



HEALTH QUARTERLY STATEMENT

As of March 31, 2016
of the Condition and Affairs of the

HEALTH NET HEALTH PLAN OF OREGON, INC.

NAIC Group Code.....1295, 0623 (Current Period) (Prior Period) NAIC Company Code..... 95800 Employer's ID Number..... 93-1004034

Organized under the Laws of Oregon State of Domicile or Port of Entry Oregon Country of Domicile US
Licensed as Business Type Health Maintenance Organization Is HMO Federally Qualified? Yes [] No [X]
Incorporated/Organized..... June 1, 1989 Commenced Business..... September 1, 1989
Statutory Home Office 13221 SW 68th Parkway, Suite 200..... Tigard OR US 97223-8328
(Street and Number) (City or Town, State, Country and Zip Code)
Main Administrative Office 13221 SW 68th Parkway, Suite 200..... Tigard OR US 97223-8328 888-802-7001
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
Mail Address 13221 SW 68th Parkway, Suite 200..... Tigard OR US 97223-8328
(Street and Number) (City or Town, State, Country and Zip Code)
Primary Location of Books and Records 13221 SW 68th Parkway, Suite 200..... Tigard OR US 97223-8328 888-802-7001
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
Internet Web Site Address www.healthnet.com
Statutory Statement Contact Roupen (NMN) Berberian 818-676-8256
(Name) (Area Code) (Telephone Number) (Extension)
roupen.berberian@healthnet.com 818-676-6521
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
Christopher Donald Bowers #	Chairman	Christian David Ellertson	President & CEO
Todd Patrick Graneto #	Vice President, CFO & Treasurer	Keith Harvey Williamson #	Secretary
OTHER			
Steven Daniel Sickle #	Assistant Secretary	Roupen (NMN) Berberian	Vice President
Cathy Aram Hughes	Vice President	Jefferey Alan Schwaneke #	Vice President
Trisha Lynn Dinkelman #	Vice President		

DIRECTORS OR TRUSTEES

Christian David Ellertson Kenneth Leslie Leander Christopher Donald Bowers #

State of.....
County of.....

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

_____ (Signature) Christopher Donald Bowers _____ (Printed Name) Chairman _____ (Title)	_____ (Signature) Christian David Ellertson _____ (Printed Name) President & CEO _____ (Title)	_____ (Signature) Todd Patrick Graneto _____ (Printed Name) Vice President, CFO & Treasurer _____ (Title)
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Subscribed and sworn to before me
This _____ day of _____

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 _____

ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	94,076,368		94,076,368	93,827,824
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....(484,807)), cash equivalents (\$.....0) and short-term investments (\$.....11,202,884).....	10,718,077		10,718,077	32,901,512
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	104,794,445	0	104,794,445	126,729,336
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	767,543		767,543	655,977
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	2,251,840	62,928	2,188,912	3,097,094
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....11,851,787) and contracts subject to redetermination (\$.....2,405,348).....	14,257,135		14,257,135	9,175,895
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	1,972,070		1,972,070	2,469,469
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....	210,383		210,383	2,480,314
18.1 Current federal and foreign income tax recoverable and interest thereon.....	4,107,284		4,107,284	
18.2 Net deferred tax asset.....	15,759		15,759	7,950
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			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	
23. Receivables from parent, subsidiaries and affiliates.....	671,934		671,934	2,337,508
24. Health care (\$.....5,073,874) and other amounts receivable.....	6,306,644	1,232,770	5,073,874	5,098,748
25. Aggregate write-ins for other than invested assets.....	4,360,062	4,360,062	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	139,715,099	5,655,760	134,059,339	152,052,291
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	139,715,099	5,655,760	134,059,339	152,052,291

DETAILS OF WRITE-INS

1101.			0	
1102.			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Other Assets Nonadmitted.....	4,360,062	4,360,062	0	
2502.			0	
2503.			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	4,360,062	4,360,062	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....139,811 reinsurance ceded).....	41,401,871	6,811,050	48,212,921	44,525,462
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	2,040,728	335,721	2,376,449	2,060,423
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....	18,036,144		18,036,144	24,792,678
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserve.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....	5,142,705		5,142,705	3,833,917
9. General expenses due or accrued.....	10,786,700		10,786,700	4,461,194
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....			0	500,393
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....	45,687		45,687	50,540
12. Amounts withheld or retained for the account of others.....			0	317
13. Remittances and items not allocated.....	608,390		608,390	353,612
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			0	
15. Amounts due to parent, subsidiaries and affiliates.....	904,243		904,243	1,539,772
16. Derivatives.....			0	
17. Payable for securities.....			0	
18. Payable for securities lending.....			0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and certified \$.....0 reinsurers).....			0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
22. Liability for amounts held under uninsured plans.....	6,707		6,707	726,443
23. Aggregate write-ins for other liabilities (including \$.....1,067,169 current).....	1,270,683	0	1,270,683	1,124,038
24. Total liabilities (Lines 1 to 23).....	80,243,858	7,146,771	87,390,629	83,968,789
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	7,200,000
26. Common capital stock.....	XXX	XXX	10	10
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	102,941,403	102,949,401
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	(56,272,703)	(42,065,909)
32. Less treasury stock, at cost:				
32.1 .....0.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX		
32.2 .....0.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	46,668,710	68,083,502
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	134,059,339	152,052,291

DETAILS OF WRITE-INS

2301. Payroll and Other Liabilities.....	963,508		963,508	854,599
2302. Unclaimed Property.....	203,514		203,514	166,617
2303. Post Retirement Benefit Cost.....	103,661		103,661	102,822
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	1,270,683	0	1,270,683	1,124,038
2501. Special surplus amount for estimated subsequent year health insurer fee.....	XXX	XXX		7,200,000
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	XXX	XXX	0	7,200,000
3001.				
3002.				
3003.				
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	XXX	XXX	0	0

Statement as of March 31, 2016 of the **HEALTH NET HEALTH PLAN OF OREGON, INC.**
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	265,189	239,546	954,798
2. Net premium income (including \$.....0 non-health premium income).....	XXX	121,518,023	103,774,702	418,616,587
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	(186,639)	(16,988)	224,578
4. Fee-for-service (net of \$.....0 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	121,331,384	103,757,714	418,841,165
Hospital and Medical:				
9. Hospital/medical benefits.....	10,415,254	91,779,817	62,496,319	269,870,434
10. Other professional services.....	2,196,033	15,432,003	11,156,928	50,730,134
11. Outside referrals.....	5,084,528	5,084,528	3,785,122	16,377,152
12. Emergency room and out-of-area.....	1,135,255	5,066,707	3,929,498	15,887,197
13. Prescription drugs.....	92,030	16,586,602	13,005,802	46,721,822
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).....	18,923,100	133,949,657	94,373,669	399,586,739
Less:				
17. Net reinsurance recoveries.....		(81,311)	197,085	2,843,644
18. Total hospital and medical (Lines 16 minus 17).....	18,923,100	134,030,968	94,176,584	396,743,095
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....3,351,084 cost containment expenses.....	711,411	5,035,816	4,284,961	17,439,169
21. General administrative expenses.....		20,005,739	16,988,433	50,667,196
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only).....		(6,943,173)	(4,880,227)	(5,128,639)
23. Total underwriting deductions (Lines 18 through 22).....	19,634,511	152,129,350	110,569,751	459,720,821
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	(30,797,966)	(6,812,037)	(40,879,656)
25. Net investment income earned.....		613,501	645,846	2,429,113
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....			18,463	30,724
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	613,501	664,309	2,459,837
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....				
29. Aggregate write-ins for other income or expenses.....	0	(25,896)	0	32
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	(30,210,361)	(6,147,728)	(38,419,787)
31. Federal and foreign income taxes incurred.....	XXX	(10,453,153)	(1,619,254)	(13,029,154)
32. Net income (loss) (Lines 30 minus 31).....	XXX	(19,757,208)	(4,528,474)	(25,390,633)

DETAILS OF WRITE-INS

0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	0	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0	0	0	0
2901. Fines and Penalties.....		(25,896)		
2902. Other Income.....				32
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	(25,896)	0	32

**HEALTH NET HEALTH PLAN OF OREGON, INC.
STATEMENT OF REVENUE AND EXPENSES (Continued)**

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	68,083,502	55,747,288	55,747,288
34. Net income or (loss) from Line 32.....	(19,757,208)	(4,528,474)	(25,390,633)
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.....	(22,313)	10,499	10,496
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....	7,809	(1,564,314)	(10,740,795)
39. Change in nonadmitted assets.....	(1,639,595)	(5,001,485)	1,465,116
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.....			
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....			47,006,794
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.....	(3,485)	(3,663)	(14,764)
48. Net change in capital and surplus (Lines 34 to 47).....	(21,414,792)	(11,087,437)	12,336,214
49. Capital and surplus end of reporting period (Line 33 plus 48).....	46,668,710	44,659,851	68,083,502

DETAILS OF WRITE-INS

4701. Prior Period Adjustment for Post Retirement Benefits Net of Tax.....	(3,485)	(3,663)	(14,764)
4702. Addition to special surplus for estimated subsequent year health insurer fee.....		1,750,000	7,200,000
4703. Deduction from unassigned surplus for estimated subsequent year health insurer fee.....		(1,750,000)	(7,200,000)
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above).....	(3,485)	(3,663)	(14,764)

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.....	120,924,465	103,117,309	414,331,414
2. Net investment income.....	716,368	851,627	3,348,287
3. Miscellaneous income.....	1,030,045	459,909	140,951
4. Total (Lines 1 through 3).....	122,670,878	104,428,845	417,820,652
5. Benefit and loss related payments.....	129,235,874	87,979,438	386,135,593
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	20,978,308	15,821,991	68,780,256
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	(5,845,476)	(2,536,924)	(14,702,263)
10. Total (Lines 5 through 9).....	144,368,706	101,264,505	440,213,586
11. Net cash from operations (Line 4 minus Line 10).....	(21,697,828)	3,164,340	(22,392,934)
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	2,023,743	1,801,136	11,815,754
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.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	2,023,743	1,801,136	11,815,754
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	2,509,034	2,654,544	14,639,564
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).....	2,509,034	2,654,544	14,639,564
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(485,291)	(853,408)	(2,823,810)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			47,000,000
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).....	(316)	(308)	6,803
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(316)	(308)	47,006,803
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(22,183,435)	2,310,624	21,790,059
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	32,901,512	11,111,453	11,111,453
19.2 End of period (Line 18 plus Line 19.1).....	10,718,077	13,422,077	32,901,512
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001			

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.....	80,293	1,413	45,836	2,277	3,874	996		25,897		
2. First Quarter.....	89,613	841	48,257	2,034	5,236	1,253		31,992		
3. Second Quarter.....	0									
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	265,189	2,638	145,655	6,239	12,242	3,140		95,275		
Total Member Ambulatory Encounters for Period:										
7. Physician.....	126,703	1,472	41,329	6,274				77,628		
8. Non-Physician.....	106,419	1,236	32,460	6,826				65,897		
9. Total.....	233,122	2,708	73,789	13,100	0	0	0	143,525	0	0
10. Hospital Patient Days Incurred.....	8,615	157	1,833					6,625		
11. Number of Inpatient Admissions.....	2,083	88	443					1,552		
12. Health Premiums Written (a).....	121,527,413	157,476	53,585,404	1,167,192	429,861	174,211		66,013,269		
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	121,340,774	157,476	53,532,912	1,167,192	429,861	174,211		65,879,122		
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	129,820,449	5,072,728	48,420,788	1,467,092	219,417	132,821		74,507,603		
18. Amount Incurred for Provision of Health Care Services.....	133,949,657	5,271,634	50,021,408	1,415,247	219,417	127,749		76,894,202		

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.....66,013,269.

Q07

Statement as of March 31, 2016 of the **HEALTH NET HEALTH PLAN OF OREGON, INC.**

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0299999. Aggregate Accounts Not Individually Listed-Uncovered.....	533,316					533,316
0399999. Aggregate Accounts Not Individually Listed-Covered.....	3,241,829					3,241,829
0499999. Subtotals.....	3,775,145	0	0	0	0	3,775,145
0599999. Unreported Claims and Other Claim Reserves.....						44,577,587
0799999. Total Claims Unpaid.....						48,352,732

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 December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....	18,302,623	35,103,718	3,564,645	17,951,245	21,867,268	19,978,448
2. Medicare Supplement.....	509,151	957,941	64,658	514,795	573,809	631,326
3. Dental only.....	7,034	125,787	1,307	24,645	8,341	31,024
4. Vision only.....		219,417			0	
5. Federal Employees Health Benefits Plan.....					0	
6. Title XVIII - Medicare.....	20,987,473	53,520,129	1,481,210	24,610,416	22,468,683	23,884,664
7. Title XIX - Medicaid.....					0	
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	39,806,281	89,926,992	5,111,820	43,101,101	44,918,101	44,525,462
10. Healthcare receivables (a).....	476,520	1,076,514	504,006	4,249,604	980,526	6,916,880
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....					0	
13. Totals (Lines 9-10+11+12).....	39,329,761	88,850,478	4,607,814	38,851,497	43,937,575	37,608,582

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

NOTES TO FINANCIAL STATEMENTS

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

A. Accounting Practices

Health Net Health Plan of Oregon, Inc. (The Company) prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the Oregon Division of Financial Regulation (the Department). The Department requires that insurance companies domiciled in the State of Oregon prepare their statutory basis financial statements in accordance with the *NAIC Accounting Practices and Procedures Manual* subject to any deviations prescribed or permitted by the State of Oregon insurance commissioner.

	State of Domicile	Current Period	Prior Year
NET INCOME			
(1) HEALTH NET HEALTH PLAN OF OREGON, INC. state basis (Page 4, Line 32, Columns 2 & 4)	OR	\$ (19,757,208)	\$ (25,390,633)
(2) State Prescribed Practices that increase/decrease NAIC SAP			
(3) State Permitted Practices that increase/decrease NAIC SAP			
(4) NAIC SAP (1 – 2 – 3 = 4)	OR	\$ (19,757,208)	\$ (25,390,633)
SURPLUS			
(5) HEALTH NET HEALTH PLAN OF OREGON, INC. state basis (Page 3, line 33, Columns 3 & 4)	OR	\$ 46,668,710	\$ 68,083,502
(6) State Prescribed Practices that increase/decrease NAIC SAP			
(7) State Permitted Practices that increase/decrease NAIC SAP			
(8) NAIC SAP (5 – 6 – 7 = 8)	OR	\$ 46,668,710	\$ 68,083,502

C. Accounting Policy

(6) **Loan-backed Securities** – Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair value. The retrospective adjustment method is used to value all securities, except for interest only securities or securities where the yield had become negative, that are valued using the prospective method.

