63103

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?
17.4 If yes, give full and complete information relating thereto:

Yes[] No[X]

Yes[X] No[]

1	2	3	4
		Date	
Old Custodian	New Custodian	of Change	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	2	3
Central Registration	Name(s)	Addrace
Берозногу	rvairie(3)	Addiess

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

Yes[X] No[]

GENERAL INTERROGATORIES

PART 2 - HEALTH

Operating Percentages:
 1.1 A&H loss percent
 1.2 A&H cost containment percent
 1.3 A&H expense percent excluding cost containment expenses

- 85.974% 1.457% 13.118%

2.1 Do you act as a custodian for health savings accounts?
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?
2.4 If yes, please provide the balance of the funds administered as of the reporting date.

STATEMENT AS OF September 30, 2016 OF THE ATRIO Health Plans, Inc.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

				1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
1	2	3	4	5	6	7	8	9
NAIC					Type of		Certified	Effective Date
Company	ID	Effective		Domiciliary	Reinsurance	Type of	Reinsurer Rating	of Certified
Code	Number	Date	Name of Reinsurer	Jurisdiction	Ceded	Reinsurer	(1 through 6)	Reinsurer Rating
Accident and Health - Non-aff	iliates							
11835	04-1590940	07/01/2016	PARTNERRE AMER INS CO	DE	ASL/A/I	Authorized		
		01/01/2016	US Dept of Hlth & Human Serv	DC	OTH/A/I	Authorized		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		Current	i ear lo	Date - All	ocated by	States and				
		4		1 2		Direct Bus		7		
		1	2	3	4	5 Federal	6 Life and Annuity	7	8	9
			Assident and					Droporty/	Total	
		Active	Accident and Health	Medicare	Medicaid	Employees Health Benefits Program	Premiums and Other	Property/ Casualty	Columns	Donosit Typo
	State, Etc.	Status	Premiums	Title XVIII	Title XIX	Premiums	Considerations	Premiums	2 Through 7	Deposit-Type Contracts
1.	Alabama (AL)			TILLE AVIII	TILLE AIA	Fremiums	Considerations	FIEIIIIIIII	2 11110ugii 1	Contracts
2.	Alaska (AK)									
3.	Arizona (AZ)									
4.	Arkansas (AR)									
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)									
8.	Delaware (DE)	N								
9.	District of Columbia (DC)	N								
10.	Florida (FL)									
11.	Georgia (GA)									
12.	Hawaii (HI)									
13.	Idaho (ID)									
14.	Illinois (IL)									
15.	Indiana (IN)									
16.	lowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)	N								
19. 20.	Louisiana (LA)	N								
20.	Maryland (MD)	NI NI								
22.	Massachusetts (MA)	N N								
23.	Michigan (MI)									
24.	Minnesota (MN)									
25.	Mississippi (MS)									
26.	Missouri (MO)									
27.	Montana (MT)									
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	N								
31.	New Jersey (NJ)									
32.	New Mexico (NM)									
33.	New York (NY)									
34.	North Carolina (NC)									
35.	North Dakota (ND)									
36.	Ohio (OH)									
37.	Oklahoma (OK)								457.400.000	
38.	Oregon (OR)								. 157,420,622	
39. 40.	Rhode Island (RI)									
41.	South Carolina (SC)									
42.	South Dakota (SD)									
43.	Tennessee (TN)									
44.	Texas (TX)									
45.	Utah (UT)									
46.	Vermont (VT)				1					
47.	Virginia (VA)									
48.	Washington (WA)									
49.	West Virginia (WV)	N								
50.	Wisconsin (WI)	N								
51.	Wyoming (WY)	N								
52.	American Samoa (AS)									
53.	Guam (GU)									
54.	Puerto Rico (PR)	1								
55.	U.S. Virgin Islands (VI)									
56.	Northern Mariana Islands (MP)									
57.	Canada (CAN)									
58.	Aggregate other alien (OT)	X X X .						1	157 400 600	
59.	Subtotal	X X X .	1,547,615	. 149,873,007					. 157,420,622	
60.	Reporting entity contributions for	v v v								
61.	Employee Benefit Plans Total (Direct Business)		7 547 615	. 149,873,007					. 157,420,622	
	LS OF WRITE-INS	_ (α <i>)</i>	11,041,013	1. 173,013,001			1	[····	1. 101,420,022	
58001.	LS OF WRITE-INS	X X X .								
58001.		X X X .								
58003.		X X X .								
58998.										
	Line 58 from overflow page	X X X .					l			
58999	TOTALS (Lines 58001 through									
	58003 plus 58998) (Line 58 above)	x x x .								

