

HEALTH QUARTERLY STATEMENT

As of September 30, 2016 of the Condition and Affairs of the

HEALTH NET HEALTH PLAN OF OREGON, INC.

				,	
NAIC Group Code1295, 1295 (Current Period) (Prior Peri	NAIC Company Cod	le 95800	Employer's ID Num	ber 93-	1004034
Organized under the Laws of Oregon	250 CO 000 000 000 000 000 000 000 000 000	Port of Entry Oregon	Country of	Domicile	US
Licensed as Business Type Health Care	Services Organization	Is HMO Federally Qualifie	d? Yes [] No [X		
Incorporated/Organized June 1, 1989		Commenced Business	September 1, 1989)	
Statutory Home Office		ilte 200 Tigard OR U Town, State, Country and Zip Code)	S 97223-8328		
Main Administrative Office	13221 SW 68th Parkway, Su	ite 200 Tigard OR U	S 97223-8328		-802-7001
Mail Address	13221 SW 68th Parkway, Su	Town, State, Country and Zip Code) uite 200 Tigard OR U Town, State, Country and Zip Code)	S 97223-8328	(Area Code)	(Telephone Numb
Primary Location of Books and Records	13221 SW 68th Parkway, Su	uite 200 Tigard OR U Town, State, Country and Zip Code)	S 97223-8328		-802-7001 (Telephone Numb
Internet Web Site Address	www.healthnet.com				
Statutory Statement Contact	Roupen (NMN) Berberian (Name) roupen.berberian@healthne (E-Mail Address)	t.com	(Area Code,	(Telephone 818-	-676-8256 Number) (Extensi -676-6521 x Number)
	OF	FICERS			
Name	Title	Name			Title
Christian David Ellertson	President & CEO	Keith Harvey Williamson # Christopher Donald Bowers		ecretary hairman	Tital
	0	THER			
Steven Daniel Sickle # Cathy Aram Hughes	Assistant Secretary Vice President	Roupen (NMN) Berberian Jefferey Alan Schwaneke		ce Presiden	
Tricia Lynn Dinkelman #	Vice President	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Christian David Ellertson Ke	DIRECTORS	OR TRUSTEES	4		
Chinsuali Davio Ellerisoli	silieur Lesile Learider	Christopher Donald Bowers	*		
State of County of					
The officers of this reporting entity being duly so stated above, all of the herein described assets herein stated, and that this statement, together of all the assets and liabilities and of the condition herefrom for the period ended, and have been manual except to the extent that: (1) state law no procedures, according to the best of their informacludes the related corresponding electronic filling may be accorded to the statement. The electronic filling may be	were the absolute property of the swith related exhibits, schedules an on and affairs of the said reporting completed in accordance with the I nay differ; or, (2) that state rules or nation, knowledge and belief, respeing with the NAIC, when required, t	said reporting entity, free and clear d explanations therein contained, a entity as of the reporting period sta NAIC Annual Statement Instructions regulations require differences in re- tictively. Furthermore, the scope of that is an exact copy (except for for	from any liens or clain nnexed or referred to, ted above, and of its is and Accounting Prace eporting not related to this attestation by the rmatting differences di	ns thereon, e is a full and ncome and o ctices and Pi accounting described o	except as I true statement deductions rocedures practices and ifficers also
(Signature)	(\$	ignature)	(\$	ignature)	
Christian David Ellertson		vey Williamson	G.5	000 (5)	4
(Printed Name)		nted Name)	(Prir	nted Name)	
President & CEO (Title)		(Title)	11	(Title)	9
Outcombad and arrang to before the	8	le this an existent fille of		Van IV	No. C. N
Subscribed and sworn to before me This day of		i. Is this an original filing? i. If no: 1. State the amendmer 2. Date filed	t number	Yes [X]	No []

3. Number of pages attached

	ASS	EIS	Current Statement Date	Ť	4
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Prior Year Net Admitted Assets
1.	Bonds	112.925.220	755015	112.925.220	93.827.824
2.	Stocks:		0.0000000000000000000000000000000000000		
	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 (\$1,540,000), cash equivalents (\$0)	-1300			
	and short-term investments (\$54,626,637)	56,166,637		56,166,637	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
12.	Subtotals, cash and invested assets (Lines 1 to 11)	169,091,857	0	169,091,857	126,729,336
13.	Title plants less \$0 charged off (for Title insurers only)			0	
14.	Investment income due and accrued	830,389		830,389	655,977
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	2,277,812	48,295	2,229,517	3,097,094
	15.2 Deferred premiums, agents' balances and installments booked but deferred				
	and not yet due (including \$0 earned but unbilled premiums)		208,893	7,773,196	9,175,895
16	Reinsurance;	,502,000			,,
10.	16.1 Amounts recoverable from reinsurers	1,688,429		1,688,429	2,469,469
	16.2 Funds held by or deposited with reinsured companies.			0	2,409,409
	16.3 Other amounts receivable under reinsurance contracts			0	
17	Amounts receivable relating to uninsured plans.			1,102,495	2,480,314
	Current federal and foreign income tax recoverable and interest thereon	ACT, MALLONDON CONTRACTOR		5,759,480	CONTROL OF THE SECTION OF THE SECTIO
		and the contract of the contra			7.050
	Net deferred tax asset	202111270201000000000000000000000000000		162,357	7,950
19.		COLL 10 10 - 0 20 - 000 L 10 A PRI - 0 C 20 - 000 L 20 A		0	
20.				0	
21.				0	
22.				0	
23.	Receivables from parent, subsidiaries and affiliates	10.00 Challe (m. 173.50 ch		132,407	2,337,508
24.	Health care (\$5,598,846) and other amounts receivable	20 00000000000	2,854,372	5,598,846	5,098,748
25. 26.	Aggregate write-ins for other than invested assets Total assets excluding Separate Accounts, Segregated Accounts and Protected	1 1500000000000000000000000000000000000	2,508,993	404.269.073	0
27.	Cell Accounts (Lines 12 through 25) From Separate Accounts, Segregated Accounts and Protected Cell Accounts	86.70	5,620,553	194,368,973	152,052,291
28.	Total (Lines 26 and 27)	199,989,526	5,620,553	194,368,973	152,052,291
	DETAILS OF	WRITE-INS	· · · · · · · · · · · · · · · · · · ·	Y Y	
1101	l			0	
1102	2			0	
1103	X			0	
1198	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199	9. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)		0	0	0
S allege	I. Other Assets Nonadmitted	and the second s	2,508,993	0	
2502				0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				141	
2503	3			0	
	S. Summary of remaining write-ins for Line 25 from overflow page		0	0	0

Statement as of September 30, 2016 of the HEALTH NET HEALTH PLAN OF OREGON, INC. LIABILITIES, CAPITAL AND SURPLUS

	LIABILITIES, CAPI	AL AND SU	Current Period		Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$93,754 reinsurance ceded)	40,410,440	6,586,730	46,997,170	44,525,462
2.	Accrued medical incentive pool and bonus amounts			0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3.	Unpaid claims adjustment expenses	1,527,509	248.401	1,775,910	2,060,423
4.	Aggregate health policy reserves, including the liability of \$0 for			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(59)	medical loss ratio rebate per the Public Health Service Act	21,305,331		21,305,331	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	28,043,790		28,043,790	3,833,917
9.	General expenses due or accrued	3,980,454		3,980,454	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	27,231		27,231	50,540
12.	Amounts withheld or retained for the account of others	2,866		2,866	317
13.	Remittances and items not allocated	1,019,838		1,019,838	353,612
14.	Borrowed money (including \$0 current) and interest thereon \$0 (including \$0 current)			0	***************************************
15.	Amounts due to parent, subsidiaries and affiliates	4,196,103		4,196,103	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			0	726,443
23.	Aggregate write-ins for other liabilities (including \$1,146,856 current)	1,398,088	0	1,398,088	1,124,038
24.	Total liabilities (Lines 1 to 23)	101,911,650	6,835,131	108,746,781	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	149,949,401	102,949,401
29.	Surplus notes	xxx	xxx		
30.	Aggregate write-ins for other than special surplus funds	xxx	xxx	0	
31.	Unassigned funds (surplus)	xxx	xxx	(64,327,219)	
32	Less treasury stock, at cost:			(),,	
02.	32.10.000 shares common (value included in Line 26 \$0)	xxx	xxx		
	32.20.000 shares preferred (value included in Line 27 \$0)	***	XXX		10
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)		XXX	85,622,192	68,083,502
34.	Total liabilities, capital and surplus (Lines 24 and 33)	1905075 60		194,368,973	152,052,291
04,	1 ESUSMAN	F WRITE-INS		194,000,973	102,002,201
2204	Payroll and Other Liabilities		Ī	1.052.869	854,599
	Unclaimed Property			CONTROL OF THE PROPERTY OF THE	TANGO AGA TOGA SANGA AGA TANGO AGA T
	Post Retirement Benefit Cost.	251,232		251,232	166,617
		8057			102,822
	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
	Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	1,398,088	0	1,398,088	1,124,038
	Special surplus amount for estimated subsequent year health insurer fee	SCOTOTOS CONTRA SERVICIO DE CONTRA CO	XXX		7,200,000
2502.					***************************************
2503.		5559			***************************************
	Summary of remaining write-ins for Line 25 from overflow page	CATORING PROPERTY	XXX	0	
	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	
3099.	Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

Statement as of September 30, 2016 of the HEALTH NET HEALTH PLAN OF OREGON, INC. STATEMENT OF REVENUE AND EXPENSES