In accordance with SSAP No. 43R – Loan-Backed and Structured Securities, if the fair value of a loan-backed or structured security is less than its amortized cost basis, then the Company will record an other-than-temporary impairment, if it intends to sell the security; if the Company does not intend to sell the security but it does not have the intent nor the ability to retain the security for the time sufficient to recover the amortized cost basis; or if the present value of the cash flows expected to be collected from the security are less than its amortized cost basis.

D. Going Concern

After considering management’s plans, there is no doubt about the Company’s ability to continue as a going concern.

NOTE 2 – ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

None

NOTE 3 – BUSINESS COMBINATIONS AND GOODWILL

None

NOTE 4 – DISCONTINUED OPERATIONS

None

NOTE 5 – INVESTMENTS

D. Loan-Backed Securities

- (1) Significant changes in prepayment assumptions are accounted for using the prospective method, based upon prepayment assumptions obtained from independent publishers of such financial data, which are consistent with the current interest rate and economic environment.
- (2) No other-than temporary impairments were recognized in 2016.
- (3) No other-than temporary impairments were recognized in 2016.
- (4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a.	The aggregate amount of unrealized losses:	1.	Less than 12 Months	\$	(26,740)
		2.	12 Months or Longer	\$	(15,142)
b.	The aggregate related fair value of securities with unrealized losses:	1.	Less than 12 Months	\$	4,271,615
		2.	12 Months or Longer	\$	3,150,332

NOTES TO FINANCIAL STATEMENTS

- E. Repurchase Agreements and/or Securities Lending Transactions
None
- I. Working Capital Finance Investments
None
- J. Offsetting and Netting of Assets and Liabilities
None

NOTE 6 – JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

None

NOTE 7 – INVESTMENT INCOME

All investment income due and accrued, on the accompanying financial statements, was treated as an admitted asset, because there were no collection uncertainties.

NOTE 8 – DERIVATIVE INSTRUMENTS

None

NOTE 9 – INCOME TAXES

(1) DTA/DTL Components	2016			2015			Change			
	Description	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a)	Gross deferred tax assets	6,804,368	15,759	6,820,127	9,144,228	7,950	9,152,178	(2,339,800)	7,809	(2,332,051)
(b)	Statutory valuation allowance adjustment (enter as "-")	(6,804,368)	0	(6,804,368)	(9,144,228)	0	(9,144,228)	2,339,800	0	2,339,800
(c)	Adjusted gross deferred tax assets	0	15,759	15,759	0	7,950	7,950	0	7,809	7,809
(d)	Deferred tax assets nonadmitted	0	0	0	0	0	0	0	0	0
(e)	Subtotal net admitted deferred tax asset	0	15,759	15,759	0	7,950	7,950	0	7,809	7,809
(f)	Gross deferred tax liabilities	0	0	0	0	0	0	0	0	0
(g)	Net admitted deferred tax asset/(net deferred tax liability)	0	15,759	15,759	0	7,950	7,950	0	7,809	7,809
(2)	Admission calculation components:									
	Description	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
	Admission calculation components SSAP No. 101 ¶(11)									
	Federal Income Taxes Paid In Prior Years Recoverable	0	15,759	15,759	0	7,950	7,950	0	7,809	7,809
(a)	Through Loss Carrybacks	0	15,759	15,759	0	7,950	7,950	0	7,809	7,809
	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From a. above) After Application Of The Threshold Limitation. (The Lesser Of b.i. and b.ii. Below)	0	0	0	0	0	0	0	0	0
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized Following The Balance Sheet Date	NA	NA	NA	NA	NA	0	NA	NA	0
(b)(i)	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	NA	NA	NA	NA	NA	0	NA	NA	0
(b)(ii)	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From a. and b. above) Offset by Gross Deferred Tax Liabilities	0	0	0	0	0	0	0	0	0
(c)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101 Total (a. + b. + c.)	0	15,759	15,759	0	7,950	7,950	0	7,809	7,809
(d)	Net Admitted Adjusted Gross DTAs Amount From Note 9A1 (c)	0	15,759	15,759	0	7,950	7,950	0	7,809	7,809
(3)	Used in ¶11b									
	Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount						252%			368%
(a)	Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation						46,652,951			68,075,552
(b)										
(4)	Impact of tax planning strategies									
	Description	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
	Determination of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character AS A Percentage									
(1)	Adjusted Gross DTAs Amount From Note 9A1 (c)	0	15,759	15,759	0	7,950	7,950	0	7,809	7,809
(2)	Percentage of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0%	0%	0%	0%	0%	0%	0%	0%	0%
(3)	Net Admitted Adjusted Gross DTAs Amount From Note 9A1 (e)	0	15,759	15,759	0	7,950	7,950	0	7,809	7,809
(4)	Percentage of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0%	0%	0%	0%	0%	0%	0%	0%	0%
(b)	Does the company's tax-planning strategies include the use of reinsurance?		Yes	No	X					
B.	Deferred tax liabilities that are not recognized:	None								
C.	Current tax and change in deferred tax:									
(1)	Current income taxes incurred consist of the following major components:									
	Description	March 31, 2016		March 31, 2015		Change				
(a)	Current federal income tax expense	(10,453,153)		(1,619,254)		(8,833,899)				
(b)	Foreign taxes	0		0		0				
(c)	Subtotal	(10,453,153)		(1,619,254)		(8,833,899)				
(d)	Tax on capital gains/(losses)	0		9,942		(9,942)				
(e)	Utilization of capital loss carryforwards	0		0		0				
(f)	Other, including prior year underaccrual (overaccrual)	0		0		0				
(g)	Federal and foreign income taxes incurred	(10,453,153)		(1,609,312)		(8,843,841)				
	The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities are as follows:									

NOTES TO FINANCIAL STATEMENTS

(2) DTAs Resulting From Book/Tax Differences In	March 31, 2016	December 31, 2015	Change
(a) Ordinary			
(1) Discounting of unpaid losses and LAE	146,891	135,267	11,624
(2) Unearned premiums	366,722	272,556	94,166
(3) Policyholder reserves	0	0	0
(4) Investments	0	0	0
(5) Deferred acquisition costs	0	0	0
(6) Policyholder dividends accrued	0	0	0
(7) Fixed assets	0	0	0
(8) Compensation and benefit accruals	163,453	180,768	(17,315)
(9) Pension accruals	0	0	0
(10) Nonadmitted assets	0	0	0
(11) Net operating loss carryforward	0	0	0
(12) Tax credit carryforward	0	0	0
(13) Premium deficiency reserve	6,096,934	8,525,269	(2,428,335)
(13) Other	30,368	30,368	0
Gross ordinary DTAs	6,804,368	9,144,228	(2,339,860)
(b) Statutory valuation adjustment - ordinary (-)	(6,804,368)	(9,144,228)	2,339,860
(c) Nonadmitted ordinary DTAs (-)	0	0	0
(d) Admitted ordinary DTAs	0	0	0
(e) Capital			
(1) Investments	15,759	7,950	7,809
(2) Net capital loss carryforward	0	0	0
(3) Real estate	0	0	0
(4) Other	0	0	0
Gross capital DTAs	15,759	7,950	7,809
(f) Statutory valuation adjustment - capital (-)	0	0	0
(g) Nonadmitted capital DTAs (-)	0	0	0
(h) Admitted capital DTAs	15,759	7,950	7,809
(i) Admitted DTAs	15,759	7,950	7,809
(3) DTLs Resulting From Book/Tax Differences In	March 31, 2016	December 31, 2015	Change
(a) Ordinary			
(1) Investments	0	0	0
(2) Fixed assets	0	0	0
(3) Deferred and uncollected premiums	0	0	0
(4) Policyholder reserves/salvage and subrogation	0	0	0
(5) Other	0	0	0
Ordinary DTLs	0	0	0
(b) Capital			
(1) Investments	0	0	0
(2) Real estate	0	0	0
(3) Other	0	0	0
Capital DTLs	0	0	0
(c) DTLs	0	0	0
(4) Net deferred tax assets/liabilities	15,759	7,950	7,809
The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):			
	March 31, 2016	December 31, 2015	Change
Total deferred tax assets	6,820,127	9,152,178	(2,332,051)
Total deferred tax liabilities	0	0	0
Net deferred tax assets/liabilities	6,820,127	9,152,178	(2,332,051)
Statutory valuation allowance adjustment (*see explanation below)	(6,804,368)	(9,144,228)	2,339,860
Net deferred tax assets/liabilities after SVA	15,759	7,950	7,809
Tax effect of unrealized gains/(losses)	(15,759)	(7,950)	(7,809)
Statutory valuation allowance adjustment allocated to unrealized (+)	0	0	0
Change in net deferred income tax [(charge)/benefit]	0	0	0
*Statutory valuation allowance			
A valuation allowance adjustment has been recognized at year end, as management does not believe its deferred tax assets are more likely than not realizable, based on the criteria established by SSAP 101.			

NOTES TO FINANCIAL STATEMENTS

D. Reconciliation of federal income tax rate to actual effective rate:			
The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant items causing this difference are as follows:			
Description	Amount	Tax Effect	Effective Tax Rate
Income Before Taxes	(30,210,364)	(10,573,627)	35.00%
Tax-Exempt Interest	(253,463)	(88,712)	0.29%
Change in Valuation Allowance		(2,339,860)	7.75%
Health Insurer Fee	7,237,480	2,533,118	-8.38%
Non deductible compensation	0	0	0.00%
Meals and Entertainment	11,131	3,896	-0.01%
Fines, Penalties, Other	34,377	12,032	-0.04%
Total	(23,180,839)	(10,453,153)	34.60%
Federal income taxed incurred [expense/(benefit)]		(10,453,153)	34.60%
Tax on capital gains/(losses)		0	0.00%
Change in net deferred income tax [charge/(benefit)]		0	0.00%
Total statutory income taxes		(10,453,153)	34.60%
E. Carryforwards, recoverable taxes, and IRC §6603 deposits:			
At December 31, 2016, the Company had net operating loss carryforwards expiring through the year 2036 of: \$0			
At December 31, 2016, the Company had capital loss carryforwards expiring through the year 2021 of: \$0			
At December 31, 2016, the Company had an AMT credit carryforwards, which does not expire, in the amount of: \$0			
The following is income tax expense that is available for recoupment in the event of future net losses:			
Year	Ordinary	Capital	Total
2014	NA	34,683	34,683
2015	0	16,544	16,544
2016	0	0	0
Total	0	51,227	51,227

F(1) The Company's Federal Income Tax return, refer to Sch Y Part 1A

NOTE 10 – INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES

As of March 31, 2016, all outstanding shares of the Company are owned by QualMed, Inc., which is a wholly owned subsidiary of Centene (CNC), a corporation incorporated in the State of Delaware.

A-D, F. Transactions with Affiliates

The Company received administrative, financial, information systems, marketing, and operations services from its affiliates. In addition, the Company and certain of its affiliates purchase from each other health care coverage for the benefit of their employees. For the three months ended March 31, 2016 and 2015, the Company incurred expenses of \$9,539,617 and \$7,096,715 respectively, including the claim adjustment expenses relating to pharmacy benefits and behavioral health services mentioned below. In addition, the Company charged affiliates \$673,256 and \$1,592,428 for the three months ended March 31, 2016 and 2015, respectively, for services it provided. Balances associated with this agreement are settled within 30 days in the normal course of business.

Pursuant to an agreement with MHN Services, Inc (MHN), the Company receives behavioral health claim administration and processing services in exchange for an administrative fee. Balances associated with this agreement are settled within 30 days in the normal course of business. The following is a summary of the Company's transactions related to its agreement with MHN Services, Inc.:

Claims Payable	<u>As of March 31, 2016</u> \$ 690,539	<u>As of December 31 2015</u> \$ 846,873
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Pursuant to an affiliate agreement with Health Net Pharmaceutical Services, Inc. ("HNPS"), the Company receives prescription drug claims administration, formulary management and pharmaceutical rebate processing services, in exchange for an administrative fee. The administrative fee is settled within 30 days, in the normal course of business. Prior to the issuance of checks for pharmaceutical claim payments, the Company remits cash to HNPS to fund the claim payments. Pharmaceutical rebates are remitted by HNPS to the Company, as they are collected from the drug manufacturers. The following is a summary of the Company's transactions related to its agreement with HNPS:

HNPS claim adjustment expenses	<u>YTD March 31, 2016</u> \$ 726,736	<u>YTD March 31, 2015</u> \$ 479,102
Funds transferred for claim payments	22,956,396	16,724,494
Pharmaceutical Rebates recognized	2,281,287	1,867,510
Health care receivables (rebates)	<u>As of March 31, 2016</u> \$ 4,753,610	<u>As of December 31, 2015</u> \$ 4,846,256
Nonadmitted rebates receivable	16,306	25,171

On August 9, 2010, the Company entered into a \$20 million affiliate loan agreement with Health Net, Inc. ("HNI"), after obtaining the permission of the Department of Consumer and Business Services. Under this agreement, HNI may loan amounts to the Company for working capital purposes. The loans bear interest at the prime rate of Bank of America, and are fully payable within forty-five days. There were no loans or related interest amounts payable as of March 31, 2016 and December 31, 2015. For the three months ended March 31, 2016 and 2015, the Company recorded interest expense of \$0 and \$0 respectively, for amounts

NOTES TO FINANCIAL STATEMENTS

borrowed under this agreement. The Company borrowed and repaid an aggregate total of \$0 and \$0 of loans for the three months ended March 31, 2016 and 2015, respectively. The aggregate outstanding loan amount, at any one time, did not exceed \$20,000,000.