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

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART

Marion Polk Community Health Plan Advantage, Inc. OR

> FEIN: 20-2842847 NAIC Code: 12310

Cascade Comprehensive Care,

Inc. OR

FEIN: 93-1185622

Architrave Health, LLC OR

FEIN: 92-1047433

ATRIO Health Plans, Inc.

OR

FEIN: 43-2071108 NAIC Code: 10123

2

SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

2	2	- 4	T -	_									
_	0	4	5	6	7	8	9	10	11	12	13	14	15
					Name of				Directly	Type of Control			
					Securities	Names of		Relation-	Controlled		If Control		
	NAIC				Exchange	Parent,	Domic-	ship to	by		is	Ultimate	
	Comp-				=	Subsidiaries	iliary	Report-			Ownership	Controlling	
		ID	FEDERAL		· ·	Or	Loca-		,				
roup Name	Code	Number	RSSD	CIK	or International)	Affiliates		Entity	,				*
'	40400 4	0.0074400			,	ATDIO II III DI			,	, ,	Ť		
	. 10123 4	3-20/1108.				ATRIO Health Plans, Inc.	. OR .	KE					
									Advantage, Inc.	Ownership	. 33.3	Health Plan Advantage,	
												Inc./Cascade	
												Comprehensive Care,	
	. 10123 4	3-2071108 .				ATRIO Health Plans, Inc	OR .	RE	Cascade Comprehensive Care Inc	Ownership	33.3	Marion Polk Community	
						,			'	'		Health Plan Advantage,	
												Inc./Cascade	
												Comprehensive Care,	
												Inc./Architrave Health	
	. 10123 4	3-2071108 .				ATRIO Health Plans, Inc	. OR .	RE	Architrave Health, LLC	Ownership	. 33.3	Marion Polk Community	
												Health Plan Advantage,	
												Inc./Cascade	
												Comprenensive Care,	
	12310 2	0_28/28/7				Marion Polk Community Health Plan	,					inc./Architave Health	
	. 12310 2	.0-2042047 .				Advantage Inc	' OR	LIDE					
	00000 9	3-1185622				Cascade Comprehensive Care Inc.	OR	UDP					
	00000 9					Architrave Health, LLC	OR	UDP .					
		Company Code	Company ID Code Number 10123 43-2071108 10123 43-2071108 10123 43-2071108 10123 43-2071108	Company ID FEDERAL RSSD	Company ID FEDERAL RSSD CIK 10123 43-2071108	NAIC Company ID FEDERAL RSSD CIK or International) 10123 43-2071108	NAIC Company ID FEDERAL RSSD CIK Or International) ATRIO Health Plans, Inc. 10123 43-2071108 10123 43-2071108 10123 43-2071108 10123 43-2071108 ATRIO Health Plans, Inc. Marion Polk Community Health Plans Inc. Marion Polk Community Health Plans Inc. Advantage Inc. Inc.	NAIC Company ID FEDERAL Traded (U.S. Or Location L	NAIC Company ID FEDERAL RSSD CIK or International) ATRIO Health Plans, Inc. OR RE	NAIC Computer of the property	NAIC NAIC Comp- NAIC EXchange If Publicly Subsidiaries Names of Names Names of Names of Names Names of Names of Names Names Names of Names	NAIC Company ID FEDERAL RSSD CIK or International) ATRIO Health Plans, Inc. ATRIO Health Plans, Inc. Names of Securities Names of Securities Parent, Domic-ship to by Board, is Report-ling Entity Person) Advantage, Inc. Ownership Advantage Inc. Directly Type of Control (Ownership, If Control Securities Parent, Ship to by Board, is Report-ling Entity Person) If Controlled Controlled Controlled (Inc.) Attorney-in-Fact, Provide Board, is Report-ling Entity Person) Influence, Other) Percentage Entity Person) ATRIO Health Plans, Inc. OR RE. Marion Polk Community Health Plan Advantage, Inc. Ownership 33.3 ATRIO Health Plans, Inc. OR RE. Architrave Health, LLC Ownership 33.3	NAIC NAIC Company ID FEDERAL Traded (U.S. Or International) ATRIO Health Plans, Inc. 10123 43-2071108 ATRIO Health Plans, Inc. 10124 43-2071108 ATRIO Health Plans, Inc. 10125 43-2071108 ATRIO Health Plans, Inc. 10126 ATRIO Health Plans, Inc. 10127 ATRIO Health Plans, Inc. 10128 ATRIO Health Plans, Inc. 10129 ATRIO Health Plans, Inc. 10129 ATRIO Health Plans, Inc. 10120 ATRIO Health Plans, Inc. 10120 ATRIO Health Plans, Inc. 10121 ATRIO Health Plans, Inc. 10122 ATRIO Health Plans, Inc. 10123 ATRIO Health Plans, Inc. 1023 ATRIO Health Plans, Inc. 103 ATRIO Health Plans, Inc. 104 ATRIO Health Plans, Inc. 105 ATRIO Health Plans, Inc. 105 ATRIO Health Plans, Inc. 106 ATRIO Health Plans, Inc. 107 ATRIO Health Plans, Inc. 108 ATRIO Health Plans, Inc. 109 ATRIO Health Plans, Inc. 100 ATRIO Health Plans, Inc. 1