		Curren To D		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member months		812,927	715,899	954,798
2.	Net premium income (including \$0 non-health premium income)		378,280,687	312.584.899	418,616,587
3.	Change in unearned premium reserves and reserve for rate credits		(3,385,305)	(45,665)	224,578
4.	Fee-for-service (net of \$0 medical expenses)	Juntania.	(-,,		
5.	Risk revenue	VANDOR			
6.	Aggregate write-ins for other health care related revenues	V DANKSINA	0	0	
7.	Aggregate write-ins for other non-health revenues	1545.25005-5	0	0	
8.	Total revenues (Lines 2 to 7)		374,895,382	312,539,234	418.841.16
	ital and Medical:		87 - 54		W. W
9.	Hospital/medical benefits	26,932,930	245,794,771	198,715,618	269,870,43
10.	Other professional services		44,656,210	36,230,428	50,730,134
11.	Outside referrals		14,714,868	12,175,515	16,377,15
12.	Emergency room and out-of-area.		14,161,909	11,996,758	15,887,197
13.	Prescription drugs		44,011,695	37,226,433	46,721,822
14.	Aggregate write-ins for other hospital and medical.		0	0	
15.	Incentive pool, withhold adjustments and bonus amounts	The state of the s			
16.	Subtotal (Lines 9 to 15)	100 	363,339,453	296.344.752	399.586.73
Less				200,044,132	
17.	Net reinsurance recoveries.		656,504	1,390,598	2,843,644
18.	Total hospital and medical (Lines 16 minus 17)		362.682.949	294,954,154	396,743,09
	Non-health claims (net)	many investment to the special section of			
19.	Claims adjustment expenses, including \$11,814,920 cost containment expenses	SEND DE CO-ENGENISSE PROCESSO DE CO	46 400 000	42 200 442	47 490 460
20.			16,429,966		17,439,169
21.	General administrative expenses.		44,547,297	30,394,020	50,667,196
22.	Increase in reserves for life and accident and health contracts (including \$0 increase in reserves for life only)		(6,872,651)	(14,981,212)	(5,128,639
23.	Total underwriting deductions (Lines 18 through 22)	53,119,337	416,787,561	331,665,713	459,720,82
24.	Net underwriting gain or (loss) (Lines 8 minus 23)		(41,892,179)	(19,126,479)	(40,879,656
25.	Net investment income earned	100	2,314,968	1,822,718	2,429,113
26.	Net realized capital gains (losses) less capital gains tax of \$(21,323)		(39,601)	19,644	30,724
27.	Net investment gains or (losses) (Lines 25 plus 26)		2.275,367	1,842,362	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)	32	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)	m - mm - mm	(39,642,708)	(17,284,085)	
31.	Federal and foreign income taxes incurred				
32.	Net income (loss) (Lines 30 minus 31)	XXX	(27,558,682)	(8,239,560)	(25,390,633
	DETAILS OF V	VRITE-INS	-	r i	
0601.		XXX			
0602.		xxx			
0603.		XXX			
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	xxx	0	0	
0701.		XXX			
0702.		xxx			
0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page	xxx	0	0	
0799.	Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0	
1401.					

1402.				***************************************	
2 (10)		•	0	0	
1403.	Summary of remaining write-ins for Line 14 from overflow page	V	A STATE OF THE PROPERTY OF THE PARTY OF THE	and control to vote Anger To not the	A CONTRACTOR OF THE PROPERTY O
1403. 1498.	Summary of remaining write-ins for Line 14 from overflow page	250.00		0	100111111111111111111111111111111111111
1499.	Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	250.00	(25.896)	0	
1403. 1498. 1499. 2901.	Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	250.00	(25,896)		20
1403. 1498. 1499. 2901.	Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0		32	32
1403. 1498. 1499. 2901. 2902. 2903.	Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0			3

Statement as of September 30, 2016 of the HEALTH NET HEALTH PLAN OF OREGON, INC. STATEMENT OF REVENUE AND EXPENSES (Continued)

	CARITAL AND SUBBLUS ACCOUNT	1 Current Year	2 Prior Year	3 Prior Year
11.11	CAPITAL AND SURPLUS ACCOUNT	to Date	To Date	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	(27,558,682)	(8,239,560)	(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	(449,162)	(1,753)	10,496
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax	154,407	(5,049,426)	(10,740,795
39.	Change in nonadmitted assets	(1,604,388)	(797,862)	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	47,000,000	25,000,000	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)	(10,989)	(14,764
48.	Net change in capital and surplus (Lines 34 to 47)	17,538,690	10,900,410	12,336,214
49.	Capital and surplus end of reporting period (Line 33 plus 48)	85,622,192	66,647,698	68,083,502
	DETAILS OF WRITE-INS	111		
4701.	Prior Period Adjustment for Post Retirement Benefits Net of Tax	(3,485)	(10,989)	(14,764
4702.	Addition to special surplus for estimated subsequent year health insurer fee		5,457,000	7,200,000
4703.	Deduction from unassigned surplus for estimated subsequent year health insurer fee		(5,457,000)	(7,200,000
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4790	Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)	(3.485)	(10.989)	(14 764

		Current Year to Date	Prior Year To Date	3 Prior Year Ended December 31
	CASH FROM OPERATIONS			
1.	Premiums collected net of reinsurance	407,230,279	311,424,196	414,331,4
2.	Net investment income	2,237,185	2,444,040	3,348,21
3.	Miscellaneous income	4,861,432	1,898,284	140,9
4.	Total (Lines 1 through 3)	414,328,896	315,766,520	417,820,6
5.	Benefit and loss related payments	360,966,539	285,629,720	386,135,5
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	63,241,146	50.705.884	68,780,2
8.	Dividends paid to policyholders	A POST CONTROL OF A STATE OF A ST		
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	THE RESERVE THE PARTY OF THE PA	(12,711,207)	(14,702,2
10.	Total (Lines 5 through 9)			440,213,50
11.	Net cash from operations (Line 4 minus Line 10).			(22,392,9
11.	CASH FROM INVESTMENTS	(4,033,313)	(1,031,011)	(22,392,9
10				
12.	Proceeds from investments sold, matured or repaid:	40.007.070	7.000.700	44.045.7
	12.1 Bonds	731003031111111111111111111111111111111	7,922,780	11,815,7
	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)	12,927,379	7,922,780	11,815,7
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	32,631,490	9,625,104	14,639,50
	13.2 Stocks			
	13.3 Mortgage loans			
	13.4 Real estate	- 4000 CONTROL TO CONTROL OF CONTROL		
	13.5 Other invested assets	74 77 77		
	13.6 Miscellaneous applications			
	13.7 Total investments acquired (Lines 13.1 to 13.6)		9,625,104	14,639,50
14.				14,009,01
	Net increase or (decrease) in contract loans and premium notes	111 111 111	(4 702 224)	(2.022.0
15.		(19,704,111)	(1,702,324)	(2,023,0
	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	25,000,000	47,000,0
	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)	2,549	(308)	6,8
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	47,002,549	24,999,692	47,006,8
RE	ECONCILIATION 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)	23,265,125	15,439,491	21,790,0
19.	and the first and the control of the		lemment Merriade	
	19.1 Beginning of year.	32,901,512	11,111,453	11,111,4
	.vv.a			

Q06	
400	

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Comprehensive (Hospital & Medical)					5	6	7	8	9	10
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
To	tal 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	90,776	816	48,899	1,955	5,072	1,265		32,769		
4.	Third Quarter	92,172	818	50,042	1,866	4,733	1,129		33,584		
5	Current Year	0	(mannomannamuma	namenamenamenam			
6	. Current Year Member Months	812,927	7,589	442,046	17,862	42,122	10,436		292,872		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
То	tal Member Ambulatory Encounters for Period:										
7	. Physician	380,361	3,797	120,621	17,142				238,801		
	. Non-Physician	328,061	3,621	98,127	18,546				207,767		
9	Total	708,422	7,418	218,748	35,688	0	0	0	446,568	0	0
). Hospital Patient Days Incurred	24,820	274	5,212					19,334	нашиманианиям	100111100101111001111001111
11	Number of Inpatient Admissions	6,140	287	1,351					4,502		
12	2. Health Premiums Written (a)	378,294,347	4,604,720	164,458,158	3,321,976	1,271,361	586,152		204,051,980		
13	3. Life Premiums Direct	0									
14	Property/Casualty Premiums Written	0									
15	5. Health Premiums Earned	374,909,043	4,604,720	164,317,528	3,321,976	1,271,361	586,152		200,807,306		
16	8. Property/Casualty Premiums Earned	0			***************************************						
17	7. Amount Paid for Provision of Health Care Services	362,618,627	9,630,634	143,462,123	3,417,963	574,615	408,075		205,125,217		
18	Amount Incurred for Provision of Health Care Services	363,339,453	8,887,794	145,560,099	3,249,729	574,615	398,128		204,669,088		

⁽a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.....204,051,980.