The Company received capital contributions from its Parent Company as follows:

Date Received	Amount Received
December 24, 2015	\$ 22,000,000
September 29, 2015	15,000,000
June 30, 2015	10,000,000

The following admitted inter-company balances existed as of March 31, 2016 and December 31, 2015:

	March 31, 2016	December 31, 2015
Receivable from affiliates:		
Health Net of California, Inc.	\$ 489,130	\$ 0
Health Net Life Insurance Company	0	213,927
Health Net Pharmaceutical Services	19,636	2,089,017
Other affiliates	<u>163,168</u>	<u>34,564</u>
Total Gross Receivables (Excluding Federal Taxes)	<u>\$ 671,934</u>	<u>\$ 2,337,508</u>
Total Non-admitted Receivables	0	0
Total Admitted Receivables	<u>671,934</u>	<u>2,337,508</u>
Federal income tax recoverable From Health Net, Inc.(current)	\$ 4,107,284	\$ 0
Net deferred tax asset	15,759	7,950
Non-admitted	0	0
Total Admitted Federal Income Tax Recoverable	<u>\$ 4,123,043</u>	<u>\$ 7,950</u>
Payable to affiliates:		
Health Net of California, Inc.	\$ 0	\$ 692,619
Health Net, Inc.	417,964	548,281
Health Net of Arizona, Inc.	178,276	0
Other affiliates	<u>308,003</u>	<u>298,872</u>
Total Gross Payables (Excluding Federal Taxes)	<u>\$ 904,243</u>	<u>\$ 1,539,772</u>
Federal income tax payable to Health Net, Inc.	\$ 0	\$ 0

E. Guarantees

None

G-L. Investment in Parent, Subsidiaries or Affiliates

The Company does not hold any direct or indirect investment in its Parent, subsidiaries, controlled or affiliated companies and did not recognize any impairment write down for any investments in subsidiaries, controlled or related or liabilities.

NOTE 11 – DEBT**B. FHLB (Federal Home Loan Bank) Agreements**

None

NOTE 12 – RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS**A. Defined Benefit Plan**

(4)	Components of net periodic benefit cost	Pension Benefits		Postretirement Benefits		Special or Contractual Benefits per SSAP No. 11	
		Current Period	Prior Year	Current Period	Prior Year	Current Period	Prior Year
a.	Service cost	\$	\$	\$	\$	\$	\$
b.	Interest cost			886	3,542		
c.	Expected return on plan assets						
d.	Transition asset or obligation						
e.	Gains and losses			(5,966)	(23,864)		
f.	Prior service cost or credit						
g.	Gain or loss recognized due to a settlement curtailment						
h.	Total net periodic benefit cost	\$	\$	\$ (5,080)	\$ (20,322)	\$	\$

NOTE 13 – CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

No significant changes

NOTES TO FINANCIAL STATEMENTS**NOTE 14 – LIABILITIES, CONTINGENCIES AND ASSESSMENTS**

A. Contingent Commitments
None

B. Assessments

The Company is not subject to assessment by any guaranty association; however it is subject to assessment by a mandatory specific medical condition pool. The Oregon Medical Insurance Pool (OMIP) Board provides comprehensive medical benefit coverage for individuals who have been denied medical insurance coverage due to a medical condition and have no access to commercial portability coverage. The Company reported assessment expenses of (\$74,778) and \$29,709 for the three months ended March 31, 2016 and 2015, respectively. As of March 31, 2016 and December 31, 2015, respectively, the Company reported assessment liabilities of \$0 for the OMIP.

C. Gain Contingencies
None

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits
None

E. Joint and Several Liabilities
None

F. All Other Contingencies

Overview—The Company records reserves and accrues costs for certain legal proceedings and regulatory matters to the extent that it determines an unfavorable outcome is probable and the amount of the loss can be reasonably estimated. While such reserves and accrued costs reflect the Company's best estimate of the probable loss for such matters, the Company's recorded amounts may differ materially from the actual amount of any such losses. In some cases, no estimate of the possible loss or range of loss in excess of amounts accrued, if any, can be made because of the inherently unpredictable nature of legal and regulatory proceedings, which may be exacerbated by various factors, including but not limited to that they may involve indeterminate claims for monetary damages or may involve fines, penalties or punitive damages; present novel legal theories or legal uncertainties; involve disputed facts; represent a shift in regulatory policy; involve a large number of parties, claimants or regulatory bodies; are in the early stages of the proceedings; involve a number of separate proceedings, each with a wide range of potential outcomes; or result in a change of business practices. Further, there may be various levels of judicial review available to the Company in connection with any such proceeding in the event damages are awarded or a fine or penalty is assessed. As of the date of this report, amounts accrued for legal proceedings and regulatory matters were not material. However, it is possible that in a particular quarter or annual period the Company's financial condition, results of operations, cash flow and/or liquidity could be materially adversely affected by an ultimate unfavorable resolution of or development in legal and/or regulatory proceedings, depending, in part, upon the Company's financial condition, results of operations, cash flow or liquidity in such period, and the Company's reputation may be adversely affected. Management believes that the ultimate outcome of any of the regulatory and legal proceedings that are currently pending against the Company should not have a material adverse effect on the Company's financial condition, results of operations, cash flow and liquidity.

Miscellaneous Proceedings—In the ordinary course of its business operations, the Company is subject to periodic reviews, investigations and audits by various federal and state regulatory agencies, including, without limitation the Centers for Medicare & Medicaid Services, the Office of Civil Rights of the U.S. Department of Health and Human Services and state departments of insurance, with respect to its compliance with a wide variety of rules and regulations applicable to its business, including, without limitation, the Health Insurance Portability and Accountability Act of 1996, rules relating to pre-authorization penalties, payment of out-of-network claims, timely review of grievances and appeals, and timely and accurate payment of claims, any one of which may result in remediation of certain claims, contract termination, the loss of licensure or the right to participate in certain programs or other sanctions, and the assessment of regulatory fines or penalties, which could be substantial. From time to time, the Company receives subpoenas and other requests for information from, and is subject to investigations by, such regulatory agencies, as well as from state attorneys general. There also continues to be heightened review by regulatory authorities of, and increased litigation regarding, the health care industry's business practices, including, without limitation, information privacy, premium rate increases, utilization management, appeal and grievance processing, rescission of insurance coverage and claims payment practices, including under state and federal false claims laws.

In addition, in the ordinary course of its business operations, the Company is party to various other legal proceedings from time to time, which may include, without limitation, litigation arising out of its general business activities, such as contract disputes, tax matters, employment litigation, wage and hour claims, including, without limitation, cases involving allegations of misclassification of employees and/or failure to pay for off-the-clock work, real estate-related claims, intellectual property claims, claims brought by members or providers seeking coverage or additional reimbursement for services allegedly rendered to its members, but which allegedly were denied, underpaid, not timely paid or not paid, claims for failure to maintain adequate provider directories and claims arising out of the acquisition or divestiture of various business units or other assets. From time to time, the Company is also subject to claims relating to the performance of contractual obligations to providers, members, employer groups and others, which may include, without limitation, the alleged failure to properly pay claims and challenges to the manner in which the Company processes claims, and claims alleging that the Company has engaged in unfair business practices and claims related to the payment of taxes, including but not limited to claims that may have retroactive application. In addition, the Company from time to time is subject to claims relating to information security incidents and breaches, reinsurance agreements, rescission of coverage and other types of insurance coverage obligations and claims relating to the insurance industry in general. In the Company's role as a federal and state government contractor, the Company is, and may be in the future, subject to qui tam litigation brought by individuals who seek to sue on behalf of the government for violations of, among other things, state and federal false claims laws. The Company is, or may be in the future, subject to class action lawsuits brought against various managed care organizations and other class action lawsuits.

The Company intends to vigorously defend itself against the miscellaneous legal and regulatory proceedings to which it is currently a party; however, these proceedings are subject to many uncertainties. In some of the cases pending against the Company, substantial non-economic or punitive damages are being, or may in the future be, sought.

Potential Settlements—The Company regularly evaluates legal proceedings and regulatory matters pending against it to determine if settlement of such matters would be in the best interests of the Company and its stockholders. The costs associated with any settlement of the various legal proceedings and regulatory matters to which the Company is or may be subject from time to time could be substantial and, in certain cases, could result in a significant earnings charge in any particular quarter in which the Company enters into a settlement agreement and could have a material adverse effect on the Company's financial condition, results of operations, cash flow and/or liquidity and may affect its reputation.

NOTE 15 – LEASES

No significant changes

NOTE 16 – INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

None

NOTE 17 – SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

None

NOTES TO FINANCIAL STATEMENTS**NOTE 18 – GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE PORTION OF PARTIALLY INSURED PLANS****C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract**

Revenue from the Company's Medicare Contract for the three months ending March 31, 2016 consisted of \$65,879,122 for medical and hospital related services.

As of March 31, 2015, the Company has recorded premium receivables from CMS in the amount of \$977,482.

The Company has incurred \$45,526 of cost sharing subsidy offsetting health care cost for the three months ending March 31, 2016 and \$149,066 of cost sharing receivable as of March 31, 2016.

NOTE 19 – DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

None

NOTE 20 – FAIR VALUE MEASUREMENTS

- A. The Company does not have assets measured and reported at fair value in the statement of financial position.
 B. The Company does not have assets measured and reported at fair value in the statement of financial position.
 C. The aggregate fair value of financial instruments.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
BONDS	\$ 97,326,233	\$ 94,076,368	\$ 2,393,071	\$ 94,933,162	\$	\$

As of March 31, 2016 the Company's long term bond investments are all reported at amortized cost. Estimated fair values are classified and disclosed in one of the following categories:

Level 1—Quoted prices are available in active markets for identical investments as of the reporting date. Investments included in Level 1 consist entirely of U.S. Treasury securities

Level 2—Most of the bond fair values fall in this category. For this pricing level inputs are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value is determined through the use of models and/or other valuation methodologies which are based on an income approach. Examples include, but are not limited to, multidimensional relational model, option adjusted spread model, and various matrices. Specific pricing inputs include quoted prices for similar securities in both active and non-active markets, other observable inputs such as interest rates, yield curve volatilities, default rates, and inputs that are derived principally from or corroborated by other observable market data.

Level 3—The Company have no bond fair values in this category. For this pricing level inputs are unobservable for the investment and include situations where there is little, if any, market activity for the investment. The inputs into the determination of fair value require significant management judgment or estimation using assumptions that market participants would use, including assumptions for risk.

- D. Not Practicable to Estimate Fair Value

Type of Class or Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
	\$	%		

NOTE 21 – OTHER ITEMS

On March 24, 2016, the acquisition of Health Net, Inc., a Delaware corporation and ultimate parent corporation of the Company ("HNT"), by Centene Corporation, a Delaware corporation ("Centene"), was consummated pursuant to the terms of the previously announced Agreement and Plan of Merger, dated as of July 2, 2015 (the "Merger Agreement"), by and among HNT, Centene, Chopin Merger Sub I, Inc., a Delaware corporation and wholly owned subsidiary of Centene ("Merger Sub I"), and Chopin Merger Sub II, Inc., a Delaware corporation and wholly owned subsidiary of Centene ("Merger Sub II"). Upon the terms and subject to the conditions set forth in the Merger Agreement, (i) Merger Sub I merged with and into HNT (the "First Merger"), with HNT as the surviving corporation (the "First Surviving Corporation"), and (ii) immediately after the consummation of the First Merger, the First Surviving Corporation merged with and into Merger Sub II, with Merger Sub II continuing as the surviving company under the name "Health Net, Inc." As of March 24, 2016, the Company is now an indirect wholly owned subsidiary of Centene.

NOTE 22 – EVENTS SUBSEQUENT

No significant changes

NOTE 23 – REINSURANCE

Effective January 1, 2014, for those insurers participating inside, and in some cases outside, of the exchanges, the ACA designed the following premium stabilization provisions; (a) the permanent risk adjustment program, (b) the transitional reinsurance program and (c) the temporary risk corridor program.

Reinsurance – The transitional reinsurance program requires the Company to make reinsurance contributions for calendar years 2014 through 2016 to a state or HHS established reinsurance entity based on a national contribution rate per covered member as determined by HHS. While all commercial medical plans, including self-funded plans, are required to fund the reinsurance entity, only fully-insured non-grandfathered plans in the individual commercial market will be eligible for recoveries if individual claims exceed a specified threshold. For individual commercial plans, the Company accounts for the reinsurance contribution as ceded premium, the contribution earmarked for the U.S. Treasury as general administrative expenses, any reinsurance recovery as ceded health care costs, with corresponding receivables or payables. The transitional reinsurance program fees for all other commercial plans, excluding individual plans, are recorded as general administrative expenses. For the three months ended March 31, 2016, the transitional reinsurance program fees expense was (\$178,798), the ceded premiums was \$9,391, and the ceded health care costs estimate was (\$81,311).

As of March 31, 2016, the reinsurance recoverable was \$1,972,070, the ceded claims unpaid was \$139,811, the ceded reinsurance premiums payable was \$45,687 and the contributions payable which were not reported as ceded premiums was \$1,080,825. As of December 31, 2015, the reinsurance recoverable was \$2,469,469, the ceded claims unpaid was \$308,298, the ceded reinsurance premiums payable was \$50,540 and the contributions payable which were not reported as ceded premiums was \$1,723,595.

NOTES TO FINANCIAL STATEMENTS**NOTE 24 – RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION****Medicare Part D**

The Company offers the Medicare Part D benefit as a fully insured product to existing and new members. The Medicare Part D benefit consists of pharmacy benefits for Medicare beneficiaries. Medicare Part D renewal occurs annually, but it is not a guaranteed renewable product. The majority of our Medicare Part D members fall into the low-income category.

The Company has two primary contracts under Medicare Part D, one with the CMS and one with the Medicare Part D enrollees. The CMS contract covers the portions of the revenue and expenses that will be paid for by CMS. The enrollee contract covers the services to be performed by the Company for the premiums paid by the enrollees. The insurance contracts are directly underwritten with the enrollees, not CMS, and therefore there is a direct insurance relationship with the enrollees. The premiums are generally received directly from the enrollees.

Medicare Part D offers two types of plans: Prescription Drug Plan ("PDP") and Medicare Advantage Plus Prescription Drug ("MAPD"). PDP covers only prescription drugs and can be combined with traditional Medicare or Medicare supplemental plans. MAPD covers both prescription drugs and medical care.