Asterisk	Explanation
0000001	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

No

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

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement

OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF September 30, 2016 OF THE ATRIO Health Plans, Inc.

SCHEDULE A - VERIFICATION

Real Estate

		1	2
			Prior Year Ended
		Year To Date	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.	Total gain (loss) on disposals Deduct amounts received on disposals Total foreign exchange change in book/adjusted carrying va		
6.	Total foreign exchange change in book/adjusted carrying va		
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)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	Mortgage Loans			
			1	2
				Prior Year Ended
			Year To Date	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 poin			
9.	Total foreign exchange change in book value/recorded inve			
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)			
	, ,			

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	Other Long Term invested Adocte		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	1,136,510	273,666
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.1 Actual cost at time of acquisition2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other Accrual of discount		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)	1,157,423	862,844
6.			
7.	Total gain (loss) on disposals Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)	2,293,933	1,136,510
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	2.293.933	1.136.510

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	20,558,000	14,917,000
2.	Cost of bonds and stocks acquired	15,474,000	20,558,000
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration for bonds and stocks disposed of	15,208,000	14,917,000
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)	20,824,000	20,558,000
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	20,824,000	20,558,000

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

1. NAIC 1 (a) 22,149,000 5,547,000 6,872,000 21,521,000 22,149,000 20,824,000 20,558,000 2. NAIC 2 (a)	During the Cur	Telli Qualter	ioi ali boliu	S allu Fielei	ieu olock by	INAIC DESIG	Illation		
Carrying Value Beginning of NAIC Designation	-	1	2	3	4	5	6	7	8
Beginning of Current Quarter Prist Quarter Prist Quarter Prist Quarter Prist Quarter Prior Year		Book/Adjusted				Book/Adjusted			
NAIC Designation Current Quarter Quarter Quarter Quarter Quarter Current Quarter First Quarter First Quarter Third Quarter Prior Year		Carrying Value	Acquisitions	Dispositions	Non-Trading	Carrying Value	Carrying Value	Carrying Value	Carrying Value