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

Aging Analysis of Unpaid Claims										
1 2 3 4 5 6 7										
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total				
Claims Unpaid (Reported)		6 0.04 1000.0020.			a succession consideration of					
0299999. Aggregate Accounts Not Individually Listed-Uncovered	549,388					549,388				
0399999. Aggregate Accounts Not Individually Listed-Covered	3,378,386					3,378,386				
0499999. Subtotals	3,927,774	0	0	0	0	3,927,774				
0599999. Unreported Claims and Other Claim Reserves						43,163,150				
0799999. Total Claims Unpaid.						47.090.924				

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

	J. Urday	Claims Paid			Current Quarter	5	6
	Line of Business	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	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1	Comprehensive (hospital and medical)	20,828,503	131,393,203	328,261	21,496,217	21,156,764	19,978,448
2	Medicare Supplement	556,747	2,861,216	2,395	460,564	559,142	631,326
3	Dental only	10,623	397,452	91	20,986	10,714	31,024
4	Vision only		574,615			0	
5	Federal Employees Health Benefits Plan					0	
6	Title XVIII - Medicare	21,722,615	183,402,605	100,369	24,588,287	21,822,984	23,884,664
7	Title XIX - Medicaid					0	
8	Other health					0	
9	Health subtotal (Lines 1 to 8)	43,118,488	318,629,091	431,116	46,566,054	43,549,604	44,525,462
	. Healthcare receivables (a)	212,747	1,572,115	61,171	6,607,185	273,918	6,916,880
1	Other non-health					0	
12	Medical incentive pools and bonus amounts					0	
13	Totals (Lines 9-10+11+12)	42,905,741	317,056,976	369,945	39,958,869	43,275,686	37,608,582

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

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	in the second				
(1) HEALTH NET HEALTH PLAN OF OREGON, INC. state basis (Page 4, Line 32, Columns 2 & 4)	OR	\$	(27,558,682)	\$	(25,390,633)
(2) State Prescribed Practices that increase/decrease NAIC SAP	Y	1	3,000,000,000		
(3) State Permitted Practices that increase/decrease NAIC SAP					
(4) NAIC SAP (1-2-3=4)	OR	\$	(27,558,682)	\$	(25,390,633)
SURPLUS					
(5) HEALTH NET HEALTH PLAN OF OREGON, INC. state basis (Page 3, line 33, Columns 3 & 4)	OR	\$	85,622,192	s	68,083,502
(6) State Prescribed Practices that increase/decrease NAIC SAP					
(7) State Permitted Practices that increase/decrease NAIC SAP	l i			-	
(8) NAIC SAP (5 – 6 – 7 = 8)	OR	\$	85,622,192	\$	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.
 - 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	\$ (91,190)
	TO THE RESERVE OF THE PARTY OF	2.	12 Months or Longer	\$ 0
b.	The aggregate related fair value of securities with	1.	Less than 12 Months	\$ 19,741,063
1900	unrealized losses:	2.	12 Months or Longer	\$ 0

E. Repurchase Agreements and/or Securities Lending Transactions

None

H. Restricted Assets
(1) Restricted Assets (including Pledged)

		1	2	3	4	5	6
	Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted From Prior Year	Increase/(Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a.	Subject to contractual obligation for which liability is not shown						
b.	Collateral held under security lending agreements						
C.	Subject to repurchase agreements				,		.,
d.	Subject to reverse repurchase agreements						S
e.	Subject to dollar repurchase agreements						2.
f.	Subject to dollar reverse repurchase agreements						
g.	Placed under option contracts						
h.	Letter stock or securities restricted as to sale - excluding FHLB capital stock						
i.	FHLB capital stock	į į				ľ	
j.	On deposit with states	426,016	430,648	(4,632)	426,016	0.213%	0.219%
k.	On deposit with other regulatory bodies						
L	Pledged collateral to FHLB (including assets backing funding agreements)						
m.	Pledged as collateral not captured in other categories						
n.	Other restricted assets	Ĭ.	Ŭ Ŭ				
0.	Total Restricted Assets	426,016	430,648	(4,632)	426,016	0.213%	0.219%

I. Working Capital Finance Investments

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

A. Components of deferred tax assets (DTAs) and deferred tax liabilities (DTLs):

(1)	DTA/DTL Components				2016				2015			Change	
	Description		Irdinary		Capital	Total	(Ordinary	Capital	Total	Ordinary	Capital	Total
(a)	Gross deferred tax assets		8,577,652		162,357	8,740,009	3	9,144,228	7,950	9,152,178	(566,576)	154,407	(412,169
(b)	Statutory valuation allowance adjustment (enter as "-")		(8,577,652)		0	(8,577,652)	- 0	9,144,228)	. 0	(9,144,228)	566,576	0	588,578
(c)	Adjusted gross deferred tax essets		0		162,357	162,357		0	7,950	7,950	0	154,407	154,407
(d)	Deferred tax assets nonadmitted		0		0	. 0		0	0	0	0	0	
(e)	Subtotal net admitted deferred tax asset		0		162,357	102,357		0	7,950	7,950	0	154,407	154,407
(f)	Gross deferred tax liabilities	*	0		0	0	-	0	0	0	0		0
(g)	Net admitted deferred tax asset/(net deferred tax liability)		0	=	162,357	162,357	Ų.	0	7,960	7,950	0	154,407	154,407
(2)	Admission calculation components:				2016				2015			Change	
	Description	c	Irdinary		Capital	Total		Ordinary	Capital	Total	Ordinary	Capital	Total
(a)	Admission calculation components SSAP No. 101 (§11) Federal income Taxes Paid In Prior Years Recoverable Through Loss Cerrybocks. Adjusted Griss Deterred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From a.		0		162,357	102,357		0	7,950	7,950	0	154,407	154.407
(b)	above) After Application of the Threshold Limitation. (The Lesser of b.i. and b.ii. Below)		0		0	0		0	0	0	0	0	3
100	Adjusted Gross Deferred Tax Assets Expected to be Realized												
(b)(Following the Balance Sheet Date. Adusted Gross Deferred Tax Assets Allowed per Limitation		NA		NA.	NA		NA	NA	0	NA.	NA:	3
(b)	il Threshold.		NA		NA.	NA		NA	NA	0	NA	NA	9
	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From a. and b. above) Offset by												
(c)	Gross Deferred Tax Liabilities.		0		0	0	_	0	0		0		0

0 162,367 162,367 0 7,960 7,960 0 164,407 154,407

(3) Used in ¶11b Percentage Percentage Ratio Percentage Used To Determine Recovery Period And
(a) Threshold Limitation Amount Amount Of Adjusted Capital And Surplus Used To Determine

(b) Recovery Period And Threshold Limitation

85,459,835 68,075,552

(4) Impact of tax planning strategies

		2016		201	1000000	Chi	inge
	Description	Ordinary	Capital	Ordinary	Capital	Ordinary	Capital
(a)	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) Percentage of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact of Tax Planning	0	162,357	0	7,950		154,407
(2)	Strategies	0%	0%	046	0%	0%	.0%
(3)	Net Admitted Adjusted Gross DTAs Amount From Note 941 (e) Percentage of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact of Tax Planning	85,	162,357		7,950	ž.	154,407
(4)	Strategies	0%	0%	0%	0%	0%	0%
(b)	Does the company's tax-planning strategies include the use of reinsurance	e?	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	September 30, 2016	September 30, 2015	Change
(a)	Current federal income tax expense	(12,084,026)	(9,044,525)	(3,039,501)
(b)	Foreign taxes	0	0	0
(c)	Subtotal	(12,084,026)	(9,044,525)	(3,039,501)
(d)	Tax on capital gains/(losses)	(21,323)	10,578	(31,901)
(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	(12,105,349)	(9,033,947)	(3,071,402)

The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities are as follows:

(2)	DTAs Resulting From Book/Tax Differences In	September 30, 2016	December 31, 2015	Change
	135500000000000000000000000000000000000			
(a)	Ordinary			
(1)	Discounting of unpaid losses and LAE	141,617	135,267	6,350
(2)	Unearned premiums	1,975,967	272,556	1,703,411
(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	309,166	180,768	128,398
(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	6,120,534	8,525,269	(2,404,735
(13)	Other	30,368	30,368	0
	Gross ordinary DTAs	8,577,652	9,144,228	(566,576
(b)	Statutory valuation adjustment - ordinary (-)	(8,577,652)	(9,144,228)	566,576
(c)	Nonadmitted ordinary DTAs (-)	0		0
(d)	Admitted ordinary DTAs	0	0	0
(e)	Capital			
(1)	Investments	162,357	7,950	154,407
(2)	Net capital loss carryforward	0	0	0
(3)	Real estate	0	0	0
(4)	Other	0	0	0
	Gross capital DTAs	162,357	7,950	154,407
(f)	Statutory valuation adjustment - capital (-)	0	0	0
(g)	Nonadmitted capital DTAs (-)	0	0	0
(h)	Admitted capital DTAs	162,357	7,950	154,407
(i)	Admitted DTAs	162,357	7,950	154,407

(3)	DTLs Resulting From Book/Tax Differences In	September 30, 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	162,357	7,950	154,407

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):

	September 30, 2016	December 31, 2015	Change
Total deferred tax assets	8,740,009	9,152,178	(412,169)
Total deferred tax liabilities	0	0	0
Net deferred tax assets/liabilities	8,740,009	9,152,178	(412,169)
Statutory valuation allowance adjustment (*see explanation below)	(8,577,652)	(9,144,228)	566,576
Net deferred tax assets/liabilities after SVA	162,357	7,950	154,407
Tax effect of unrealized gains/(losses)	(162,357)	(7,950)	(154,407)
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.