The revenue recognition of the revenue and cost reimbursement components under Medicare Part D is described below:

CMS Premium Direct Subsidy—The Company receives a monthly premium from CMS based on an original bid amount. This payment for each individual is a fixed amount per member for the entire plan year and is based upon that individual's risk score status. The CMS premium is recognized evenly over the contract period and reported as part of health plan services premium revenue.

Member Premium—The Company receives a monthly premium from members based on the original bid submitted to CMS. The member premium, which is fixed for the entire plan year is recognized evenly over the contract period and reported as part of health plan services premium revenue. Premiums for the low-income Medicare Part D members are paid by CMS.

Catastrophic Reinsurance Subsidy—CMS reimburses the Company for 80% of the drug costs after a member reached his or her out of pocket catastrophic threshold of \$4,850 and \$4,700 for 2016 and 2015, respectively. The CMS prospective payment (a flat PMPM cost reimbursement estimate) is received monthly based on the original CMS bid. After the year is complete, a settlement is made based on actual experience.

Low-Income Premium Subsidy—For qualifying low-income members, CMS will reimburse the Company, on the member's behalf, some or all of the monthly member premium depending on the member's income level in relation to the Federal Poverty Level. The low-income premium subsidy is recognized evenly over the contract period and reported as part of health plan services premium revenue.

Low-Income Member Cost Sharing Subsidy—For qualifying low-income members, CMS will reimburse the Company, on the member's behalf, some or all of a member's cost sharing amounts (e.g. deductible, co-pay/coinsurance). The amount paid for the member by CMS is dependent on the member's income level in relation to the Federal Poverty Level. The Company receives prospective payments on a monthly basis, and they represent a cost reimbursement that is finalized and settled after the end of the year.

Coverage Gap Discount—The Medicare Coverage Gap Discount is a program that began in 2011, under which drug manufacturers are required to provide a 50% discount on brand name drugs purchased in the Medicare Part D coverage gap by non-LIS (Low Income Subsidy) Part D members. The amount of the discount is included in the accumulation of the members' out-of-pocket costs. Under the Medicare Coverage Gap Discount Program, the Company receives monthly prospective payments from CMS for advancing the gap discounts at the point of sale. CMS coordinates the collection of discount payments from pharmaceutical manufacturers and payments to the Company based on prescription drug event data.

CMS Risk Share—The Company will receive additional premium or return premium based on whether the actual costs are higher or lower than the level estimated in the original bid submitted to CMS. The premium adjustment calculation is performed in the subsequent year based on the full year of experience of the prior year or, in the event of program termination, based on the experience up to the date of such termination. Estimated CMS risk share amounts are recorded on a quarterly basis as part of health plan services premium revenue based on cumulative experience up to the date of the financial statements.

Health care costs and general and administrative expenses associated with Medicare Part D are recognized as the costs and expenses are incurred.

ACA Risk Adjustment and Risk Corridor Programs

Effective January 1, 2014, for those insurers participating inside, and in some cases outside, of the exchanges, the ACA designed the following premium stabilization provisions: (a) the permanent risk adjustment program, (b) the transitional reinsurance program and (c) the temporary risk corridor program.

Risk Adjustment – The risk adjustment program transfers funds from lower risk plans to higher risk plans within the same market in the same State in order to adjust premiums for adverse selection among carriers caused by membership shifts due to guarantee issue and community rating mandates.

The Company's estimate for the risk adjustment incorporates pricing and demographic assumptions, the distribution of newly enrolled membership in terms of geography, metal tiers, and age bands, and the estimated market averages of premium and risk scores. The Company considers information as it becomes available at interim dates, along with updated actuarially determined expectations.

Premiums are adjusted for the risk adjustment by projecting the ultimate premium for the calendar year separately for individual and group plans by state. Estimated calendar year settlement amounts are recognized ratably during the year and are revised each period to reflect current experience. The Company records receivables or payables at the individual or group level within each state. For the three months ended March 31, 2016 and 2015, the risk adjustment estimate was \$1,141,549 and (\$1,864,357), respectively.

As of March 31, 2016, the risk adjustment payable was \$0 and the risk adjustment user fee payable was \$31,667. As of December 31, 2015, the risk adjustment payable was \$0 and the risk adjustment user fee payable was \$22,627.

Risk Corridor—The temporary risk corridor provisions limit issuer gains and losses by comparing allowable medical costs to a target amount, each defined/prescribed by HHS, and sharing the risk for allowable costs with the federal government. Variances from the target exceeding certain thresholds may result in HHS making additional payments to the Company or require the Company to refund HHS a portion of the premiums received.

The Company estimates and recognizes adjustments to premiums for the risk corridor provision by projecting the ultimate premium for the calendar year. Estimated calendar year settlement amounts are recognized ratably during the year and are revised each period to reflect current experience, including changes in risk adjustment and reinsurance recoverable. The Company records receivables or payables at the individual or group level within each state. For the three months ended March 31, 2016 and 2015, the risk corridor premiums adjustment was (\$2,066,308) and \$942,677, respectively.

As of March 31, 2016, the accrued retrospective premium receivable was \$0, and the experience rating refund liability was \$0. As of December 31, 2015, the accrued retrospective premium receivable was \$2,099,975 (the Company non-admitted \$2,057,897 of the receivable in accordance with "Interpretation 15-01: ACA Risk Corridors Collectibility") and the experience rating refund liability was \$0.

NOTES TO FINANCIAL STATEMENTS

Under the ACA, medical loss ratios on fully insured products, as calculated as set forth in the ACA, that fall below certain targets are required to rebate ratable portions of their comprehensive major medical health premiums annually. Medical loss ratio rebates required pursuant to the Public Health Service Act:

		Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year						
1	Medical loss ratio rebates incurred	0	0	0	0	0
2	Medical loss ratio rebates paid	0	0	427,219	0	0
3	Medical loss ratio rebates unpaid	0	0	0	0	0
4	Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	0
5	Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	0
6	Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	0
Current Reporting Year-to-Date						
7	Medical loss ratio rebates incurred	0	0	0	0	0
8	Medical loss ratio rebates paid	0	0	0	0	0
9	Medical loss ratio rebates unpaid	0	0	0	0	0
10	Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	0
11	Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	0
12	Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	0

E. Risk-Sharing Provisions of the Affordable Care Act

- (1) Did the reporting entity write accident and health insurance premium which 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 period:

		AMOUNT
a.	Permanent ACA Risk Adjustment Program	
	Assets	
1.	Premium adjustments receivable due to ACA Risk Adjustment	\$ 2,405,348
	Liabilities	
2.	Risk adjustment user fees payable for ACA Risk Adjustment	31,667
3.	Premium adjustments payable due to ACA Risk Adjustment	
	Operations (Revenue & Expenses)	
4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	1,141,549
5.	Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$ 9,040
b.	Transitional ACA Reinsurance Program	
	Assets	
1.	Amounts recoverable for claims paid due to ACA Reinsurance	\$ 1,972,070
2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	139,811
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 premium	1,080,825
5.	Ceded reinsurance premiums payable due to ACA Reinsurance	45,687
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$
	Operations (Revenue & Expenses)	
7.	Ceded reinsurance premiums due to ACA Reinsurance	\$ 9,391
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	(81,311)
9.	ACA Reinsurance contributions – not reported as ceded premium	\$ (178,798)
c.	Temporary ACA Risk Corridors Program	
	Assets	
1.	Accrued retrospective premium due to ACA Risk Corridors	\$
	Liabilities	
2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	
	Operations (Revenue & Expenses)	
3.	Effect of ACA Risk Corridors on net premium income (paid/received)	(2,066,308)
4.	Effect of ACA Risk Corridors on change in reserves for rate credits	\$

NOTES TO FINANCIAL STATEMENTS

(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	11
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Pay	Receivable	(Payable)
Permanent ACA Risk Adjustment Program											
1	1,263,799	0	0	0	1,263,799	0	949,171	0	A	2,212,970	0
2	0	0	0	0	0	0	0	0	B	0	0
3	1,263,799	0	0	0	1,263,799	0	949,171	0		2,212,970	0
Transitional ACA Reinsurance Program											
1	2,469,469	0	584,575	0	1,884,894	(25,813)	0	C	1,859,081	0	0
2	308,298	0	0	0	308,298	0	0	D	308,298	0	0
3	0	0	0	0	0	0	0	E	0	0	0
4	0	0	0	0	0	0	0	F	0	0	0
5	0	50,540	0	0	0	50,540	0	G	0	50,540	0
6	0	1,723,595	0	0	0	1,723,595	0	H	0	1,723,595	0
7	2,777,767	1,774,135	584,575	0	2,193,192	1,774,135	(25,813)		2,167,379	1,774,135	0
Temporary ACA Risk Corridor Program											
1	2,099,975	0	(288,747)	0	2,388,722	0	(2,388,722)	I	0	0	0
2	0	0	0	0	0	0	0	J	0	0	0
3	2,099,975	0	(288,747)	0	2,388,722	0	(2,388,722)		0	0	0
d	6,341,541	1,774,135	295,828	0	5,845,713	1,774,135	(1,465,364)		4,380,349	1,774,135	0

Explanations of Adjustments

- A. Estimated amounts were revised based on updated information and experience for the relevant period.
- B. None
- C. Estimated amounts were revised based on updated information and experience for the relevant period.
- D. None
- E. None
- F. None
- G. None
- H. None
- I. Estimated amounts were revised based on updated information and experience for the relevant period.
- J. None

NOTE 25 – CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

No significant changes

NOTE 26 – INTERCOMPANY POOLING ARRANGEMENTS

None

NOTE 27 – STRUCTURED SETTLEMENTS

None

NOTE 28 – HEALTH CARE RECEIVABLES

A. Pharmaceutical rebates receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
03/31/16	\$ 2,281,287	\$ 0	\$ 0	\$ 0	\$ 0
12/31/15	2,643,955	2,172,801			
09/30/15	2,271,973	2,299,787		2,283,481	
06/30/15	2,363,320	2,142,167		2,051,815	90,352
03/31/15	1,867,510	1,967,071		1,819,137	147,934
12/31/14	1,320,105	1,228,948		1,137,572	91,376
09/30/14	1,144,407	1,154,231		976,768	177,463
06/30/14	1,144,816	1,114,953		789,994	324,959
03/31/14	989,154	988,376		618,474	379,902
12/31/13	543,991	737,892		600,083	137,809
09/30/13	892,003	722,170		603,444	118,726
06/30/13	560,696	689,908		614,338	75,570

NOTE 29 – PARTICIPATING POLICIES

None

NOTE 30 – PREMIUM DEFICIENCY RESERVES

- 1. Liability carried for premium deficiency reserves \$ 17,419,812
- 2. Date of the most recent evaluation of this liability 4/14/2016
- 3. Was anticipated investment income utilized in the calculation? YES

NOTE 31 – ANTICIPATED SALVAGE AND SUBROGATION

None

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? If yes, complete Schedule Y, Parts 1 and 1A. Yes [X] No []
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [X] No []
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.

On March 24, 2016, the acquisition of Health Net, Inc. by Centene Corporation was consummated pursuant to the terms of the previously announced Merger Agreement, dated as of July 2, 2015.

- 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 name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation. Yes [] No [] N/A [X]

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2013

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. 12/31/2013

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). 03/19/2015

6.4 By what department or departments?
Oregon 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 [] No [] N/A [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated with 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 the 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

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

FINANCIAL

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

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes No
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
13. Amount of real estate and mortgages held in short-term investments: \$ 0
- 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	\$ 0
14.22 Preferred Stock	0	0
14.23 Common Stock	0	0
14.24 Short-Term Investments	0	0
14.25 Mortgage Loans on Real Estate	0	0
14.26 All Other	0	0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 0	\$ 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$ 0	\$ 0

- 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.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
- 16.3 Total payable for securities lending reported on the liability page: \$ 0

17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?
Yes No

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

1 Name of Custodian(s)	2 Custodian Address
US BANK N A	555 S. W. OAK STREET, PORTLAND, OR 97204

- 17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes No
- 17.4 If yes, give full and complete information relating thereto:

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

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

1 Central Registration Depository	2 Name(s)	3 Address
105900	GENERAL RE-NEW ENGLAND ASSET MANAGEMENT	76 BATTERSON PARK ROAD, FARMINGTON, CT 06032

- 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:

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent

0.0 %

1.2 A&H cost containment percent

0.0 %

1.3 A&H expense percent excluding cost containment expenses

0.0 %

2.1 Do you act as a custodian for health savings accounts?

Yes [] No [X]

2.2 If yes, please provide the amount of custodial funds held as of the reporting date.

0

2.3 Do you act as an administrator for health savings accounts?

Yes [] No [X]

2.4 If yes, please provide the amount of funds administered as of the reporting date.

0

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
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NONE

HEALTH NET HEALTH PLAN OF OREGON, INC.
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

1	Direct Business Only								
	2	3	4	5	6	7	8	9	
State, Etc.	Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Columns 2 through 7	Deposit-Type Contracts
1. Alabama.....AL	N							.0	
2. Alaska.....AK	N							.0	
3. Arizona.....AZ	N							.0	
4. Arkansas.....AR	N							.0	
5. California.....CA	N							.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	N							.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	44,295,264	66,013,269					110,308,533	
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	N							.0	
45. Utah.....UT	N							.0	
46. Vermont.....VT	N							.0	
47. Virginia.....VA	N							.0	
48. Washington.....WA	L	10,773,157						10,773,157	
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 alien.....OT	XX	.0	.0	.0	.0	.0	.0	.0	.0
59. Subtotal.....XX		55,068,421	66,013,269	.0	.0	.0	.0	121,081,690	.0
60. Reporting entity contributions for Employee Benefit Plans.....XX		445,723						445,723	
61. Total (Direct Business).....(a)	2	55,514,144	66,013,269	.0	.0	.0	.0	121,527,413	.0

DETAILS OF WRITE-INS

58001.....								.0	
58002.....								.0	
58003.....								.0	
58998. Summary of remaining write-ins for line 58 from overflow page.....		.0	.0	.0	.0	.0	.0	.0	.0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above).....		.0	.0	.0	.0	.0	.0	.0	.0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;