BONDS		Beginning of	During Current	During Current	Activity During	End of	End of	End of	December 31
1. NAIC 1 (a) 22,149,000 5,547,000 6,872,000 21,521,000 22,149,000 20,558,000 2. NAIC 2 (a) 3. NAIC 3 (a) 3.	NAIC Designation	Current Quarter	Quarter	Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
2. NAIC 2 (a)	BONDS								
3. NAIC 3 (a) 4. NAIC 4 (a) 5. NAIC 5 (a) 6. NAIC 6 (a) 7. Total Bonds 22,149,000 5,547,000 6,872,000 21,521,000 22,149,000 20,824,000 20,558,000 PREFERED STOCK 8. NAIC 1 9. NAIC 2 9. NAIC 2 10. NAIC 3 11. NAIC 4 12. NAIC 5 13. NAIC 6 14. Total Preferred Stock 14. Total Preferred Stock 14. Total Preferred Stock 15. NAIC 6 15. NAIC 6 16. NAIC 6 17. NA	1. NAIC 1 (a)	22,149,000	5,547,000	6,872,000		21,521,000	22,149,000	20,824,000	20,558,000
4. NAIC 4 (a)	2. NAIC 2 (a)								
5. NAIC 5 (a) NAIC 6 (a) 22,149,000 5,547,000 21,521,000 22,149,000 20,824,000 20,558,000 PREFERED STOCK 8. NAIC 1 9. NAIC 2 9. NAIC 3 9. NAIC 3 9. NAIC 4 9. NAIC 4 9. NAIC 5	3. NAIC 3 (a)								
5. NAIC 5 (a) NAIC 6 (a) 22,149,000 5,547,000 21,521,000 22,149,000 20,824,000 20,558,000 PREFERED STOCK 8. NAIC 1 9. NAIC 2 9. NAIC 3 9. NAIC 3 9. NAIC 4 9. NAIC 4 9. NAIC 5	4. NAIC 4 (a)								
7. Total Bonds	5. NAIC 5 (a)								
7. Total Bonds	6. NAIC 6 (a)								
8. NAIC 1 9. NAIC 2 9. NAIC 3	7. Total Bonds	22,149,000	5,547,000	6,872,000		21,521,000	22,149,000	20,824,000	20,558,000
9. NAIC 2	PREFERRED STOCK								
10. NAIC 3	8. NAIC 1								
10. NAIC 3	9. NAIC 2								
11. NAIC 4 12. NAIC 5 13. NAIC 6 14. Total Preferred Stock									
13. NAIC 6									
14. Total Preferred Stock	12. NAIC 5								
14. Total Preferred Stock	13. NAIC 6								
	14. Total Preferred Stock								
15. Total Bonds & Preferred Stock 22,149,000 5,547,000 6,872,000 21,521,000 22,149,000 20,824,000 20,558,000				6,872,000		21,521,000	22,149,000	20,824,000	20,558,000

SI03 Schedule DA Part 1
SI03 Schedule DA Verification NONE
SI04 Schedule DB - Part A Verification
SI04 Schedule DB - Part B VerificationNONE
SI05 Schedule DB Part C Section 1
SI06 Schedule DB Part C Section 2
SI07 Schedule DB - Verification

SCHEDULE E - Verification

(Cash Equivalents)

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	7,813,302	655,100
2.	Cost of cash equivalents acquired	185,581,083	151,920,272
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	168,992,442	144,762,071
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)	24,401,942	7,813,301
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	24,401,942	7,813,301

E01 Schedule A Part 2 NONE
E01 Schedule A Part 3
E02 Schedule B Part 2NONE
E02 Schedule B Part 3NONE
E03 Schedule BA Part 2 NONE
E03 Schedule BA Part 3