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:

			Effective Tax
Description	Amount	Tax Effect	Rate
Income Before Taxes	(39,664,028)	(13,882,408)	35.00%
Tax-Exempt Interest	(939,649)	(328,877)	0.83%
Change in Valuation Allowance		(566,576)	1.43%
Health Insurer Fee	7,375,006	2,581,252	-6.51%
Non deductible compensation	0	0	0.00%
Meals and Entertainment	34,078	11,927	-0.03%
Fines, Penalties, Other	226,666	79,333	-0.20%
Total	(32,967,927)	(12,105,349)	30.52%
Federal income taxed incurred [expense/(benefit)]		(12,084,026)	30.47%
Tax on capital gains/(losses)		(21,323)	0.05%
Change in net deferred income tax [charge/(benefit)]		0	0.00%
Total statutory income taxes		(12,105,349)	30.52%

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

nount of:

The following is income tax expense that is available for recoupment in the event of future net losses:

25	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 is consolidated with the following entities

Foundation Health Facilities, Inc.

FH Assurance Company

FH Surgery Centers, Inc.

FH Surgery Limited, Inc.

Health Net of Arizona, Inc.

Health Net of Arizona Administrative Services, Inc.

Health Net of California, Inc.

Health Net, Inc.

Health Net Community Solutions, Inc.

Health Net of California Real Estate Holdings, Inc.

QualMed, Inc.

Qualmed Plans for Health of Colorado, Inc.

Health Net Life Insurance Company

Health Net Life Reinsurance Company

Health Net Health Plan of Oregon, Inc. (the company)

Qualmed Plans for Health of Pennsylvania, Inc.

National Pharmacy Services, Inc.

Integrated Pharmacy Systems, Inc.

HSI Advantage Health Holdings, Inc.

QualMed Plans For Health of Western Pennsylvania, Inc.

Pennsylvania Health Care Plan, Inc.

Managed Health Network, Inc.

MHN Services

Managed Health Network

MHN Services IPA, Inc.

Catalina Behavioral Health Services, Inc.

MHN Government Services, Inc.

Health Net Pharmaceutical Services

Health Net Services, Inc. Health Net One Payment

Health Net One Payment Services, Inc.

MHN Global Services, Inc.

MHN Government Services - Belgium, Inc.

MHN Government Services - Djibouti, Inc.

MHN Government Services - Germany, Inc.

MHN Government Services - Guam, Inc.

MHN Government Services - Italy, Inc.

MHN Government Services - Japan, Inc. MHN Government Services - Puerto Rico, Inc.

MHN Government Services - International, Inc.

MHN Government Services - Turkey, Inc.

MHN Government Services - United Kingdom, Inc.

Health Net Access, Inc.

Absolute Total Care, Inc.

AECC Total Vision Health Plan of Texas, Inc.

Bankers Reserve Life Insurance Company of Wisconsin

Buckeye Community Health Plan, Inc. California Health & Wellness Plan

Cenpatico of Arizona, Inc.

CeltiCare Health Plan of Massachusetts, Inc.

Coordinated Care Corporation

Coordinated Care of Washington, Inc.

Fidelis SecureCare of Michigan Inc. Granite State Health Plan, Inc.

Hallmark Life Insurance Co.

Home State Health Plan, Inc.

IlliniCare Health Plan, Inc.

Kentucky Spirit Health Plan, Inc.

Louisiana Health Care Connections, Inc. Magnolia Health Plan, Inc.

Magnolia Health Plan, Inc.

Managed Health Service Insurance Group

Sunflower State Health Plan, Inc.

Sunshine State Health Plan, Inc.

Sunshine State Health Plan. Inc.

Trillium Community Health Plan, Inc.

⁽²⁾ The method of allocation between the companies is subject to written agreement, approved by the Board of Directors. Allocation is based upon separate return calculations with current credit for net losses. Intercompany tax balances are settled in accordance with the tax sharing agreement.

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

As of September 30, 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 nine months ended September 30, 2016 and 2015, the Company incurred expenses of \$27,747,928 and \$21,647,849 respectively, including the claim adjustment expenses relating to pharmacy benefits and behavioral health services mentioned below. In addition, the Company charged affiliates \$1,954,939 and \$3,388,444 for the nine months ended September 30, 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.:

 As of September 30, 2016
 As of December, 31 2015

 Claims Payable
 \$ 775,295
 \$ 846,873

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:

	YTD September 30, 2016	YTD September 30, 2015
HNPS claim adjustment expenses	\$ 2,070,679	\$ 1,629,612
Funds transferred for claim payments	72,046,890	54,564,905
Pharmaceutical Rebates recognized	11,837,290	6,502,802
	As of September 30, 2016	As of December 31, 2015
Health care receivables (rebates)	\$ 6,668,356	\$ 4,846,256
Nonadmitted rebates receivable	1,543,039	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 September 30, 2016 and December 31, 2015. For the nine months ended September 30, 2016 and 2015, the Company recorded interest expense of \$0 and \$0 respectively, for amounts borrowed under this agreement. The Company borrowed and repaid an aggregate total of \$0 and \$0 of loans for the nine months ended September 30, 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
August 15, 2016	\$ 15,000,000
June 30, 2016	32,000,000
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 September 30, 2016 and December 31, 2015:

	September 30, 2016			December 31, 2015		
Receivable from affiliates: Health Net Life Insurance Company		\$	0	\$	213,927	
Health Net Pharmaceutical Services			0		2,089,017	
Other affiliates	-	13	2,407	8A	34,564	
Total Gross Receivables (Excluding Federal Taxes)	\$	13	2,407	\$	2,337,508	
Total Non-admitted Receivables		74.0	0	:5700	0	
Total Admitted Receivables	1	13	2,407		2,337,508	
Federal income tax recoverable From Health Net, Inc.(current)	\$	5,75	9,480	\$	0	
Net deferred tax asset		16	2,357		7,950	
Non-admitted		-	0	V <u>X</u>	0	
Total Admitted Federal Income Tax Recoverable	\$	5,92	1,837	\$	7,950	
Payable to affiliates:						
Health Net of California, Inc.	\$	23	4,698	\$	692,619	
Health Net, Inc.		62	7,450		548,281	
Health Net of Arizona, Inc.		19	3,640		0	
Health Net Pharmaceutical Services		2,95	0,839		0	
Other affiliates	102	18	9,476	20	298,872	
Total Gross Payables (Excluding Federal Taxes)	\$	4,19	6,10 <u>3</u>	\$	1,539,772	
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

	mponents of net iodic benefit cost	Pension Benefits		Postretiren	nent Benefits	Special or Contractual Benefits pe SSAP No. 11	
	× -	Current Period	Prior Year	Current Period	Prior Year	Current Period	Prior Year
a.	Service cost	\$	\$	\$	\$	\$	\$
b.	Interest cost			2,6	3,54	2	
C.	Expected return on plan assets						
d.	Transition asset or obligation						
e.	Gains and losses			(17,8	98) (23,864	1)	
f.	Prior service cost or credit						
g.	Gain or loss recognized due to a settlement curtailment						
h.	Total net periodic benefit cost	\$	s	\$ (15,2	41)\$ (20,322	2)\$	\$

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

No significant changes

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 (\$49,564) and \$75,582 for the nine months ended September 30, 2016 and 2015, respectively. As of September 30, 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 procee

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-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

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 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

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 nine months ending September 30, 2016 consisted of \$200,807,306 for medical and hospital related services.

As of September 30, 2015, the Company has recorded premium receivables from CMS in the amount of \$885,089.

The Company has incurred \$39,348 of cost sharing subsidy offsetting health care cost for the nine months ending September 30, 2016 and \$0 of cost sharing receivable as of September 30, 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.
- 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	\$ 116,405,882	\$ 112,925,220	\$ 2,495,329	\$ 113,910,553	\$	\$

As of September 30, 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

Not applicable

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 II"). Upon the terms and subject to the conditions set forth in the Merger Agreement, (i) Merger Sub I merged with and into Hthe "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." Effective March 24, 2016, the Company is 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 nine months ended September 30, 2016, the transitional reinsurance program fees expense was \$235,108, the ceded premiums was \$13,360, and the ceded health care costs estimate was \$656,504.

As of September 30, 2016, the reinsurance recoverable was \$1,688,429, the ceded claims unpaid was \$93,754, the ceded reinsurance premiums payable was \$27,231 and the contributions payable which were not reported as ceded premiums was \$984,448. 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.

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 nine months ended September 30, 2016 and 2015, the risk adjustment estimate was \$3,934,667 and (\$876,939), respectively.

As of September 30, 2016, the risk adjustment receivable, the risk adjustment payable and the risk adjustment user fee payable was \$3,410,563, \$0, \$26,742, respectively. As of December 31, 2015, the risk adjustment receivable was \$1,263,799, 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 nine months ended September 30, 2016 and 2015, the risk corridor premiums adjustment was (\$1,849,004) and \$837,802, respectively.

As of September 30, 2016, the accrued retrospective premium receivable was \$217,304 (the Company non-admitted \$208,893 of the receivable in accordance with "Interpretation 15-01: ACA Risk Corridors Collectibility"), 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.