(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

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

Centene Corporation	42-1406317	DE	
Bankers Reserve Life Insurance Company of Wisconsin	39-0993433	WI	71013
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Peach State Health Plan, Inc	20-3174593	GA	12315
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Iowa Total Care, Inc	46-4829006	IA	15713
Buckeye Community Health Plan, Inc	32-0045282	OH	11834
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Absolute Total Care, Inc	20-5693998	SC	12959
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Physicians Choice, LLC	59-3807546	SC	
PhyTrust of South Carolina LLC	65-1206841	FL	
Coordinated Care Corporation d/b/a Managed Health Services	39-1821211	IN	95831
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Healthy Washington Holdings, Inc	46-5523218	DE	
Coordinated Care of Washington, Inc	46-2578279	WA	15352
Managed Health Services Insurance Corp	39-1678579	WI	96822
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Hallmark Life Insurance Co	86-0819817	AZ	60078
Superior HealthPlan, Inc	74-2770542	TX	95647
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Healthy Louisiana Holdings LLC	27-0916294	DE	
Louisiana Healthcare Connections, Inc	27-1287287	LA	13970
Magnolia Health Plan Inc	20-8570212	MS	13923
IlliniCare Health Plan, Inc	27-2186150	IL	14053
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Sunshine Health Holding LLC	26-0557093	FL	
Sunshine State Health Plan, Inc	20-8937577	FL	13148
Access Health Solutions LLC	56-2384404	FL	
Sunshine Consulting Services, Inc.	27-0242132	DE	
Kentucky Spirit Health Plan, Inc	45-1294925	KY	14100
Healthy Missouri Holding, Inc	45-5070230	MO	
Home State Health Plan, Inc	45-2798041	MO	14218
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Sunflower State Health Plan, Inc	45-3276702	KS	14345
Granite State Health Plan, Inc	45-4792498	NH	14226
Bridgeway Advantage Solutions, Inc	46-4195563	AZ	15447
California Health and Wellness Plan	46-0907261	CA	
Fidelis SecureCare of Michigan, Inc.	30-0312489	MI	10769
Agate Resources, Inc.	20-0483299	OR	
Lane Individual Practice Association, Inc.	93-1198219	OR	
Trillium Community Health Plan, Inc.	42-1694349	OR	12559
Trillium Community Health Plan, Inc.	42-1694349	OR	12559
Agate Properties, LLC	26-4475075	OR	
Independent Professional Services, LLC	93-1198376	OR	
Nebraska Total Care, Inc.	47-5123293	NE	
Pennsylvania Health & Wellness, Inc.	47-5340613	PA	
Superior HealthPlan Community Solutions, Inc.	47-5664832	TX	15912
Sunshine Health Community Solutions, Inc.	47-5667095	FL	15927
Arkansas Health and Wellness Inc.	81-1282251	AR	
Centene Management Company LLC	39-1864073	WI	
CMC Real Estate Co. LLC	20-0057283	DE	
Centene Center LLC	26-4094682	DE	
Centene Center II, LLC	47-5156015	DE	
CMC Hanley, LLC	46-4234827	MO	
Forhan, LLC	47-2914561	MO	
Hanley-Forsyth, LLC	37-1766939	MO	
GPT Acquisition LLC	45-5431787	DE	
Clayton Property Investment LLC	45-4372065	DE	
LSM Holdco, Inc.	46-2794037	DE	
Lifeshare Management Group, LLC	46-2798132	NH	
CCTX Holdings, LLC	20-2074217	DE	
Centene Company of Texas, LP	74-2810404	TX	
Centene Holdings, LLC	20-2074277	DE	
Centene Company of Texas, LP	74-2810404	TX	
MHS Travel & Charter, Inc	43-1795436	WI	
LiveHealthier, Inc.	47-2516714	DE	
Envolve, Inc.	37-1788565	DE	
AHA Administrative Services, LLC	n/a	AL	
Centene Health Systems Group of New York	47-3454898	NY	
Health Care Enterprises, LLC	46-4855483	DE	
CenCorp Health Solutions, Inc	22-3889471	DE	
Cenphiny Mgmt, LLC	42-1565805	DE	
NurseWise Holdings LLC	42-1565807	DE	

NurseWise LP	52-2379566	DE	
Nurse Response, Inc	20-4730372	DE	
Bridgeway Health Solutions, LLC	20-4980875	DE	
Bridgeway Health Solutions of Arizona Inc.	20-4980818	AZ	
Nurtur Health, Inc	06-1476380	DE	
Family Care & Workforce Diversity Consultants LLC d/b/a Worklife Innovations	06-1404277	CT	
Wellness By Choice, LLC	16-1686991	NY	
Cenpatico Behavioral Health, LLC	68-0461584	CA	
CBHSP Arizona, Inc	86-0782736	AZ	
Cenpatico of California, Inc	47-2595704	CA	
Integrated Mental Health Mgmt, LLC	74-2892993	TX	
Integrated Mental Health Services	74-2785494	TX	
Cenpatico Behavioral Health of Arizona, LLC	20-1624120	AZ	
Cenpatico of Arizona Inc.	80-0879942	AZ	14704
Envolve Benefit Options, Inc.	20-4730341	DE	
Envolve Captive Insurance Company, Inc.	36-4520004	SC	
AECC Total Vision Health Plan of Texas, Inc	75-2592153	TX	95302
Envolve Vision, Inc	20-4773088	DE	
Envolve Vision of Florida, Inc	65-0094759	FL	
Envolve Total Vision, Inc.	20-4861241	DE	
Envolve Vision of New York, Inc.	06-1635519	NY	
Dental Health & Wellness, Inc	46-2783884	DE	
Cenpatico of Louisiana, Inc.	45-2303998	LA	15357
Celtic Group, Inc	36-2979209	DE	
Celtic Insurance Company	06-0641618	IL	80799
Ambetter of Magnolia Inc	35-2525384	MS	15762
Ambetter of Peach State Inc.	36-4802632	GA	15729
Novasys Health, Inc	27-2221367	DE	
CeltiCare Health Plan Holdings LLC	26-4278205	DE	
CeltiCare Health Plan of Massachusetts, Inc.	26-4818440	MA	13632
US Script, Inc	77-0578529	DE	
LBB Industries, Inc	76-0511700	TX	
RX Direct, Inc	75-2612875	TX	
US Script IPA, LLC	46-2307356	NY	
Casenet LLC	90-0636938	DE	
Casenet S.R.O.	Foreign	CZE	
Centurion Group, Inc	61-1450727	DE	
Centurion LLC	90-0766502	DE	
Centurion of Virginia, LLC	47-1577742	VA	
Centurion of Vermont, LLC	47-1686283	VT	
Centurion of Mississippi, LLC	47-2967381	MS	
Centurion of Tennessee, LLC	30-0752651	TN	
Massachusetts Partnership for Correctional Healthcare, LLC	61-1696004	MA	
Centurion of Idaho, LLC	46-3590120	ID	
Centurion of Michigan, LLC	46-1041008	MI	
Centurion of Minnesota, LLC	46-2717814	MN	
Centurion Correctional Healthcare of New Mexico, LLC	81-1161492	NM	
Centurion of Florida, LLC	81-0687470	FL	
Specialty Therapeutic Care Holdings, LLC	27-3617766	DE	
Specialty Therapeutic Care, LP	73-1698808	TX	
Specialty Therapeutic Care, GP, LLC	73-1698807	TX	
Specialty Therapeutic Care, LP	73-1698808	TX	
Specialty Therapeutic Care West, LLC	26-2624521	TX	
AcariaHealth Solutions, Inc.	80-0856383	DE	
AcariaHealth, Inc.	45-2780334	DE	
AcariaHealth Pharmacy #14, Inc	27-1599047	CA	
AcariaHealth Pharmacy #11, Inc	20-8192615	TX	
AcariaHealth Pharmacy #12, Inc	27-2765424	NY	
AcariaHealth Pharmacy #13, Inc	26-0226900	CA	
AcariaHealth Pharmacy, Inc	13-4262384	CA	
HomeScripts.com, LLC	27-3707698	MI	
New York Rx, Inc.	20-8235695	NY	
U.S. Medical Management Holdings, Inc	27-0275614	DE	
U.S. Medical Management, LLC	38-3153946	DE	
U.S. Medical Management, LLC	38-3153946	DE	
RMED, LLC	31-1733889	FL	
IAH of Florida, LLC	47-2138680	FL	
Heritage Home Hospice, LLC	51-0581762	MI	
Grace Hospice of Austin, LLC	20-2827613	MI	
ComfortBrook Hospice, LLC	20-1530070	OH	
Comfort Hospice of Texas, LLC	20-4996551	MI	
Grace Hospice of San Antonio, LLC	20-2827526	MI	
Grace Hospice of Grand Rapids, LLC	45-0679248	MI	

Grace Hospice of Indiana, LLC	45-0634905	MI	
Grace Hospice of Virginia, LLC	45-5080637	MI	
Comfort Hospice of Missouri, LLC	45-5080567	MI	
Grace Hospice of Colorado, LLC	45-5080675	MI	
Grace Hospice of Wisconsin, LLC	46-1708834	MI	
Seniorcorps Pensinsula, LLC	26-4435532	VA	
R&C Healthcare, LLC	33-1179031	TX	
A N J, LLC	20-0927034	TX	
Pinnacle Senior Care of Missouri, LLC	46-0861469	MI	
Country Style Health Care, LLC	03-0556422	TX	
Phoenix Home Health Care, LLC	14-1878333	DE	
Traditional Home Health Services, LLC	75-2635025	TX	
Family Nurse Care, LLC	38-2751108	MI	
Family Nurse Care II, LLC	20-5108540	MI	
Family Nurse Care of Ohio, LLC	20-3920947	MI	
Pinnacle Senior Care of Wisconsin, LLC	46-4229858	WI	
Pinnacle Senior Care of Indiana, LLC	81-1565426	MI	
Pinnacle Home Care, LLC	76-0713516	TX	
North Florida Health Services, Inc	59-3519060	FL	
Pinnacle Sr. Care of Kalamazoo, LLC	47-1742728	MI	
Hospice DME Company, LLC	46-1734288	MI	
Rapid Respiratory Services, LLC	20-4364776	DE	
USMM Accountable Care Network, LLC	46-5730959	DE	
USMM Accountable Care Partners, LLC	46-5735993	DE	
USMM Accountable Care Solutions, LLC	46-5745748	DE	
USMM ACO, LLC	45-4165480	MI	
USMM ACO Florida, LLC	45-4157180	MI	
USMM ACO North Texas, LLC	45-4154905	MI	
Health Net, Inc.	47-5208076	DE	
Health Net of California, Inc.	95-4402957	CA	
Health Net Life Insurance Company	73-0654885	CA	66141
Health Net Life Reinsurance Company	98-0409907	M	
Health Net of California Real Estate Holdings, Inc.	54-2174069	CA	
Managed Health Network, Inc.	95-4117722	DE	
Catalina Behavioral Health Services, Inc.	51-0490598	AZ	
Managed Health Network	95-3817988	CA	
MHN Services	95-4146179	CA	
MHN Services IPA, Inc.	13-4027559	NY	
MHN Government Services, Inc.	42-1680916	DE	
MHN Global Services, Inc.	51-0589404	DE	
MHN Government Services-Belgium, Inc.	80-0852000	DE	
MHN Government Services-Djibouti, Inc.	90-0889816	DE	
MHN Government Services-Germany, Inc.	80-0852008	DE	
MHN Government Services-Guam, Inc.	90-0889803	DE	
MHN Government Services-International, Inc.	90-0889825	DE	
MHN Government Services-Italy, Inc.	80-0852019	DE	
MHN Government Services-Japan, Inc.	46-1038058	DE	
MHN Government Services-Puerto Rico, Inc.	90-0889815	DE	
MHN Government Services-Turkey, Inc.	90-0889824	DE	
MHN Government Services-United Kingdom, Inc.	90-0889833	DE	
Health Net Federal Services, LLC	68-0214809	DE	
Health Net Preferred Providers, LLC	61-1388903	DE	
Health Net Veterans, LLC	35-2490375	DE	
Network Providers, LLC	88-0357895	DE	
Health Net of the Northeast, LLC	06-1116976	DE	
Health Net of the Northeast, LLC	06-1116976	DE	
QualMed, Inc.	84-1175468	DE	
QualMed Plans for Health of Colorado, Inc.	84-0975985	CO	
Health Net Health Plan of Oregon, Inc.	93-1004034	OR	95800
HSI Advantage Health Holdings, Inc.	23-2867299	DE	
QualMed Plans for Health of Western Pennsylvania, Inc.	23-2867300	PA	
Pennsylvania Health Care Plan, Inc.	25-1516632	PA	
Health Net Services Inc.	94-3037822	DE	
Health Net Community Solutions of Arizona, Inc.	81-1348826	AZ	15895
Health Net Community Solutions, Inc.	54-2174068	CA	
Health Net of Arizona, Inc.	36-3097810	AZ	95206
Health Net One Payment Services, Inc.	54-2153100	DE	
Health Net of Pennsylvania, LLC	n/a	PA	
QualMed Plans for Health of Pennsylvania, Inc.	23-2456130	PA	
FH Surgery Limited, Inc.	68-0390434	CA	
Foundation Health Facilities, Inc.	68-0390438	CA	
		CY	
FH Assurance Company	98-0150604	M	

Health Net Pharmaceutical Services	68-0295375	CA
Health Net of Arizona Administrative Services, Inc.	86-0660443	AZ
National Pharmacy Services Inc.	84-1301249	DE
Integrated Pharmacy Systems, Inc.	23-2789453	PA
FH Surgery Centers Inc.	68-0390435	CA
Greater Sacramento Surgery Center LP	68-0343818	CA
Health Net Access, Inc.	46-2616037	AZ
MHS Consulting, International, Inc	20-8630006	DE
PRIMEROSALUD, S.L.	Foreign	ESP
Centene UK Limited	Foreign	UK
The Practice Plc	Foreign	UK