SCHEDULE D - PART 3

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

Show All Long-Term Bonds and Stock Acquired During the Current Quarter									
1	2	3	4	5	6	7	8	9	10
								Paid for	NAIC
								Accrued	Designation
CUSIP				Name of	Number of			Interest and	or Market
	Daniel College	F	Data Assistant			A -1 -1 O1	Day Val		
Identification	Description	Foreign	Date Acquired	Vendor	Shares of Stock	Actual Cost	Par Value	Dividends	Indicator (a)
Bonds - Indu	ustrial and Miscellaneous (Unaffiliated)								
254672B72	DISCOVER BANK .65% Senior 7/13/2017		07/06/2016	Umpqua Bank		248,000	248,000		1FE
32112UCG4 .	FIRST NATIONAL BANK .7% Senior 8/18/2017		08/05/2016	Umpqua Bank	X X X	248,000	248,000		1FE
332135GL0	FIRST NATL BANK .75% Senior 8/16/2017		08/05/2016	Umpqua Bank	X X X	248,000	248,000		1FE
51507LBB9	LANDMARK COMNTY BK .7% Senior 8/18/2017		08/05/2016	Umpqua Bank		248,000	248,000		1FE
02006LJ38	ALLY BANK .7% Senior 8/11/2017		08/05/2016	Umpqua Bank		248,000	248,000		1FE
86604XKU9	SUMMIT COMMUNITY BK .7% Senior 8/24/2017		08/05/2016	Umpqua Bank	X X X	248,000	248,000		1FE
300498AR3	EVOLVE BK & TRUST .65% Senior 8/17/2017		08/11/2016	Umpqua Bank	X X X	248,000	248,000		1FE
2027505G6	COMMONWEALTH BUS .75% Senior 8/29/2017		08/22/2016	Umpqua Bank		248,000	248,000		1FE
45083AGE6	IBERIABANK .7% Senior 8/31/2017		08/22/2016	Umpqua Bank		248,000	248,000		1FE
78658QYQ0 .	SAFRA NATL BK NY .65% Senior 8/31/2017		08/22/2016	Umpqua Bank		248,000	248,000		1FE
062683AD9	BANK OF HOPE .8% Senior 9/22/2017		09/08/2016	Umpqua Bank		248,000	248,000		1FE
29367RJA5	ENTERPRISE BANK .7% Senior 9/22/2017		09/08/2016	Umpqua Bank	X X X	248,000	248,000		1FE
43711ABQ9	HOME EXCHANGE BANK .7% Senior 9/15/2017		09/08/2016	Umpqua Bank		248,000	248,000		1FE
984308EF9	YADKIN BANK .7% Senior 9/19/2017		09/08/2016	Umpqua Bank	X X X	54,000	54,000		1FE
05580AFH2	BMW BK NORTH AMER .75% Senior 9/22/2017		09/19/2016	Umpqua Bank	X X X	248,000	248,000		1FE
11373QCF3	BROOKLINE BANK .65% Senior 9/29/2017		09/19/2016	Umpqua Bank		248,000	248,000		1FE
05581WKF1 .	BMO HARRIS BANK .8% Senior 9/22/2017		09/19/2016	Umpqua Bank	X X X	103,000	103,000		1FE
857894RF8	STEARNS BANK .75% Senior 9/22/2017		09/19/2016	Umpqua Bank	X X X	248,000	248,000		1FE
32082BEE5	FIRST MERCHANTS BK .75% Senior 9/29/2017		09/23/2016	Umpqua Bank		248,000	248,000		1FE
31931TDT9	FIRST BANK .8% Senior 9/29/2017		09/23/2016	Umpqua Bank		248,000	248,000		1FE
45340KDT3	INDEPENDENCE BANK .75% Senior 10/4/2017		09/23/2016	Umpqua Bank	X X X	248,000	248,000		1FE
549103ZG7	LUANA SAVINGS BANK .7% Senior 10/6/2017		09/27/2016	Umpqua Bank	X X X	182,000	182,000		1FE
20084TJU8	COMMERCEWEST BANK .75% Senior 10/11/2017		09/28/2016	Umpqua Bank	X X X	248,000	248,000		1FE
118545CL4	BUCKS COUNTY BK .7% Senior 10/4/2017			Umpqua Bank	X X X	248,000	248,000		1FE
	otal - Bonds - Industrial and Miscellaneous (Unaffiliated)					5,547,000	5,547,000		X X X
8399997 Subtotal - Bonds - Part 3						5,547,000	5,547,000		X X X
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
8399999 Subtotal - Bonds						5,547,000	5,547,000		X X X
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)						X X X	X X X	X X X	X X X
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)						X X X	X X X	X X X	X X X
	9899999 Subtotal - Preferred and Common Stocks					5,547,000	X X X		X X X
9999999 Total	9999999 Total - Bonds, Preferred and Common Stocks						X X X		X X X