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
Prio	r Reporting Year	4				
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
Curr	rent Reporting Year-to-Date		Ť			
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)? <u>YES</u>
 - (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current period:

1.		nanent ACA Risk Adjustment Program		AMOUNT					
	Asse								
	1.	Premium adjustments receivable due to ACA Risk Adjustment	\$	3,410,563					
	Liabi	ilities	547 UE	112 42 7000					
	2.	Risk adjustment user fees payable for ACA Risk Adjustment		26,742					
	Premium adjustments payable due to ACA Risk Adjustment								
	Oper	rations (Revenue & Expenses)							
	4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment		3,934,667					
	5.	Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$	16,638					
0.	Tran	Transitional ACA Reinsurance Program							
	Assets								
	1	Amounts recoverable for claims paid due to ACA Reinsurance	\$	1,688,429					
	2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)		93,754					
	3.	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance		355					
	Liabilities								
	4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium		984,448					
	5.	Ceded reinsurance premiums payable due to ACA Reinsurance		27,231					
	6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$						
	Oper	rations (Revenue & Expenses)							
	7.	Ceded reinsurance premiums due to ACA Reinsurance	\$	13,660					
	8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments		656.504					
	9.	ACA Reinsurance contributions – not reported as ceded premium	\$	235,108					
	Tem	porary ACA Risk Corridors Program							
	Asse								
	1.	Accrued retrospective premium due to ACA Risk Corridors	\$	217,304					
	Liabi	Liabilities							
	2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors							
	Ope	rations (Revenue & Expenses)							
	3.	Effect of ACA Risk Corridors on net premium income (paid/received)		(1,849,004)					
	4	Effect of ACA Risk Corridors on change in reserves for rate credits	\$						

(3) Roll forward of prior year ACA Risk-Sharing Provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance:

						Differ	ences	Adi	alments		Unsettled Balances as of the Reporting Date		
		Accrued During H Business Written Bo of the Pri	fore December 31	Received or Paid as a on Business Written B of the Prio	lefore December 31	Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Powrents (Col. 2-4)	To Prior Year Balances	To Prior Year Balancas		Dumulative Balance from Prior Years (Cal. 1-3+7)	Cumulative Balance from Phior Years (Col. 2-4+8)	
		7	2	9	4	5	6	7	В	9	-10	п	
		Peceivable	[Payable]	Receivable	[Payable]	Receivable	(Payable)	Receivable	(Payable)	Ref	Peceivable	(Payable)	
	Permanent ACA Flisk Adjustment Program												
1	Premium adjustments receivable	1,263,799	0	2,263,133	0	(999,334)	0	1,432,637	. 0	A	433,303	0	
İ	2 Premium adjustments (payable)	0	. 0	0	0	.0	0	0	0	В	0	.0	
ı	3 Subtotal ACA Permanent Risk Adjustment Program	1,263,799	0	2,263,133	0	(999,334)	0	1,432,637	0		433,303	0	
7	Transitional ACA Reinsurance Program	1					7,5				7 7		
1	1 Amounts recoverable for claims paid	2,469,469	.0	1,652,089	0	817,380		(614,703)	0	C	202,677	0	
I	2 Amounts recoverable for claims unpaid (contra- liability)	308,298	0	0	0	308,298	0	(307,260)		D	1,038	0	
I	3 Amounts receivable relating to uninsured plans	0	0	0	0	0	0	0	0	E	0	0	
I	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums.	0	0	0	0	0	. 0	. 0	0	F	0	.0	
1	Eeded reinsurance premiums payable	0	50,540	0	14,244	0	36,296	0	. 0	G.	0	36,296	
I	6 Liability for amounts held under uninsured plan	0	1,723,595	0	463,971	0	1,259,624	0	0	н	0	1,259,624	
1	7 Subtotal ACA Transitional Reinsurance Program	2,777,767	1,774,135	1,652,089	478,215	1,125,678	1,295,920	(921,963)	0		203,715	1,295,920	
	Temporaru ACA Piek Corridors Program										U. U.		
1	1 Accrued retrospective premium	2,099,975	0	33,667	0	2,066,308	0	(1,849,004)	0	91	217,304	.0	
	Reserve for rate credits or policy experience ratio	0	0	0	0	0	0	0	- 0	U.	0	0	
	3 Subtotal ACA Risk Comiders Program	2,099,975	0	33,667	0	2,066,308	0	(1,849,004)	0		217,304	0	
	Total for ACA Flick Sharing Provisions	6,141,541	1,774,135	3,948,889	478,215	2,192,652	1,295,920	(1,338,330)	0		854,322	1,295,920	

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. Estimated amounts were revised based on updated information and experience for the relevant period.
- E. None
- F. None
- G. Estimated amounts were revised based on updated information and experience for the relevant period.
- Estimated amounts were revised based on updated information and experience for the relevant period.
- Estimated amounts were revised based on updated information and experience for the relevant period.
- J. None

Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

	2014 Benefi	2014 Benefit Year		it Year	Total		
	Receivable	Payable	Receivable	Payable	Receivable	Payable	
Beginning balance	2,355,055	0	0	0	2,355,055	0	
Received or paid	(288,747)	0	0	0	(288,747)	0	
Adjustments	(1,849,004)	0	0	0	(1,849,004)	0	
Total	217,304	0	0	0	217,304	0	

ACA Risk Corridors Receivable as of Reporting Date

	2014	2015	Total
	Benefit Year	Benefit Year	
Estimated amount to be filed or final amounts filed with federal agency	2,355,055	· 经	2,355,055
Amounts impaired or amounts not accrued for other reasons	(1,849,004)	12	(1,849,004)
Amounts received from federal agency	(288,747)	(3	(288,747)
Asset balance gross of nonadmission	217,304	(2	217,304
Nonadmitted amounts	208,893	4 <u>0</u>	208,893
Net admitted assets	8,411	项	8,411

NOTE 25 - CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

Reserves as of December 31, 2015 were \$44,525,462. As of September 30, 2016, \$43,118,488 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$431,116 as a result of re-estimation of unpaid claims. Therefore, there has been a \$975,858 favorable prior-year development since December 31, 2015 to September 30, 2016. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

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
09/30/16	\$ 4,923,998	\$ 431,005	\$ 431,005	\$ 0	\$ 0
06/30/16	4,632,005	3,601,690	2,541,852		
03/31/16	2,281,287	2,789,219		2,306,018	
12/31/15	2,643,955	2,274,902		2,178,169	96,733
09/30/15	2,271,973	2,370,961		2,283,481	87,480
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	į.	976,768	177,463
06/30/14	1,144,816	1,114,953		789,994	324,959
03/31/14	989,154	998,376	0	618,474	379,902
12/31/13	543,991	737,892		600,083	137,809

NOTE 29 - PARTICIPATING POLICIES

None

NOTE 30 - PREMIUM DEFICIENCY RESERVES

- 1. Liability carried for premium deficiency reserves
- 2. Date of the most recent evaluation of this liability
- 3. Was anticipated investment income utilized in the calculation?

\$ 17,487,240

10/15/2016

YES

NOTES TO FINANCIAL STATEMENTS

NOTE 31 - ANTICIPATED SALVAGE AND SUBROGATION

None

Statement as of September 30, 2016 of the HEALTH NET HEALTH PLAN OF OREGON, INC. 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?	63	1 1 aaV	No (V)
12	If yes, has the report been filed with the domiciliary state?		Yes[]	No [X]
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		1001	
22	reporting entity? If yes, date of change:	1	Yes[]	No [X]
	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.	2	Yes [X	No[]
3.2	Have there been any substantial changes in the organizational chart since the prior quarter end?	8	Yes[]	No [X]
3.3	If the response to 3.2 is yes, provide a brief description of those changes.		2.5	
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.			
	Y	2 NAIC	,	3
		Compa	iny	State of
	Name of Entity	Code	<u>' '</u>	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.	12/3	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.	12/3	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).	03/1	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?	9	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].			34 30
	1 2 3 Affiliate Name Location (City, State) FRB	4 OCC	5 FDIC	6 SEC
	Annate Harris			020
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).			

FINANCIAL

Statement as of September 30, 2016 of the $\,$ HEALTH NET HEALTH PLAN OF OREGON, INC. GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