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Public Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
Members														
1295..	Centene Corporation.....	00000.....	42-1406317..		0001071739	New York Stock Exchange	Centene Corporation.....	DE.....	UDP.....	Shareholders/Board of Directors.....	Shareholders/Board of Directors	....100.000	Shareholders/Board of Directors.....	
1295..	Centene Corporation.....	71013.....	39-0993433..				Bankers Reserve Life Insurance Company of Wisconsin	WI.....	IA.....	Centene Corporation.....	Ownership.....	....100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-2860967..				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Wisconsin	Ownership.....	....17.000	Centene Corporation.....	
1295..	Centene Corporation.....	12315.....	20-3174593..				Peach State Health Plan, Inc.....	GA.....	IA.....	Centene Corporation.....	Ownership.....	....100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-2860967..				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Peach State Health Plan, Inc.....	Ownership.....	....21.000	Centene Corporation.....	
1295..	Centene Corporation.....	15713.....	46-4829006..				Iowa Total Care, Inc.....	IA.....	IA.....	Centene Corporation.....	Ownership.....	....100.000	Centene Corporation.....	
1295..	Centene Corporation.....	11834.....	32-0045282..				Buckeye Community Health Plan, Inc.....	OH.....	IA.....	Centene Corporation.....	Ownership.....	....100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-2860967..				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Buckeye Community Health Plan, Inc.....	Ownership.....	....13.000	Centene Corporation.....	
1295..	Centene Corporation.....	12959.....	20-5693998..				Absolute Total Care, Inc.....	SC.....	IA.....	Centene Corporation.....	Ownership.....	....100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-2860967..				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Absolute Total Care, Inc.....	Ownership.....	....1.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	59-3807546..				Physicians Choice, LLC.....	SC.....	NIA.....	Absolute Total Care, Inc.....	Ownership.....	....100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	65-1206841..				PhyTrust of South Carolina LLC.....	FL.....	NIA.....	Absolute Total Care, Inc.....	Ownership.....	....100.000	Centene Corporation.....	
1295..	Centene Corporation.....	95831.....	39-1821211..				Coordinated Care Corporation d/b/a Managed Health Services	IN.....	IA.....	Centene Corporation.....	Ownership.....	....100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-2860967..				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Coordinated Care Corporation d/b/a Managed Health Services	Ownership.....	....15.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-5523218..				Healthy Washington Holdings, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	....100.000	Centene Corporation.....	
1295..	Centene Corporation.....	15352.....	46-2578279..				Coordinated Care of Washington, Inc.....	WA.....	IA.....	Healthy Washington Holdings, Inc.....	Ownership.....	....100.000	Centene Corporation.....	
1295..	Centene Corporation.....	96822.....	39-1678579..				Managed Health Services Insurance Corp.....	WI.....	IA.....	Centene Corporation.....	Ownership.....	....100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-2860967..				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Managed Health Services Insurance Corp.....	Ownership.....	....2.000	Centene Corporation.....	
1295..	Centene Corporation.....	60078.....	86-0819817..				Hallmark Life Insurance Co.....	AZ.....	IA.....	Centene Corporation.....	Ownership.....	....100.000	Centene Corporation.....	
1295..	Centene Corporation.....	95647.....	74-2770542..				Superior HealthPlan, Inc.....	TX.....	IA.....	Centene Corporation.....	Ownership.....	....100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-2860967..				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Superior HealthPlan, Inc.....	Ownership.....	....21.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	27-0916294..				Healthy Louisiana Holdings LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	....100.000	Centene Corporation.....	
1295..	Centene Corporation.....	13970.....	27-1287287..				Louisiana Healthcare Connections, Inc.....	LA.....	IA.....	Healthy Louisiana Holdings LLC.....	Ownership.....	....100.000	Centene Corporation.....	
1295..	Centene Corporation.....	13923.....	20-8570212..				Magnolia Health Plan Inc.....	MS.....	IA.....	Centene Corporation.....	Ownership.....	....100.000	Centene Corporation.....	
1295..	Centene Corporation.....	14053.....	27-2186150..				IlliniCare Health Plan, Inc.....	IL.....	IA.....	Centene Corporation.....	Ownership.....	....100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-2860967..				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	IlliniCare Health Plan, Inc.....	Ownership.....	....5.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	26-0557093..				Sunshine Health Holding LLC.....	FL.....	NIA.....	Centene Corporation.....	Ownership.....	....100.000	Centene Corporation.....	
1295..	Centene Corporation.....	13148.....	20-8937577..				Sunshine State Health Plan, Inc.....	FL.....	IA.....	Sunshine Health Holding LLC.....	Ownership.....	....100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	56-2384404..				Access Health Solutions LLC.....	FL.....	NIA.....	Sunshine Health Holding LLC.....	Ownership.....	....100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	27-0242132..				Sunshine Consulting Services, Inc.....	DE.....	NIA.....	Sunshine Health Holding LLC.....	Ownership.....	....100.000	Centene Corporation.....	
1295..	Centene Corporation.....	14100.....	45-1294925..				Kentucky Spirit Health Plan, Inc.....	KY.....	IA.....	Centene Corporation.....	Ownership.....	....100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	45-5070230..				Healthy Missouri Holding, Inc.....	MO.....	NIA.....	Centene Corporation.....	Ownership.....	....95.000	Centene Corporation.....	
1295..	Centene Corporation.....	14218.....	45-2798041..				Home State Health Plan, Inc.....	MO.....	IA.....	Healthy Missouri Holding, Inc.....	Ownership.....	....100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-2860967..				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Home State Health Plan, Inc.....	Ownership.....	....5.000	Centene Corporation.....	
1295..	Centene Corporation.....	14345.....	45-3276702..				Sunflower State Health Plan, Inc.....	KS.....	IA.....	Centene Corporation.....	Ownership.....	....100.000	Centene Corporation.....	
1295..	Centene Corporation.....	14226.....	45-4792498..				Granite State Health Plan, Inc.....	NH.....	IA.....	Centene Corporation.....	Ownership.....	....100.000	Centene Corporation.....	
1295..	Centene Corporation.....	15447.....	46-4195563..				Bridgeway Advantage Solutions, Inc.....	AZ.....	IA.....	Centene Corporation.....	Ownership.....	....100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-0907261..				California Health and Wellness Plan.....	CA.....	NIA.....	Centene Corporation.....	Ownership.....	....100.000	Centene Corporation.....	
1295..	Centene Corporation.....	10769.....	30-0312489..				Fidelis SecureCare of Michigan, Inc.....	MI.....	IA.....	Centene Corporation.....	Ownership.....	....100.000	Centene Corporation.....	

Q16

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Public Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
1295..	Centene Corporation.....	00000.....	20-0483299..				Agate Resources, Inc.....	OR.....	NIA.....	Centene Corporation.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	93-1198219..				Lane Individual Practice Association, Inc.....	OR.....	NIA.....	Agate Resources, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	12559.....	42-1694349..				Trillium Community Health Plan, Inc.....	OR.....	IA.....	Lane Individual Practice Association, Inc.....	Ownership.....	60.000	Centene Corporation.....	
1295..	Centene Corporation.....	12559.....	42-1694349..				Trillium Community Health Plan, Inc.....	OR.....	IA.....	Agate Resources, Inc.....	Ownership.....	40.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	26-4475075..				Agate Properties, LLC.....	OR.....	NIA.....	Agate Resources, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	93-1198376..				Independent Professional Services, LLC.....	OR.....	NIA.....	Agate Resources, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	15902.....	47-5123293..				Nebraska Total Care, Inc.....	NE.....	IA.....	Centene Corporation.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	47-5340613..				Pennsylvania Health & Wellness, Inc.....	PA.....	NIA.....	Centene Corporation.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	15912.....	47-5664832..				Inc.....	TX.....	IA.....	Centene Corporation.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	15927.....	47-5667095..				Sunshine Health Community Solutions, Inc.....	FL.....	IA.....	Centene Corporation.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	81-1282251..				Arkansas Health and Wellness Inc.....	AR.....	NIA.....	Centene Corporation.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	39-1864073..				Centene Management Company LLC.....	WI.....	NIA.....	Centene Corporation.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	20-0057283..				CMC Real Estate Co. LLC.....	DE.....	NIA.....	Centene Management Company LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	26-4094682..				Centene Center LLC.....	DE.....	NIA.....	CMC Real Estate Co. LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	47-5156015..				Centene Center II, LLC.....	DE.....	NIA.....	CMC Real Estate Co. LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-4234827..				CMC Hanley, LLC.....	MO.....	NIA.....	CMC Real Estate Co. LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	47-2914561..				Forhan, LLC.....	MO.....	NIA.....	CMC Real Estate Co. LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	37-1766939..				Hanley-Forsyth, LLC.....	MO.....	NIA.....	CMC Real Estate Co. LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	45-5431787..				GPT Acquisition LLC.....	DE.....	NIA.....	CMC Real Estate Co. LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	45-4372065..				Clayton Property Investment LLC.....	DE.....	NIA.....	GPT Acquisition LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-2794037..				LSM Holdco, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-2798132..				Lifeshare Management Group, LLC.....	NH.....	NIA.....	LSM Holdco, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	20-2074217..				CCTX Holdings, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	74-2810404..				Centene Company of Texas, LP.....	TX.....	NIA.....	CCTX Holdings, LLC.....	Ownership.....	1.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	20-2074277..				Centene Holdings, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	74-2810404..				Centene Company of Texas, LP.....	TX.....	NIA.....	Centene Holdings, LLC.....	Ownership.....	99.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	43-1795436..				MHS Travel & Charter, Inc.....	WI.....	NIA.....	Centene Corporation.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	47-2516714..				LiveHealthier, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	37-1788565..				Envolve, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....					AHA Administrative Services, LLC.....	AL.....	NIA.....	Envolve, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	47-3454898..				Centene Health Systems Group of New York Health Care Enterprises, LLC.....	NY.....	NIA.....	Centene Corporation.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-4855483..				Health Care Enterprises, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	22-3889471..				CenCorp Health Solutions, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	42-1565805..				Cenphiny Mgmt LLC.....	DE.....	NIA.....	CenCorp Health Solutions, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	42-1565807..				NurseWise Holdings LLC.....	DE.....	NIA.....	CenCorp Health Solutions, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	52-2379566..				NurseWise LP.....	DE.....	NIA.....	NurseWise Holdings LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	20-4730372..				Nurse Response, Inc.....	DE.....	NIA.....	NurseWise LP.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	20-4980875..				Bridgeway Health Solutions, LLC.....	DE.....	NIA.....	CenCorp Health Solutions, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	20-4980818..				Bridgeway Health Solutions of Arizona Inc.....	AZ.....	NIA.....	Bridgeway Health Solutions, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	06-1476380..				Nurtur Health, Inc.....	DE.....	NIA.....	CenCorp Health Solutions, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	06-1404277..				Family Care & Workforce Diversity Consultants LLC d/b/a Worklife Innovations	CT.....	NIA.....	Nurtur Health, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	16-1686991..				Wellness By Choice, LLC.....	NY.....	NIA.....	Family Care & Workforce Diversity Consultants LLC d/b/a Worklife Innovations	Ownership.....	100.000	Centene Corporation.....	

Q16.1

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Public Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
1295..	Centene Corporation.....	00000.....	68-0461584..				Centenico Behavioral Health, LLC.....	CA.....	NIA.....	GenCorp Health Solutions, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	86-0782736..				CBHSP Arizona, Inc.....	AZ.....	NIA.....	Centenico Behavioral Health, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	47-2595704..				Centenico of California, Inc.....	CA.....	NIA.....	Centenico Behavioral Health, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	74-2892993..				Integrated Mental Health Mgmt, LLC.....	TX.....	NIA.....	Centenico Behavioral Health, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	74-2785494..				Integrated Mental Health Services.....	TX.....	NIA.....	Integrated Mental Health Mgmt, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	20-1624120..				Centenico Behavioral Health of Arizona, LLC	AZ.....	NIA.....	Centenico Behavioral Health, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	14704.....	80-0879942..				Centenico of Arizona Inc.....	AZ.....	IA.....	Centenico Behavioral Health of Arizona, LLC	Ownership.....	80.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	20-4730341..				Envolve Benefit Options, Inc.....	DE.....	NIA.....	GenCorp Health Solutions, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	36-4520004..				Envolve Captive Insurance Company, Inc.....	SC.....	NIA.....	Envolve Benefit Options, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	95302.....	75-2592153..				AECC Total Vision Health Plan of Texas, Inc	TX.....	IA.....	Envolve Benefit Options, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	20-4773088..				Envolve Vision, Inc.....	DE.....	NIA.....	Envolve Benefit Options, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	65-0094759..				Envolve Vision of Florida, Inc.....	FL.....	NIA.....	Envolve Benefit Options, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	20-4861241..				Envolve Total Vision, Inc.....	DE.....	NIA.....	Envolve Benefit Options, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	06-1635519..				Envolve Vision of New York, Inc.....	NY.....	NIA.....	Envolve Benefit Options, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-2783884..				Dental Health & Wellness, Inc.....	DE.....	NIA.....	GenCorp Health Solutions, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	15357.....	45-2303998..				Centenico of Louisiana, Inc.....	LA.....	IA.....	GenCorp Health Solutions, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	36-2979209..				Celtic Group, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	80799.....	06-0641618..				Celtic Insurance Company.....	IL.....	IA.....	Celtic Group, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	15762.....	35-2525384..				Ambetter of Magnolia Inc.....	MS.....	IA.....	Celtic Insurance Company.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	15729.....	36-4802632..				Ambetter of Peach State Inc.....	GA.....	IA.....	Celtic Insurance Company.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	27-2221367..				Novasys Health, Inc.....	DE.....	NIA.....	Celtic Group, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	26-4278205..				CeltiCare Health Plan Holdings LLC.....	DE.....	NIA.....	Celtic Group, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	13632.....	26-4818440..				CeltiCare Health Plan of Massachusetts, Inc.	MA.....	IA.....	CeltiCare Health Plan Holdings LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	77-0578529..				US Script, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	76-0511700..				LBB Industries, Inc.....	TX.....	NIA.....	US Script, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	75-2612875..				RX Direct, Inc.....	TX.....	NIA.....	US Script, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-2307356..				US Script IPA, LLC.....	NY.....	NIA.....	US Script, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	90-0636938..				Casenet LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....					Casenet S.R.O.....	CZE.....	NIA.....	Casenet LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	61-1450727..				Centurion Group, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	90-0766502..				Centurion LLC.....	DE.....	NIA.....	Centurion Group, Inc.....	Ownership.....	51.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	47-1577742..				Centurion of Virginia, LLC.....	VA.....	NIA.....	Centurion LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	47-1686283..				Centurion of Vermont, LLC.....	VT.....	NIA.....	Centurion LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	47-2967381..				Centurion of Mississippi, LLC.....	MS.....	NIA.....	Centurion LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	30-0752651..				Centurion of Tennessee, LLC.....	TN.....	NIA.....	Centurion LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	61-1696004..				Massachusetts Partnership for Correctional Healthcare, LLC.....	MA.....	NIA.....	Centurion LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-3590120..				Centurion of Idaho, LLC.....	ID.....	NIA.....	Centurion LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-1041008..				Centurion of Michigan, LLC.....	MI.....	NIA.....	Centurion LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-2717814..				Centurion of Minnesota, LLC.....	MN.....	NIA.....	Centurion LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	81-1161492..				Centurion Correctional Healthcare of New Mexico, LLC.....	NM.....	NIA.....	Centurion LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	81-0687470..				Centurion of Florida, LLC.....	FL.....	NIA.....	Centurion LLC.....	Ownership.....	100.000	Centene Corporation.....	