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of

During the Current Quarter																					
1	2	3	4	5	6	7	8	9	10	10 Change in Book/Adjusted Carrying Value				16	17	18	19	20	21	22	
		F								11	12	13	14	15							
		0																			
		r							Prior Year			Current Year's	:	Total	Book/				Bond Interest/		
		е							Book/	Unrealized		Other Than	Total	Foreign	Adjusted	Foreign			Stock	Stated	NAIC
		lι			Number				Adjusted	Valuation	Current Year's	Temporary	Change in	Exchange	Carrying Value	Exchange	Realized	Total	Dividends	Contractual	Designatio
CUSIP		g	Disposal	Name of	of Shares		Par	Actual	Carrying	Increase/	(Amortization)	Impairment	B./A.C.V.	Change in	at Disposal	Gain (Loss)	Gain (Loss)	Gain (Loss)	Received	Maturity	or Market
Identification	Description	n	Date	Purchaser	of Stock	Consideration	Value	Cost	Value	(Decrease)	Accretion	Recognized	(11 + 12 - 13)	"	Date	on Disposal	on Disposal	on Disposal	During Year	Date	Indicator (a
		-			or otoon	00110100101011	, uiuo		7 4.40	(200:0000)	7.00.000	110009200	(2 .0)	2.,,	24.0	011 D.10 p 00 00.	0.1.2.00000	0.1. D. op cou.	Daning roan	2010	maioatoi (e
1	ndustrial and Miscellaneous GOLDMAN SACHS BK USA .5% Senior	Un	ammate	a)																	
38148JXD8 .	7/1/2016		07/04/0046	Umpqua Bank	xxx	249.000	249.000	249.000	249.000										1.248	07/01/2016	1FE
02519TAA4 .	AMERICAN COMM BK NA .5% Senior		07/01/2010	Опірциа Вапк		.,	249,000	249,000											1,240	07/01/2010	IFE
00704 11/07	7/8/2016		07/08/2016	Umpqua Bank	XXX	249,000	249,000	249,000	249,000										1,248	07/08/2016	1FE
03784JKC7 .	APPLE BANK FOR SVGS .4% Senior 7/15/2016		07/15/2016	Umpgua Bank	XXX	249.000	249.000	249.000	249.000										999	07/15/2016	1FE
11373QAY4 .	BROOKLINE BANK .45% Senior 7/15/2016	3	07/15/2016	Umpqua Bank	XXX	249,000	249,000	249,000	249,000										648	07/15/2016	1FE
073296BT1 06251AJ27	BBCN BANK .5% Senior 7/29/2016 BANK HAPOALIM BM .55% Senior		07/29/2016	Umpqua Bank	XXX	249,000	249,000	249,000	249,000										727	07/29/2016	1FE
	7/29/2016		07/29/2016	Umpqua Bank	XXX	101,000	101,000	101,000	101,000										557	07/29/2016	1FE
05967E4V8 .	BANCO POPULAR DE PR .65% Senior 8/5/2016		08/05/2016	Umpqua Bank	xxx	249,000	249,000	249,000	249,000										1,623	08/05/2016	1FE
20364AAT2 .	COMMNTY FINL SVC BK .5% Senior		00/03/2010	Ompqua Bank	****		243,000		249,000										1,023	00/03/2010	"
199030AN7 .	8/19/2016 COLUMBUS COMMNTY BK .5% Senior		08/19/2016	Umpqua Bank	XXX	249,000	249,000	249,000	249,000										832	08/19/2016	1FE
	8/19/2016		08/19/2016	Umpqua Bank	XXX	249,000	249,000	249,000	249,000										825	08/19/2016	1FE
06251AJ35	BANK HAPOALIM BM .6% Senior 8/25/2016		00/25/2016	Umpqua Bank	xxx	148,000	148,000	148,000	148,000										890	08/25/2016	1FE
29367RHC3 .	ENTERPRISE BANK .55% Senior			1																	
070707000	8/31/2016		08/31/2016		XXX	249,000	249,000 249.000	249,000	249,000											08/31/2016	1FE
07370TP98	BEAL BANK SSB .6% Senior 8/31/2016 . FIRST MIDWEST BANK .5% Senior		08/31/2016	Umpqua Bank	XXX	249,000	249,000	249,000	249,000										1,490	08/31/2016	1FE
	9/2/2016		09/02/2016		XXX	133,000	133,000	133,000	133,000										497	09/02/2016	1FE