Does th	e reporting entity report any amounts due from parent, subsidiarie	ies or affiliates on Page 2 of this st	atement?		Yes [X]	No [
If yes, in	ndicate any amounts receivable from parent included in the Page	2 amount:		\$		0
		INVESTMENT		-		
	ny of the stocks, bonds, or other assets of the reporting entity loar		nt, or otherwise made available fo	r		
200000000000000000000000000000000000000	another person? (Exclude securities under securities lending agr	reements.)			Yes[]	No [
r yes, g	jive full and complete information relating thereto:					
Amount	t of real estate and mortgages held in other invested assets in Sci	hedule BA:		\$		0
Amount	t of real estate and mortgages held in short-term investments:			\$		0
Does th	ne reporting entity have any investments in parent, subsidiaries ar	nd affiliates?		·	Yes[]	No [
14.2 If	yes, please complete the following:		§			
			1 Prior Year-End	Cu	2 irrent Quarter	
44.04	D.		Book/Adjusted Carrying V		usted Carrying V	
14.21	Bonds Preferred Stock		\$	0 \$		0
14.23	Common Stock		1	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 (Subto	tal Lines 14.21 to 14.26)	\$	0 \$		0
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 a	bove	\$	0 \$		0
Has the	reporting entity entered into any hedging transactions reported of	on Schedule DB?	N. Pitter		Yes[]	No [
					100	7773
if yes, n	has a comprehensive description of the hedging program been ma	ade available to the domiciliary sta	te?		Yes[]	No [
If no, at	tach a description with this statement.					
For the	reporting entity's security lending program, state the amount of th	ne following as of current statemen	t date:			
Total fa	ir value of reinvested collateral assets reported on Schedule DL,	Parts 1 and 2:		\$		0
Total bo	ook adjusted/carrying value of reinvested collateral assets reporte	ed on Schedule DL, Parts 1 and 2:		\$		0
Total pa	ayable for securities lending reported on the liability page:			\$		0
Excludi	ng items in Schedule E-Part 3-Special Deposits, real estate, mort	tgage loans and investments held	physically in the reporting entity's	<u>∜</u>		
	vaults or safety deposit boxes, were all stocks, bonds and other sal agreement with a qualified bank or trust company in accordance			urcing		
	al Functions, Custodial or Safekeeping Agreements of the NAIC				Yes [X]	No [
17.1 F	or all agreements that comply with the requirements of the NAIC	Financial Condition Examiners Ha	ndbook, complete the following:			
	1 Name of Custodian(s)		Cust	2 odian Address		
	US BANK N A		555 S. W. OAK STREET, PORTLA	ND, OR 97204		
	or all agreements that do not comply with the requirements of the ocation and a complete explanation:	e NAIC Financial Condition Examin	ners Handbook, provide the name,			
<u> </u>	1	2		3		_
	Name(s)	Location	(s)	Complete Expla	nation(s)	
47.0			4		V1-1	N- F
	lave there been any changes, including name changes, in the cus	stodian(s) identified in 17.1 during	the current quarter?		Yes[]	No [
17.4	yes, give full and complete information relating thereto:		(*************************************	1		
	1	2	3	1 1000	4	
	Old Custodian	New Custodian	Date of Change	Rei	ason	
			1.			
	dentify all investment advisors, broker/dealers or individuals acting coounts, handle securities and have authority to make investmen					
a	1	as on benan or the reporting entity.		3		
	Central Registration Depository	Name(s)	1	Address	5	
₂ _						
18.1 H	lave all the filing requirements of the Purposes and Procedures M	Manual of the NAIC Investment And	alysis Office been followed?		Yes[X]	No [
	lave all the filing requirements of the Purposes and Procedures M no, list exceptions:	Manual of the NAIC Investment And	alysis Office been followed?		Yes [X]	1

Statement as of September 30, 2016 of the HEALTH NET HEALTH PLAN OF OREGON, INC. GENERAL INTERROGATORIES (continued)

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

PART 2 - HEALTH

1.	Operating Percentages:		
	1.1 A&H loss percent	4	98.1 %
	1.2 A&H cost containment percent		3.2 %
	1.3 A&H expense percent excluding cost containment expenses		13.1 %
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]

Statement as of September 30, 2016 of the HEALTH NET HEALTH PLAN OF OREGON, INC. SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9
NAIC	845	19450 54		5301 5001	Type of	1927 1000	Certified	Effective Date
Company	ID	Effective		Domiciliary	Reinsurance	Type of	Reinsurer Rating	
Code	Number	Date	Name of Reinsurer	Jurisdiction	Ceded	Reinsurer	(1 through 6)	Reinsuer Rating

NONE

Statement as of September 30, 2016 of the HEALTH NET HEALTH PLAN OF OREGON, INC. SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

		1 1	Current Yea	i to Date - A	inocated by	States and T	ness Only			
	Chair Eta	Active	Accident and Health	Medicare	Medicaid	Federal Employees Health Benefits Program	6 Life and Annuity Premiums and Other	Property/ Casualty	Total Columns	9 Deposit-Type
1.	State, Etc. AlabamaAL	Status	Premiums	Title XVIII	Title XIX	Premiums	Considerations	Premiums	2 through 7	Contracts
2.	AlaskaAK	N				***************************************			0	
3.	ArizonaAZ								0	
4.	ArkansasAR	N	***************************************						0	
5.	CaliforniaCA	N							0	
6.	ColoradoCO	N							0	
7.	ConnecticutCT	N							0	
8.	DelawareDE	N							0	
9.	District of ColumbiaDC	COLUMN TO THE REAL PROPERTY.							0	
10.	FloridaFL	N	***************************************				***************************************	***************************************	0	
11. 12.	GeorgiaGA HawaiiHI	N	***************************************		***************************************				0	
13.	IdahoID		***************************************		***************************************	***************************************	***************************************	***************************************	0	
14.	Illinois LL	N						***************************************	0	***************************************
15.	Indiana IN	N							0	
16.	lowaIA	N							0	
17.	KansasKS	N							0	
18.	KentuckyKY	N							0	
19.	LouisianaLA	N							0	
20.	MaineME	N	***************************************						0	
21.	MarylandMD	N					***************************************		0	
22.	MassachusettsMA	N							0	
23.	MichiganMI MinnesotaMN	N	***************************************			***************************************			0	
24. 25.	MinnesotaMN MississippiMS	N							0	
26.	MissouriMO	N	***************************************			***************************************	***************************************	***************************************	0	***************************************
27.	Montana MT	N							0	
28.	NebraskaNE	100							0	
29.	NevadaNV	N							0	
30.	New HampshireNH	N	***************************************			***************************************	***************************************		0	
31.	New JerseyNJ	N							0	
32.	New MexicoNM	N							0	
33.	New YorkNY	N							0	
34.	North CarolinaNC	2000 1000							0	
35.	North DakotaND	N							0	
36.	OhioOH	N					***************************************		0	
37.	OklahomaOK	Acceptance of	444 447 007	204.054.000			***************************************		345 460 847	
38. 39.	OregonOR PennsylvaniaPA	177	141,117,867	204,051,980				***************************************	345,169,847	
40.	Rhode IslandRI	111111111111111111111111111111111111111				***************************************	***************************************		0	
41.	South CarolinaSC		***************************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					0	***************************************
42.	South DakotaSD								0	
43.	TennesseeTN	Acres Contracts							0	
44.	TexasTX	N							0	
45.	UtahUT	N							0	
46.	VermontVT	PANCES SEED							0	
47.	VirginiaVA								0	
48.	WashingtonWA	Jun 232	31,791,430						31,791,430	
49.	West VirginiaWV	N						***************************************	0	
50.	WisconsinWI								0	
51.	Wyoming								0	
52. 53.	GuamGU		***************************************		***************************************			***************************************	0	
54.	Puerto RicoPR						***************************************		0	
55.	U.S. Virgin IslandsVI	N							0	
56.	Northern Mariana IslandsMP	N							0	
57.	CanadaCAN								0	
58.	Aggregate Other alienOT	XX		0	0	0	0	0	0	
59.	Subtotal	XX	172,909,297	204,051,980	0	0	0	0	376,961,277	
60.	Reporting entity contributions for	34389	920000000	1110000		111			535 6230 (0.5%)	
	Employee Benefit Plans	XX							1,333,070	
61.	Total (Direct Business)	(a)2	174,242,367	204,051,980	0	0	0	0	378,294,347	
				DETAI	LS OF WRITE-IN	IS		P.	100	Z:
8001.									0	
8002.									0	
	Summary of remaining write-ins		***************************************	••••••					0	
0330.	for line 58 from overflow page		0	0	0	0	0	0	0	
8999	Total (Lines 58001 thru 58003 plus 58									
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Line 58 above)		0	0	0	0	0	0	0	1

⁽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.

ene Corporation	42-1406317	DE WI	7
Bankers Reserve Life Insurance Company of Wisconsin	39-0993433		/
Health Plan Real Estate Holding, Inc Peach State Health Plan, Inc	46-2860967 20-3174593	MO	1
Health Plan Real Estate Holding, Inc	46-2860967	MO	1
A CONTRACTOR OF THE STATE OF TH	46-4829006	IA	1
lowa Total Care, Inc Buckeye Community Health Plan, Inc	32-0045282	OH	1
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Absolute Total Care, Inc	20-5693998	SC	1
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	9
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Healthy Washington Holdings, Inc	46-5523218	DE	
Coordinated Care of Washington, Inc	46-2578279	WA	
Managed Health Services Insurance Corp	39-1678579	WI	9
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Hallmark Life Insurance Co	86-0819817	AZ	(
Superior HealthPlan, Inc	74-2770542	TX	9
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Healthy Louisiana Holdings LLC	27-0916294	DE	
Louisiana Healthcare Connections, Inc	27-1287287	LA	
Magnolia Health Plan Inc	20-8570212	MS	
IlliniCare Health Plan, Inc	27-2186150	IL	
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Sunshine Health Holding LLC	26-0557093	FL	
Sunshine State Health Plan, Inc	20-8937577	FL	
Access Health Solutions LLC	56-2384404	FL	
Sunshine Consulting Services, Inc.	27-0242132	DE	
Kentucky Spirit Health Plan, Inc	45-1294925	KY	3
Healthy Missouri Holding, Inc	45-5070230	MO	
Home State Health Plan, Inc	45-2798041	MO	- 1
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Sunflower State Health Plan, Inc	45-3276702	KS	-
Granite State Health Plan, Inc	45-4792498	NH	-
Bridgeway Advantage Solutions, Inc	46-4195563	AZ	
California Health and Wellness Plan	46-0907261	CA	
Fidelis SecureCare of Michigan, Inc.	30-0312489	MI	
Agate Resources, Inc.	20-0483299	OR	
Lane Individual Practice Association, Inc.	93-1198219	OR	
Trillium Community Health Plan, Inc.	42-1694349	OR	
Trillium Community Health Plan, Inc.	42-1694349	OR	-
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	
Sunshine Health Community Solutions, Inc.	47-5667095	FL	
Arkansas Health & Wellness Health Plan, Inc.	81-1282251	AR	
Bridgeway Health Solutions, LLC	20-4980875	DE	
Bridgeway Health Solutions of Arizona Inc.	20-4980818	AZ	
Celtic Group, Inc	36-2979209	DE	
Celtic Insurance Company	06-0641618	IL	1
Ambetter of Magnolia Inc	35-2525384	MS	
Ambetter of Peach State Inc.	36-4802632	GA	
Novasys Health, Inc	27-2221367	DE	
CeltiCare Health Plan Holdings LLC	26-4278205	DE	
CeltiCare Health Plan of Massachusetts, Inc.	26-4818440	MA	1
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	
	46-2794037	DE	
LSM Holdco, Inc.		NH	
LSM Holdco, Inc. Lifeshare Management Group, LLC	46-2798132		
LSM Holdco, Inc. Lifeshare Management Group, LLC CCTX Holdings, LLC	20-2074217	DE	
LSM Holdco, Inc. Lifeshare Management Group, LLC			