Q16.2

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Public Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
1295..	Centene Corporation.....	00000.....	27-3617766..				Specialty Therapeutic Care Holdings, LLC...	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	73-1698808..				Specialty Therapeutic Care, LP.....	TX.....	NIA.....	Specialty Therapeutic Care Holdings, LLC...	Ownership.....	99.990	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	73-1698807..				Specialty Therapeutic Care, GP, LLC.....	TX.....	NIA.....	Specialty Therapeutic Care Holdings, LLC...	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	73-1698808..				Specialty Therapeutic Care, LP.....	TX.....	NIA.....	Specialty Therapeutic Care, GP, LLC.....	Ownership.....	0.010	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	26-2624521..				Specialty Therapeutic Care West, LLC.....	TX.....	NIA.....	Specialty Therapeutic Care, LP.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	80-0856383..				AcaciaHealth Solutions, Inc.....	DE.....	NIA.....	Specialty Therapeutic Care, LP.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	45-2780334..				AcaciaHealth, Inc.....	DE.....	NIA.....	Specialty Therapeutic Care, LP.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	27-1599047..				AcaciaHealth Pharmacy #14, Inc.....	CA.....	NIA.....	AcaciaHealth, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	20-8192615..				AcaciaHealth Pharmacy #11, Inc.....	TX.....	NIA.....	AcaciaHealth, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	27-2765424..				AcaciaHealth Pharmacy #12, Inc.....	NY.....	NIA.....	AcaciaHealth, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	26-0226900..				AcaciaHealth Pharmacy #13, Inc.....	CA.....	NIA.....	AcaciaHealth, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	13-4262384..				AcaciaHealth Pharmacy, Inc.....	CA.....	NIA.....	AcaciaHealth, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	27-3707698..				HomeScripts.com, LLC.....	MI.....	NIA.....	AcaciaHealth, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	20-8235695..				New York Rx, Inc.....	NY.....	NIA.....	AcaciaHealth, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	27-0275614..				U.S. Medical Management Holdings, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	38-3153946..				U.S. Medical Management, LLC.....	DE.....	NIA.....	U.S. Medical Management Holdings, Inc.....	Ownership.....	20.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	38-3153946..				U.S. Medical Management, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	48.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	31-1733889..				RMED, LLC.....	FL.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	47-2138680..				IAH of Florida, LLC.....	FL.....	NIA.....	RMED, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	51-0581762..				Heritage Home Hospice, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	20-2827613..				Grace Hospice of Austin, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	20-1530070..				ComfortBrook Hospice, LLC.....	OH.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	20-4996551..				Comfort Hospice of Texas, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	20-2827526..				Grace Hospice of San Antonio, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	45-0679248..				Grace Hospice of Grand Rapids, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	45-0634905..				Grace Hospice of Indiana, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	45-5080637..				Grace Hospice of Virginia, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	45-5080567..				Comfort Hospice of Missouri, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	45-5080675..				Grace Hospice of Colorado, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-1708834..				Grace Hospice of Wisconsin, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	26-4435532..				Seniorcorps Peninsula, LLC.....	VA.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	33-1179031..				R&C Healthcare, LLC.....	TX.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	20-0927034..				A N J, LLC.....	TX.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-0861469..				Pinnacle Senior Care of Missouri, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	03-0556422..				Country Style Health Care, LLC.....	TX.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	14-1878333..				Phoenix Home Health Care, LLC.....	DE.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	75-2635025..				Traditional Home Health Services, LLC.....	TX.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	38-2751108..				Family Nurse Care, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	20-5108540..				Family Nurse Care II, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	20-3920947..				Family Nurse Care of Ohio, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-4229858..				Pinnacle Senior Care of Wisconsin, LLC.....	WI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	81-1565426..				Pinnacle Senior Care of Indiana, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	76-0713516..				Pinnacle Home Care, LLC.....	TX.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	59-3519060..				North Florida Health Services, Inc.....	FL.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Public Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
1295..	Centene Corporation.....	00000.....	47-1742728..				Pinnacle Sr. Care of Kalamazoo, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-1734288..				Hospice DME Company, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	20-4364776..				Rapid Respiratory Services, LLC.....	DE.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-5730959..				USMM Accountable Care Network, LLC.....	DE.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-5735993..				USMM Accountable Care Partners, LLC.....	DE.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-5745748..				USMM Accountable Care Solutions, LLC.....	DE.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	45-4165480..				USMM ACO, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	45-4157180..				USMM ACO Florida, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	45-4154905..				USMM ACO North Texas, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	47-5208076..				Health Net, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	95-4402957..				Health Net of California, Inc.....	CA.....	NIA.....	Health Net, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	66141.....	73-0654885..				Health Net Life Insurance Company.....	CA.....	IA.....	Health Net of California, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	98-0409907..				Health Net Life Reinsurance Company.....	CYM....	NIA.....	Health Net of California, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	54-2174069..				Health Net of California Real Estate Holdings, Inc.....	CA.....	NIA.....	Health Net of California, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	95-4117722..				Managed Health Network, Inc.....	DE.....	NIA.....	Health Net, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	51-0490598..				Catalina Behavioral Health Services, Inc.....	AZ.....	NIA.....	Managed Health Network, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	95-3817988..				Managed Health Network.....	CA.....	NIA.....	Managed Health Network, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	95-4146179..				MHN Services.....	CA.....	NIA.....	Managed Health Network, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	13-4027559..				MHN Services IPA, Inc.....	NY.....	NIA.....	MHN Services.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	42-1680916..				MHN Government Services, Inc.....	DE.....	NIA.....	MHN Services.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	51-0589404..				MHN Global Services, Inc.....	DE.....	NIA.....	MHN Government Services, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	80-0852000..				MHN Government Services-Belgium, Inc.....	DE.....	NIA.....	MHN Government Services, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	90-0889816..				MHN Government Services-Djibouti, Inc.....	DE.....	NIA.....	MHN Government Services, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	80-0852008..				MHN Government Services-Germany, Inc.....	DE.....	NIA.....	MHN Government Services, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	90-0889803..				MHN Government Services-Guam, Inc.....	DE.....	NIA.....	MHN Government Services, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	90-0889825..				MHN Government Services-International, Inc.....	DE.....	NIA.....	MHN Government Services, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	80-0852019..				MHN Government Services-Italy, Inc.....	DE.....	NIA.....	MHN Government Services, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-1038058..				MHN Government Services-Japan, Inc.....	DE.....	NIA.....	MHN Government Services, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	90-0889815..				MHN Government Services-Puerto Rico, Inc.....	DE.....	NIA.....	MHN Government Services, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	90-0889824..				MHN Government Services-Turkey, Inc.....	DE.....	NIA.....	MHN Government Services, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	90-0889833..				MHN Government Services-United Kingdom, Inc.....	DE.....	NIA.....	MHN Government Services, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	88-0357895..				Network Providers, LLC.....	DE.....	NIA.....	MHN Government Services, Inc.....	Ownership.....	10.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	68-0214809..				Health Net Federal Services, LLC.....	DE.....	NIA.....	Health Net, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	61-1388903..				Health Net Preferred Providers, LLC.....	DE.....	NIA.....	Health Net Federal Services, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	35-2490375..				Health Net Veterans, LLC.....	DE.....	NIA.....	Health Net Federal Services, LLC.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	88-0357895..				Network Providers, LLC.....	DE.....	NIA.....	Health Net, Inc.....	Ownership.....	90.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	06-1116976..				Health Net of the Northeast, LLC.....	DE.....	NIA.....	Network Providers, LLC.....	Ownership.....	25.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	06-1116976..				Health Net of the Northeast, LLC.....	DE.....	NIA.....	Health Net, Inc.....	Ownership.....	75.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	84-1175468..				QualMed, Inc.....	DE.....	NIA.....	Health Net, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	84-0975985..				QualMed Plans for Health of Colorado, Inc.....	CO.....	NIA.....	QualMed, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	95800.....	93-1004034..				Health Net Health Plan of Oregon, Inc.....	OR.....	RE.....	QualMed, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	23-2867299..				HSI Advantage Health Holdings, Inc.....	DE.....	NIA.....	Health Net, Inc.....	Ownership.....	100.000	Centene Corporation.....	

Q16.4

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Public Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
1295..	Centene Corporation.....	00000.....	23-2867300..				QualMed Plans for Health of Western Pennsylvania, Inc.	PA.....	NIA.....	HSI Advantage Health Holdings, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	25-1516632..				Pennsylvania Health Care Plan, Inc.....	PA.....	NIA.....	HSI Advantage Health Holdings, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	94-3037822..				Health Net Services Inc.....	DE.....	NIA.....	Health Net, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	15895.....	81-1348826..				Health Net Community Solutions of Arizona, Inc.	AZ.....	IA.....	Health Net, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	54-2174068..				Health Net Community Solutions, Inc.....	CA.....	NIA.....	Health Net, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	95206.....	36-3097810..				Health Net of Arizona, Inc.....	AZ.....	IA.....	Health Net, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	54-2153100..				Health Net One Payment Services, Inc.....	DE.....	NIA.....	Health Net, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....					Health Net of Pennsylvania, LLC.....	PA.....	NIA.....	Health Net, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	23-2456130..				QualMed Plans for Health of Pennsylvania, Inc.	PA.....	NIA.....	Health Net, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	68-0390434..				FH Surgery Limited, Inc.....	CA.....	NIA.....	Health Net, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	68-0390438..				Foundation Health Facilities, Inc.....	CA.....	NIA.....	Health Net, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	98-0150604..				FH Assurance Company.....	CYM.....	NIA.....	Health Net, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	68-0295375..				Health Net Pharmaceutical Services.....	CA.....	NIA.....	Health Net, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	86-0660443..				Health Net of Arizona Administrative Services, Inc.	AZ.....	NIA.....	Health Net, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	84-1301249..				National Pharmacy Services Inc.....	DE.....	NIA.....	Health Net, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	23-2789453..				Integrated Pharmacy Systems, Inc.....	PA.....	NIA.....	National Pharmacy Services Inc.....	Ownership.....	90.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	68-0390435..				FH Surgery Centers Inc.....	CA.....	NIA.....	Health Net, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	68-0343818..				Greater Sacramento Surgery Center LP.....	CA.....	NIA.....	FH Surgery Centers Inc.....	Ownership.....	70.800	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	46-2616037..				Health Net Access, Inc.....	AZ.....	NIA.....	Health Net, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....	20-8630006..				MHS Consulting, International, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....					PRIMEROSALUD, S.L.....	ESP.....	NIA.....	MHS Consulting, International, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....					Centene UK Limited.....	GBR.....	NIA.....	MHS Consulting, International, Inc.....	Ownership.....	100.000	Centene Corporation.....	
1295..	Centene Corporation.....	00000.....					The Practice Plc.....	GBR.....	NIA.....	MHS Consulting, International, Inc.....	Ownership.....	100.000	Centene Corporation.....	

Q16.5

Statement as of March 31, 2016 of the **HEALTH NET HEALTH PLAN OF OREGON, INC.**
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. The data for this supplement is not required to be filed.