783861BY2 . 29976DB25 .	S & T BANK .55% Senior 9/2/2016 EVERBANK .65% Senior 9/15/2016		09/02/2016 09/15/2016		XXX	249,000	249,000 249,000	249,000 249,000	249,000										1,366	09/02/2016 09/15/2016	1FE
319044BG7	FIRST BK & TR .5% Senior 9/15/2016		09/15/2016		XXX	249,000	249,000	249,000	249,000										938	09/15/2016	1FE
06740KJD0 .	BARCLAYS BK DE .5% Senior 9/16/2016			Umpqua Bank	XXX	249,000	249,000	249,000	249,000											09/16/2016	1FE
05580ACU6 .	BMW BK NORTH AMER .55% Senior 9/16/2016	l	09/16/2016	Umpgua Bank	XXX	249,000	249,000	249,000	249,000		1								1,366	09/16/2016	1FE
05573J4H4	BMO HARRIS BANK NA .55% Senior			1	.,,,,																
76610TDN5 .	9/16/2016		09/16/2016	Umpqua Bank	XXX	104,000	104,000	104,000	104,000										574	09/16/2016	1FE
	9/16/2016		09/16/2016	Umpqua Bank	XXX	249,000	249,000	249,000	249,000										838	09/16/2016	1FE
204163BV0 .	COMMUNITYONE BANK .45% Senior 9/19/2016		09/19/2016	Umpqua Bank	xxx	249.000	249,000	249.000	249.000										847	09/19/2016	1FE
59013JJD2	MERRICK BANK .55% Senior 9/21/2016 .			Umpqua Bank	XXX	249,000	249,000	249,000	249,000											09/21/2016	1FE
220705AH0 .	CORTLAND SVGS & BK .5% Senior 9/23/2016		09/23/2016	Umpqua Bank	xxx	249,000	249,000	249,000	249,000										938	09/23/2016	1FE
319590CF0 .	FIRST CITRUS BANK .45% Senior																				
200829AX7 .	9/23/2016		09/23/2016	Umpqua Bank	XXX	249,000	249,000	249,000	249,000										841	09/23/2016	1FE
	9/23/2016		09/23/2016	Umpqua Bank	XXX	249,000	249,000	249,000	249,000										931	09/23/2016	1FE
33732TAP7 .	1ST TRUST BANK INC .5% Senior 9/23/2016		09/23/2016	Umpqua Bank	xxx	249,000	249,000	249.000	249.000										938	09/23/2016	1FE
319042EZ6 .	FIRST BK & TRUST .65% Senior							.,													
64828QBE7 .	4/27/2017 NEW REPUBLIC SVG BK .5% Senior		09/27/2016	Umpqua Bank	XXX	161,000	161,000	161,000											439	04/27/2017	1FE
	9/28/2016		09/28/2016		XXX	249,000	249,000	249,000	249,000										938	09/28/2016	1FE
004000AB1 .	ACADEMY BK NA .55% Senior 9/30/2016 FIRST NATL BK .5% Senior 9/30/2016		09/30/2016 09/30/2016		XXX	249,000	249,000 249,000	249,000	249,000 249,000										1,373	09/30/2016	1FE
32111LCG5 .	32111LCG5 FIRST NATL BK .5% Senior 9/30/2016 09/30/2016 Umpqua Bank X X X 3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) X X X			6,872,000	6,872,000	6,872,000	6,711,000										1,248	09/30/2016 X X X .	1FE		
	8399997 Subtotal - Bonds - Part 4 XXX			6,872,000	6,872,000	6,872,000	6,711,000										29,979	XXX .	XXX.		
	mary Item from Part 5 for Bonds (N/A to Quart	terly)			XXX	XXX	X X X	X X X	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX .	XXX.
8399999 Subt	.,	,,			XXX	6.872.000	6,872,000	6,872,000	6,711,000	۸۸۸	۸۸۸			۸۸۸				***	29,979	XXX .	XXX.
	mary Item from Part 5 for Preferred Stocks (N				XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX .	XXX.
	mary Item from Part 5 for Common Stocks (N/		• • • • • • • • • • • • • • • • • • • •		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX .	XXX.
	9899999 Subtotal - Preferred and Common Stocks XXX						XXX													XXX.	XXX.
9999999 Total - Bonds, Preferred and Common Stocks			XXX	6,872,000	XXX	6,872,000	6,711,000										29,979	XXX.	XXX.		