MHS Travel & Charter, Inc	43-1795436	WI	
Health Care Enterprises, LLC	46-4855483	DE	
Envolve Holdings, Inc.	22-3889471	DE	
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, Inc.	37-1788565	DE	
AHA Administrative Services, LLC	47-4545413	AL	
Centene Health Systems Group of New York	47-3454898	NY	
Envolve PeopleCare, Inc.	06-1476380	DE	
LiveHealthier, Inc.	47-2516714	DE	
		DE	
Envolve Benefit Options, Inc.	Pending		
Envolve Vision Benefits, Inc.	20-4730341	DE	
Envolve Captive Insurance Company, Inc.	36-4520004	SC	
Envolve Vision 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	
Envolve Dental, Inc.	46-2783884	DE	
Envolve Dental of Florida, Inc.	81-2969330	FL	
Envolve Dental of Texas, Inc.	81-2796896	TX	6502022
Cenpatico of Louisiana, Inc.	45-2303998	LA	15357
Envolve Pharmacy Solutions, 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	
	The second secon	DE	
Centurion Group, Inc	61-1450727		
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 Minnesota, LLC	46-2717814	MN	
Centurion Correctional Healthcare of New Mexico, LLC		NM	
	81-1161492		
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	

Cross Hassian of Wissensin LLC	46-1708834	M	
Grace Hospice of Wisconsin, LLC Seniorcorps Peninsula, 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	
		CA	66141
Health Net Life Insurance Company Health Net Life Reinsurance Company	73-0654885 98-0409907	CYM	00141
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	
		DE	
MHN Government Services, Inc. MHN Global Services, Inc.	42-1680916 51-0589404	DE	
		DE	
MHN Government Services Bilberti, Inc.	80-0852000	DE	
MHN Government Services-Djibouti, Inc.	90-0889816		
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 46-1038058	DE	
MHN Government Services-Japan, Inc. MHN Government Services-Puerto Rico, Inc.		DE	
MHN Government Services-Turkey, Inc.	90-0889815 90-0889824	DE	
MHN Government Services-Turkey, Inc.	90-0889833	DE	
Network Providers, LLC	88-0357895	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	50000
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, Inc.	54-2174068	CA	
Health Net of Arizona, Inc.	36-3097810	AZ	95206
Health Net One Payment Services, Inc.	54-2153100	DE	50200
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	
FH Assurance Company	98-0150604	CYM	
Health Net Pharmaceutical Services	68-0295375	CA	
Health Net of Arizona Administrative Services, Inc.	86-0660443	AZ	
Health Net Community Solutions of Arizona, Inc.	81-1348826	AZ	15895
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	GBR
The Practice (Group) Limited	Foreign	GBR

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

						- FAI	RT 1A - DETAIL OF INSURANC	E HOLDI		ANTOTOTEM	10	- 10		
1	2	3	4	5	6	Name of	8	9	10	11	12 Turns of	13	14	15
						Securities					Type of Control			
						Exchange					(Ownership			
						if Publicly	7000				Board.	If Control is		
	Rec Trisboary	NAIC	10.7074	CONTRACTOR CONTRACTOR		Traded	Names of	NEW COMPANY OF THE	Relationship	ACRES AND	Management	Ownership	With the and the state of the s	
Group	Group	Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Domiciliary	to Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	
Code	Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	
embers		-	1	-	9		i -	-	r-	1		T .	Tr.	
205	Contract Company (contract)	00000	40.4400047		0004074700	New York Stock	Contract Constanting	DE	LUD	Charata Mary Daniel of Discotors	Shareholders/Bo		Character (Daniel of Director)	
295	Centene Corporation	00000	42-1406317		0001071739	Exchange	Centene Corporation	DE	UIP	Shareholders/Board of Directors	ard of Directors	100.000	Shareholders/Board of Directors	4
205	Contract Company (contract)	74040	20.0000400				Bankers Reserve Life Insurance Company of	LAM:	1A	Contrary Companyling	O	400 000	Contract Consension	
95	Centene Corporation	71013	39-0993433				Wisconsin	WI	IA	Centene Corporation	Ownership	100.000	Centene Corporation	4
0.5	0	00000	40 0000007				Hadde Diag Day 5 state Hadden Inc.	110		Bankers Reserve Life Insurance Company of	0	47.000	0-4	
	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Wisconsin	Ownership	17.000		
95	Centene Corporation	12315	20-3174593				Peach State Health Plan, Inc	GA	IA	Centene Corporation	Ownership	100.000	Centene Corporation	220000
D. Oakinsky	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Peach State Health Plan, Inc	Ownership	21.000	Centene Corporation	£ 300000
	Centene Corporation	15713	46-4829006				lowa Total Care, Inc	IA	IA	Centene Corporation	Ownership	100.000	Centene Corporation	(mmm
95	Centene Corporation	11834	32-0045282				Buckeye Community Health Plan, Inc	ОН	IA	Centene Corporation	Ownership	100.000	Centene Corporation	
72000	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Buckeye Community Health Plan, Inc	Ownership	13.000		
5	Centene Corporation	12959	20-5693998				Absolute Total Care, Inc	SC	IA	Centene Corporation	Ownership	100.000	Centene Corporation	
	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	мо	NIA	Absolute Total Care, Inc	Ownership	1.000	Centene Corporation	
95	Centene Corporation	00000	59-3807546	***************************************	***************************************		Physicians Choice, LLC	SC	NIA	Absolute Total Care, Inc	Ownership	100.000	Centene Corporation	<i>(</i>);;;;;
5	Centene Corporation	00000	65-1206841				PhyTrust of South Carolina LLC	FL	NIA	Absolute Total Care, Inc	Ownership	100.000	Centene Corporation	
	R						Coordinated Care Corporation d/b/a Managed			4,	- 0.84		=7/	
5	Centene Corporation	95831	39-1821211				Health Services	IN	IA	Centene Corporation	Ownership	100.000	Centene Corporation	
	- 12									Coordinated Care Corporation d/b/a Managed	1,69			
5	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Health Services	Ownership	15.000	Centene Corporation	
5	Centene Corporation	00000	46-5523218				Healthy Washington Holdings, Inc	DE	NIA	Centene Corporation	Ownership	100.000	Centene Corporation	
5	Centene Corporation	15352	46-2578279				Coordinated Care of Washington, Inc	WA	IA	Healthy Washington Holdings, Inc	Ownership	100.000	Centene Corporation	1 52.2
	Centene Corporation	96822	39-1678579				Managed Health Services Insurance Corp	WI	IA	Centene Corporation	Ownership	100.000	Centene Corporation	
- 777	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Managed Health Services Insurance Corp	Ownership	2.000	Centene Corporation	
	Centene Corporation	60078	86-0819817	000000000000000000000000000000000000000			Hallmark Life Insurance Co	AZ	IA	Centene Corporation	Ownership	100.000		di ton rech
5	Centene Corporation	95647	74-2770542				Superior HealthPlan, Inc.	TX	IΔ	Centene Corporation	Ownership	100.000	Centene Corporation	
0.000	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Superior HealthPlan, Inc	Ownership	21.000	Centene Corporation	
44000	Centene Corporation	00000	27-0916294				Healthy Louisiana Holdings LLC	DE	NIA	Centene Corporation	Ownership	100.000	Centene Corporation	20000
1200000	Centene Corporation	13970	27-1287287			***************************************	Louisiana Healthcare Connections, Inc	LA	IA.	Healthy Louisiana Holdings LLC	Ownership	100.000		
73716	Centene Corporation	13923	20-8570212				Magnolia Health Plan Inc	MS	IA	Centene Corporation	Ownership	100.000	Centene Corporation	8 3555
5	Control Control of Con	14053	27-2186150		***************************************		IlliniCare Health Plan. Inc	INO	IA	Centene Corporation.				
	Centene Corporation							HO.	IA		Ownership	100.000	Centene Corporation	
	Centene Corporation	00000	46-2860967	***************************************	***************************************		Health Plan Real Estate Holding, Inc	MO	NIA	IlliniCare Health Plan, Inc	Ownership	5.000	Centene Corporation	
	Centene Corporation	00000	26-0557093				Sunshine Health Holding LLC	FL	NIA	Centene Corporation	Ownership	100.000		
	Centene Corporation	13148	20-8937577		***************************************		Sunshine State Health Plan, Inc	FL	IA	Sunshine Health Holding LLC	Ownership	100.000		
	Centene Corporation	00000	56-2384404				Access Health Solutions LLC	FL	NIA	Sunshine Health Holding LLC	Ownership	100.000	Centene Corporation	
	Centene Corporation	00000	27-0242132				Sunshine Consulting Services, Inc	DE	NIA	Sunshine Health Holding LLC	Ownership	100.000	Centene Corporation	
	Centene Corporation	14100	45-1294925				Kentucky Spirit Health Plan, Inc	KY	IA	Centene Corporation	Ownership	100.000	Centene Corporation	
	Centene Corporation	00000	45-5070230				Healthy Missouri Holding, Inc	MO	NIA	Centene Corporation	Ownership	95.000	Centene Corporation	
j	Centene Corporation	14218	45-2798041				Home State Health Plan, Inc	MO	IA	Healthy Missouri Holding, Inc	Ownership	100.000	Centene Corporation	
j	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	мо	NIA	Home State Health Plan, Inc	Ownership	5.000	Centene Corporation	
5	Centene Corporation	14345	45-3276702			***************************************	Sunflower State Health Plan, Inc	KS	IA	Centene Corporation	Ownership	100.000	Centene Corporation	
5	Centene Corporation	14226	45-4792498				Granite State Health Plan, Inc	NH	IA	Centene Corporation	Ownership	100.000	Centene Corporation	
	Centene Corporation	15447	46-4195563				Bridgeway Advantage Solutions, Inc	AZ	IA	Centene Corporation	Ownership	100.000		
5	Centene Corporation	00000	46-0907261				California Health and Wellness Plan	CA	NIA	Centene Corporation	Ownership		Centene Corporation	
	Centene Corporation	The state of the s	30-0312489				Fidelis SecureCare of Michigan, Inc	MI	IA	Centene Corporation	Ownership	TO STATE OF THE PARTY OF THE PA	Centene Corporation	3333
*******	Sometic Corporation	,0100	00 00 12 100				1 was a sail oder of mongan, monassissis	I requirements	n 20000000000000	Lacus adhorage in the second s	- moonpan	100.000	outers outpouted in the same of the same o	1