Bar Code:



Statement as of March 31, 2016 of the **HEALTH NET HEALTH PLAN OF OREGON, INC.**
Overflow Page for Write-Ins

Additional Write-ins for Statement of Revenue:

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
4704. Reversal of special surplus amount for data year health insurer fee on January 1 of the fee year.....	7,200,000		6,142,816
4705. Reversal of unassigned surplus amount for data year health insurer fee on January 1 of the fee year.....	(7,200,000)		(6,142,816)
4797. Summary of remaining write-ins for Line 47.....	0	0	0

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
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 end of current period (Lines 1+2+3+4-5+6-7-8).....	0	0
10. Deduct total nonadmitted amounts.....		
11. Statement value at end of current period (Line 9 minus Line 10).....	0	0

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.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and mortgage interest points and commitment fees.....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....	0	0
14. Deduct total nonadmitted amounts.....		
15. Statement value at end of current period (Line 13 minus Line 14).....	0	0

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	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and depreciation.....		
9. Total foreign exchange change in book/adjusted carrying value.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	0	0

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	93,827,824	91,866,117
2. Cost of bonds and stocks acquired.....	2,509,034	14,639,564
3. Accrual of discount.....	10,919	37,358
4. Unrealized valuation increase (decrease).....	(22,314)	10,496
5. Total gain (loss) on disposals.....		47,268
6. Deduct consideration for bonds and stocks disposed of.....	2,023,743	11,815,754
7. Deduct amortization of premium.....	225,352	957,225
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	94,076,368	93,827,824
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	94,076,368	93,827,824

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).....	99,417,528	61,706,811	62,997,832	(212,653)	97,913,854			99,417,528
2. NAIC 2 (a).....	7,062,242			(1,782)	7,060,460			7,062,242
3. NAIC 3 (a).....	327,250			(22,313)	304,937			327,250
4. NAIC 4 (a).....					.0			
5. NAIC 5 (a).....					.0			
6. NAIC 6 (a).....					.0			
7. Total Bonds.....	106,807,020	61,706,811	62,997,832	(236,748)	105,279,251	.0	.0	106,807,020
PREFERRED STOCK								
8. NAIC 1.....					.0			
9. NAIC 2.....					.0			
10. NAIC 3.....					.0			
11. NAIC 4.....					.0			
12. NAIC 5.....					.0			
13. NAIC 6.....					.0			
14. Total Preferred Stock.....	.0	.0	.0	.0	.0	.0	.0	.0
15. Total Bonds and Preferred Stock.....	106,807,020	61,706,811	62,997,832	(236,748)	105,279,251	.0	.0	106,807,020

20102

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$.....709,000; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	11,202,884	.XXX.....	11,202,884	12,649	

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.....	12,979,196	541,314
2. Cost of short-term investments acquired.....	59,197,777	122,184,655
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	60,974,089	109,746,773
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).....	11,202,884	12,979,196
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	11,202,884	12,979,196

**Sch. DB - Pt. A - Verification
NONE**

**Sch. DB - Pt. B - Verification
NONE**

**Sch. DB - Pt. C - Sn. 1
NONE**

**Sch. DB - Pt. C - Sn. 2
NONE**

**Sch. DB - Verification
NONE**

**Sch. E - Verification
NONE**

**Sch. A - Pt. 2
NONE**

**Sch. A - Pt. 3
NONE**

**Sch. B - Pt. 2
NONE**

**Sch. B - Pt. 3
NONE**

**Sch. BA - Pt. 2
NONE**

**Sch. BA - Pt. 3
NONE**

Statement as of March 31, 2016 of the **HEALTH NET HEALTH PLAN OF OREGON, INC.**

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - U.S. Government									
912828 UR 9	UNITED STATES TREAS NTS.....		03/30/2016...	VENDOR CODE 1961 NOT IN TABLE.....		749,944	750,000	.474	1.....
0599999. Total Bonds - U.S. Government.....						749,944	750,000	.474	XXX
Bonds - U.S. Special Revenue and Special Assessment									
3138YV KA 4	FNMA PASS-THRU LNG 30 YEAR.....		01/26/2016...	Wells Fargo Financial.....		1,059,451	991,299	1,101	1.....
3199999. Total Bonds - U.S. Special Revenue and Special Assessment.....						1,059,451	991,299	1,101	XXX
Bonds - Industrial and Miscellaneous									
278642 AP 8	EBAY INC.....		03/02/2016...	Wells Fargo Financial.....		349,640	350,000		1FE.....
36251H AA 0	GS MTG SECS TR 2016-ICE2.....		03/10/2016...	Goldman Sachs & Co.....		350,000	350,000		1FE.....
3899999. Total Bonds - Industrial and Miscellaneous.....						699,640	700,000	.0	XXX
8399997. Total Bonds - Part 3.....						2,509,035	2,441,299	1,575	XXX
8399999. Total Bonds.....						2,509,035	2,441,299	1,575	XXX
9999999. Total Bonds, Preferred and Common Stocks.....						2,509,035	XXX	1,575	XXX

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

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Per Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/ Accrual	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B/A C.V. (11+12-13)	Total Foreign Exchange Change in B/A C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAC Designation or Market Indicator (a)	
Bonds - U.S. Government																					
36223G	UB 8 GNMA #307608	03/15/2016	PRINCIPAL RECEIPT		.113	.113	.120	.113				.0		.113			.0	.2	06/15/2021	1	
36202D	TS 0 GNMA II POOL 3261	03/21/2016	PRINCIPAL RECEIPT		.865	.865	.893	.886		(.21)		(.21)		.865			.0	.9	07/20/2032	1	
36179R	Q2 8 GNMA PASS-THRU M SINGLE FAMILY	03/21/2016	PRINCIPAL RECEIPT		19,875	19,875	20,698	20,685		(.810)		(.810)		19,875			.0	.128	10/20/2045	1	
38377G	2N 8 GNMA REMIC TRUST 2010-89	03/21/2016	PRINCIPAL RECEIPT		23,019	23,019	24,484	24,261		(1,242)		(1,242)		23,019			.0	.147	05/20/2039	1	
38378L	SB 6 GNMA REMIC TRUST 2011-80	03/21/2016	PRINCIPAL RECEIPT		27,521	27,521	28,549	28,382		(.860)		(.860)		27,521			.0	.135	02/20/2039	1	
0599999. Total Bonds - U.S. Government							71,393	71,393	74,724			(2,933)		71,393			.0	.421	XXX	XXX	
Bonds - U.S. Special Revenue and Special Assessment																					
31378B	NB 7 FHL M CMLTCL MTG 3.000% 6/15/	03/15/2016	PRINCIPAL RECEIPT		12,047	12,047	12,244	12,221		(.174)		(.174)		12,047			.0	.53	06/15/2040	1	
3128PQ	4X 6 FHLMC PC GOLD 15 YR	03/15/2016	PRINCIPAL RECEIPT		81,535	81,535	85,000	83,761		(2,226)		(2,226)		81,535			.0	.462	02/01/2025	1	
3128PQ	WW 7 FHLMC PC GOLD 15 YR	03/15/2016	PRINCIPAL RECEIPT		71,546	71,546	74,564	73,481		(1,935)		(1,935)		71,546			.0	.491	01/01/2025	1	
31292S	AF 7 FHLMC PC GOLD CASH 30	03/15/2016	PRINCIPAL RECEIPT		28,874	28,874	29,817	29,644		(.770)		(.770)		28,874			.0	.154	07/01/2042	1	
31295W	MG 0 FHLMC PC GOLD COMB 30	03/15/2016	PRINCIPAL RECEIPT		.56	.56	.59	.58		(.2)		(.2)		.56			.0	.1	08/01/2020	1	
3132JL	QM 5 FHLMC PC GOLD PC 30YR	03/15/2016	PRINCIPAL RECEIPT		134,739	134,739	137,960	137,449		(2,711)		(2,711)		134,739			.0	.722	03/01/2043	1	
31367Y	RJ 2 FHLMC REMIC SERIES 3904	03/15/2016	PRINCIPAL RECEIPT		7,239	7,239	7,411	7,355		(.116)		(.116)		7,239			.0	.42	01/15/2039	1	
3137AC	P3 7 FHLMC REMIC SERIES 3879	03/15/2016	PRINCIPAL RECEIPT		3,658	3,658	3,831	3,756		(.96)		(.96)		3,658			.0	.25	09/15/2040	1	
3137BD	CR 5 FHLMC REMIC SERIES 4377	03/15/2016	PRINCIPAL RECEIPT		51,152	51,152	51,938	51,841		(.689)		(.689)		51,152			.0	.243	06/15/2040	1	
3137B9	BZ 7 FHLMC SERIES K-F03	03/25/2016	PRINCIPAL RECEIPT		95,531	95,531	95,531	95,531						95,531			.0	.128	01/25/2021	1	
31393W	AH 2 FHR 2640 G	03/15/2016	PRINCIPAL RECEIPT		6,173	6,173	6,210	6,181		(.8)		(.8)		6,173			.0	.44	07/15/2018	1	
31340Y	SM 2 FHR 50 L	03/15/2016	PRINCIPAL RECEIPT		.95	.95	.95	.95						.95			.0	.1	06/15/2020	1	
31403K	DH 3 FN750804	03/25/2016	PRINCIPAL RECEIPT		.898	.898	919	915		(.17)		(.17)		.898			.0	.4	12/01/2033	1	
3138A1	M2 4 FNMA PASS-THRU INT 15 YEAR	03/25/2016	PRINCIPAL RECEIPT		14,195	14,195	14,544	14,436		(.240)		(.240)		14,195			.0	.85	12/01/2025	1	
3138A1	NP 2 FNMA PASS-THRU INT 15 YEAR	03/25/2016	PRINCIPAL RECEIPT		11,357	11,357	11,636	11,549		(.192)		(.192)		11,357			.0	.65	12/01/2025	1	
3138MT	GM 3 FNMA PASS-THRU LNG 30 YEAR	03/25/2016	PRINCIPAL RECEIPT		4,904	4,904	5,115	5,088		(.184)		(.184)		4,904			.0	.25	11/01/2042	1	
3138W4	Q6 7 FNMA PASS-THRU LNG 30 YEAR	03/25/2016	PRINCIPAL RECEIPT		3,972	3,972	4,139	4,112		(.141)		(.141)		3,972			.0	.20	02/01/2043	1	
3138W6	GA 8 FNMA PASS-THRU LNG 30 YEAR	03/25/2016	PRINCIPAL RECEIPT		22,847	22,847	23,411	23,282		(.635)		(.635)		22,847			.0	.91	05/01/2043	1	
3138YW	KA 4 FNMA PASS-THRU LNG 30 YEAR	03/25/2016	PRINCIPAL RECEIPT		7,565	7,565	8,085			(.520)		(.520)		7,565			.0	.25	10/01/2045	1	
31398R	3Q 6 FNMA REMIC TRUST 2010-83	03/25/2016	PRINCIPAL RECEIPT		25,882	25,882	26,179	25,757		(.76)		(.76)		25,882			.0	.138	02/25/2028	1	
355137	AM 2 FRANKLIN TWP IND MULTI-SCH BLD	01/10/2016	MATURITY		500,000	500,000	560,320	500,529		(.529)		(.529)		500,000			.0	12,500	01/10/2016	1FE	
3137G0	AK 5 STACR 2014-DH1	03/25/2016	PRINCIPAL RECEIPT		32,317	32,317	32,317	32,317						32,315			.0	.72	02/25/2024	1	
3199999. Total Bonds - U.S. Special Revenue and Special Assessment							1,116,182	1,116,180	1,191,323			(11,263)		1,116,180			.0	15,391	XXX	XXX	
Bonds - Industrial and Miscellaneous																					
05950E	AE 8 BANC AMER CMBS 2006-2	03/10/2016	PRINCIPAL RECEIPT		625,143	625,143	694,250	628,268		(3,125)		(3,125)		625,143			.0	8,143	05/10/2045	1FM	
17310M	AE 0 CITIGROUP COMLMTG 2006-C5	03/17/2016	PRINCIPAL RECEIPT		13,961	13,961	15,254	14,108		(.147)		(.147)		13,961			.0	.168	10/15/2049	1FM	
20047E	AF 9 COMM MORT TRUST 2006-C6	03/10/2016	PRINCIPAL RECEIPT		1,692	1,692	1,865	1,745		(.53)		(.53)		1,692			.0	.16	12/10/2046	1FM	
50179M	AE 1 LB-UBS CMBS 2006-C6	03/17/2016	PRINCIPAL RECEIPT		9,984	9,984	11,059	10,052		(.68)		(.68)		9,984			.0	.98	09/15/2039	1FM	
57165L	AA 2 MARRIOTT VACATION TR 2010-1	03/21/2016	PRINCIPAL RECEIPT		19,403	19,403	19,401	19,401		.2		.2		19,403			.0	.116	10/20/2032	1FE	
82651R	AA 8 SIERRA RECEIVABLES FDG 2011-1	01/21/2016	PRINCIPAL RECEIPT		137,968	137,968	137,954	137,954		.15		.15		137,968			.0	.385	04/20/2026	1FE	
82652F	AA 3 SIERRA RECEIVABLES FDG 2015-1	03/21/2016	PRINCIPAL RECEIPT		28,018	28,018	28,011	28,011		.8		.8		28,018			.0	.107	03/20/2032	1FE	
3899999. Total Bonds - Industrial and Miscellaneous							836,169	836,170	907,794			(3,388)		836,169			.0	9,033	XXX	XXX	

QE05

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Forfeiture	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in BJA C.V. (11+12-13)	Total Foreign Exchange Change in BJA C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
8399997	Total Bonds - Part 4					2,023,744	2,023,743	2,173,841	2,033,224	0	(17,564)	0	(17,564)	0	2,023,742	0	0	0	24,845	XXX	XXX
8399999	Total Bonds					2,023,744	2,023,743	2,173,841	2,033,224	0	(17,564)	0	(17,564)	0	2,023,742	0	0	0	24,845	XXX	XXX
9999999	Total Bonds, Preferred and Common Stocks					2,023,744	XXX	2,173,841	2,033,224	0	(17,564)	0	(17,564)	0	2,023,742	0	0	0	24,845	XXX	XXX

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

**Sch. DB - Pt. A - Sn. 1
NONE**

**Sch. DB - Pt. B - Sn. 1
NONE**

**Sch. DB - Pt. D - Sn. 1
NONE**

**Sch. DB - Pt. D - Sn. 2
NONE**

**Sch. DL - Pt. 1
NONE**

**Sch. DL - Pt. 2
NONE**

HEALTH NET HEALTH PLAN OF OREGON, INC.

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
BANK OF AMERICA.....	CONCORD, CA.....				5,336,604	5,432,244	6,745,169	XXX
BANK OF AMERICA.....	PORTLAND, OR.....				(432,370)	(332,010)	(216,328)	XXX
BANK OF AMERICA.....	PORTLAND, OR.....				(113,543)	(8,990)	(123)	XXX
BANK OF AMERICA.....	PORTLAND, OR.....				(7,106,863)	(6,958,084)	(6,481,587)	XXX
BANK OF AMERICA.....	PORTLAND, OR.....				(2,124,495)	(1,140,097)	(920,691)	XXX
BANK OF AMERICA.....	PORTLAND, OR.....				(33,403)			XXX
CITIBANK.....	NEW CASTLE, DE.....				10,957,612	179,094	205,233	XXX
CITIBANK.....	NEW CASTLE, DE.....				(18,405)	(21,800)	(31,314)	XXX
WELLS FARGO.....	SAN FRANCISCO, CA.....				10,047,963	48,053	48,126	XXX
WELLS FARGO.....	SAN FRANCISCO, CA.....				16,708	16,708	16,708	XXX
0199998. Deposits in.....1 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories.....	XXX	XXX	26	12	150,000	150,000	150,000	XXX
0199999. Total Open Depositories.....	XXX	XXX	26	12	16,679,808	(2,634,882)	(484,807)	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	26	12	16,679,808	(2,634,882)	(484,807)	XXX
0599999. Total Cash.....	XXX	XXX	26	12	16,679,808	(2,634,882)	(484,807)	XXX

Statement as of March 31, 2016 of the **HEALTH NET HEALTH PLAN OF OREGON, INC.**

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
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NONE