⁽a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues9,751.

E06 Schedule DB Part A Section 1NONE
E07 Schedule DB Part B Section 1NONE
E08 Schedule DB Part D Section 1NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE
E10 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE
E11 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

STATEMENT AS OF September 30, 2016 OF THE ATRIO Health Plans, Inc. SCHEDULE E - PART 1 - CASH Month End Denository Balances

Month End Depository Balances 1 2 3 4 5 Book Balance at End of Each Month 9												
1				3	4	5	Book Balance at End of Each Month					
					Amount	Amount of	Dur	ing Current Qua	arter			
					of Interest	Interest	6	7	8	1		
					Received	Accrued	Ů	,				
					During	at Current						
				Rate of	Current	Statement	First	Second	Third			
	Depository		Code	Interest	Quarter	Date	Month	Month	Month	*		
open depositories												
UMPQUA BANK	ROSEBURG, OR						(185)	(185)	(185)	xxx		
UMPQUA BANK	PORTLAND, OR						1,676,997		1,691,389			
UMPQUA BANK - Claims							1,01 0,001	,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Clearing	ROSEBURG, OR						(1,709,456)	(1,944,614)	(1,575,301)	XXX		
UMPQŬA BANK - Exchange	ROSEBURG, OR						(163,883)					
UMPQUA BANK - Member							, ,	,				
Premiums CMS	ROSEBURG, OR						152,121	154,997	158,565			
US BANK	PORTLAND, OR		. SD				261,000	261,000	261,000	XXX		
UMPQUA CASH - part of inv												
stmt	PORTLAND, OR							251,912				
UMPQUA BANK - Self funded	ROSEBURG, OR							66,304				
BANK OF AMERICA	ROSEBURG, OR						154,761	202,845	236,150			
EAST BOSTON SAVGS BK	BOSTON, MA	. 08/10/2015		0.550	105					XXX		
SAFRA NATL BANK OF NY	NEW YORK, NY	. 08/20/2015			1,494					1		
EDGAR CNTY BK & TR CO	PARIS, IL	109/09/2015		0.450 0.450	92 841							
ALLY BANK	CHARLOTTE, NC			0.450			249,000		249,000			
BANK OF AMERICA NA UNITED BANK MICHIGAN	GRAND RAPIDS, MI	12/11/2015		0.700	439		249,000	249,000				
BANKUNITED NA	MIAMI LAKES, FL	02/04/2015				1 003	248,000	248,000				
ENERBANK USA	SALT LAKE CITY, UT					//80	248,000	248,000				
	LAWRENCEVILLE, GA	06/07/2017		0.600	375	403	248,000	248,000		XXX		
SYNCHRONY BANK	DRAPER, UT			0.650			240,000			XXX		
	ST. LOUIS, MO	08/05/2016		0.650		133			149,000			
NORTHPOINTE BANK	GRAND RAPIDS, MI	08/01/2016		0.650	137	31		248.000	248.000	XXX		
FIRST FINANCIAL BK NA	HAMILTON, OH			0.700		48			248,000			
BANKFINANCIAL FSB	OLYMPIA FLDS, IL			0.650					248,000	XXX		
CATHAY BANK	LOS ANGELES, CA	09/19/2016		0.700		14			248,000	XXX		
SANTANDER BANK NA	WILMINGTON, DE	. 09/27/2006		0.750					248,000	XXX		
0199998 Deposits in	0 depositories that do not excee	d the										
allowable limit in any one depository (see Instructions) - open depositories .				X X X						XXX		
0199999 Totals - Open Depositories				X X X	3,483	3,423	2,261,566	2,507,041	2,646,410	XXX		
0299998 Deposits in												
allowable limit in any one depos	sitory (see Instructions) - suspe	nded										
				X X X						XXX		
0299999 Totals - Suspended D	XXX	X X X						XXX				
	0399999 Total Cash On Deposit						2,261,566					
0499999 Cash in Company's O	Office		XXX	X X X	3,483		437	187				
0599999 Total Cash			XXX	X X X	3,483	3,423	2,262,004					
77777				,,,,,,	1 0, 100	3, 120	2,202,001	2,007,220		1		

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
						Amount of	
		Date	Rate of	Maturity	Book/Adjusted	Interest	Amount Received
Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year
7799999 Subtotals - Bonds - Total Bonds - Issuer Obligations							
7899999 Subtotals - Bonds - Total Bonds - Residential Mortgage-Backed Securities							
7999999 Subtotals - Bonds - Total Bonds - Commercial Mortgage-Backed Securities							
8099999 Subtotals - Bonds - Total Bonds - Other Loan-Backed and Structured Securities							
8399999 Subtotals - Bonds - Total Bonds							
Sweep Accounts							
Umpqua Bank		09/30/2016	0.030	10/01/2016	1,424,882		196
Umpqua Bank		09/30/2016	0.030	10/01/2016	22,977,059		30,451
8499999 Sweep Accounts	24,401,942		30,647				
8599999 Other Cash Equivalents							
8699999 Total - Cash Equivalents					24,401,942		30,647

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