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	- 5	6	7	RT 1A - DETAIL OF INSURANCE	9	10	11	12	13	14	15
Group	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	
95	Centene Corporation	00000	20-0483299				Agate Resources, Inc	OR	NIA	Centene Corporation	Ownership	100.000	Centene Corporation	
95	Centene Corporation	00000	93-1198219				Lane Individual Practice Association, Inc	OR	NIA	Agate Resources, Inc	Ownership	100.000	Centene Corporation	
95	Centene Corporation	12559	42-1694349				Trillium Community Health Plan, Inc	OR	IA	Lane Individual Practice Association, Inc	Ownership	60.000	Centene Corporation	
95	Centene Corporation	12559	42-1694349				Trillium Community Health Plan, Inc	OR	IA	Agate Resources, Inc	Ownership	40.000	Centene Corporation	
5	Centene Corporation	00000	26-4475075				Agate Properties, LLC	OR	NIA	Agate Resources, Inc	Ownership	100.000	Centene Corporation	
5	Centene Corporation	00000	93-1198376				Independent Professional Services, LLC	OR	NIA	Agate Resources, Inc	Ownership	100.000	Centene Corporation	
5	Centene Corporation	15902	47-5123293				Nebraska Total Care, Inc	NE	IA	Centene Corporation	Ownership	100.000	Centene Corporation	
5	Centene Corporation	00000	47-5340613	VCXXXXXXXXX	N18124N18120		Pennsylvania Health & Wellness, Inc	PA	NIA	Centene Corporation	Ownership	100.000	Centene Corporation	
5	Centene Corporation	15912	47-5664832				Superior HealthPlan Community Solutions, Inc.	TX	IA	Centene Corporation	Ownership	100.000	Centene Corporation	
5	Centene Corporation	15927	47-5667095		44.00		Sunshine Health Community Solutions, Inc	FI	IA	Centene Corporation	Ownership	100.000	Centene Corporation	
5	Centene Corporation	00000	81-1282251				Arkansas Health & Wellness Health Plan, Inc	AR.	NIA	Centene Corporation	Ownership	100.000		
5	Centene Corporation	00000	20-4980875				Bridgeway Health Solutions, LLC	DE	NIA	Centene Corporation	Ownership	100.000	Centene Corporation	3 27.10.
5	Centene Corporation	00000	20-4980818		***************************************		Bridgeway Health Solutions of Arizona Inc	AZ	NIA	Bridgeway Health Solutions, LLC	Ownership	100.000	Centene Corporation	
5	Centene Corporation	00000	36-2979209				Celtic Group, Inc	DE	NIA	Centene Corporation	Ownership	100.000	Centene Corporation	13 7777
5	Centene Corporation	80799	06-0641618	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Celtic Insurance Company	UE	IA.	Celtic Group, Inc.	Ownership	100.000	Centene Corporation	
	The state of the s	15762						MS	IA					3,110
5	Centene Corporation		35-2525384				Ambetter of Magnolia Inc		IA	Celtic Insurance Company	Ownership	100.000	Centene Corporation	
5	Centene Corporation	15729	36-4802632				Ambetter of Peach State Inc	GA	IA	Celtic Insurance Company	Ownership	100.000	Centene Corporation	
5	Centene Corporation	00000	27-2221367		***************************************		Novasys Health, Inc	DE	NIA	Celtic Group, Inc	Ownership	100.000		
5	Centene Corporation	00000	26-4278205				CeltiCare Health Plan Holdings LLC	DE	NIA	Celtic Group, Inc	Ownership	100.000		
5	Centene Corporation	13632	26-4818440				CeltiCare Health Plan of Massachusetts, Inc	MA	IA	CeltiCare Health Plan Holdings LLC	Ownership	100.000	Centene Corporation	
5	Centene Corporation	00000	39-1864073				Centene Management Company LLC	WI	NIA	Centene Corporation	Ownership	100.000	Centene Corporation	
5	Centene Corporation		20-0057283				CMC Real Estate Co. LLC	DE	NIA	Centene Management Company LLC	Ownership	100.000	Centene Corporation	
5	Centene Corporation	00000	26-4094682				Centene Center LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.000	Centene Corporation	
5	Centene Corporation	00000	47-5156015	.,			Centene Center II, LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.000	Centene Corporation	
5	Centene Corporation	00000	46-4234827				CMC Hanley, LLC	MO	NIA	CMC Real Estate Co. LLC	Ownership	100.000	Centene Corporation	
5	Centene Corporation	00000	47-2914561				Forhan, LLC	мо	NIA	CMC Real Estate Co. LLC	Ownership	100.000	Centene Corporation	
5	Centene Corporation	00000	37-1766939			***************************************	Hanley-Forsyth, LLC	МО	NIA	CMC Real Estate Co. LLC	Ownership	100.000	Centene Corporation	
5	Centene Corporation	00000	45-5431787				GPT Acquisition LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.000	Centene Corporation	
5	Centene Corporation	00000	45-4372065				Clayton Property Investment LLC	DE	NIA	GPT Acquisition LLC	Ownership	100.000	Centene Corporation	
5	Centene Corporation	00000	46-2794037				LSM Holdco, Inc	DE	NIA	Centene Corporation	Ownership	100.000	Centene Corporation	
5	Centene Corporation	00000	46-2798132	VALUE OF THE PARTY		wiiiiii	Lifeshare Management Group, LLC	NH	NIA	LSM Holdco, Inc	Ownership	100.000	Centene Corporation	2 4 505 505
5	Centene Corporation	00000	20-2074217				CCTX Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.000	Centene Corporation	
5	Centene Corporation	00000	74-2810404				Centene Company of Texas, LP	TX	NIA	CCTX Holdings, LLC	Ownership	1.000	Centene Corporation	a lange
5	Centene Corporation	00000	20-2074277				Centene Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.000		
5	Centene Corporation	00000	74-2810404			~~~~~	Centene Company of Texas, LP	TX	NIA	Centene Holdings, LLC	Ownership	99.000		
5	Centene Corporation	00000	43-1795436			v	MHS Travel & Charter, Inc	WI	NIA	Centene Corporation	Ownership	100.000	1.37	
			46-4855483			***************************************		DE						
5	Centene Corporation	00000		***************************************		***************************************	Health Care Enterprises, LLC		NIA	Centene Corporation	Ownership	100.000	Centene Corporation	******
	Centene Corporation	00000	22-3889471				Envolve Holdings, Inc.	DE	NIA	Centene Corporation	Ownership	100.000	Centene Corporation	
5	Centene Corporation	00000	68-0461584				Cenpatico Behavioral Health, LLC	CA	NIA	Envolve Holdings, Inc	Ownership	100.000	Centene Corporation	
j	Centene Corporation	00000	86-0782736				CBHSP Arizona, Inc	AZ	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.000	Centene Corporation	
5	Centene Corporation	00000	47-2595704				Cenpatico of California, Inc	CA	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.000	Centene Corporation	
5	Centene Corporation	00000	74-2892993				Integrated Mental Health Mgmt, LLC	TX	NIA	Cenpatico Behavioral Health, LLC	Ownership		Centene Corporation	
5	Centene Corporation	00000	74-2785494				Integrated Mental Health Services	TX	NIA	Integrated Mental Health Mgmt, LLC	Ownership	100.000	Centene Corporation	

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Group Code	2 Group Name	NAIC Company Code	ID Number	Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 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	14 Utimate Controlling Entitiv(ies)/Person(s)	15
1295	Centene Corporation	00000	20-1624120	NOOD	CIR	international)	Cenpatico Behavioral Health of Arizona, LLC	AZ	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.000	Centene Corporation	_
1295	Centene Corporation	14704	80-0879942				Cenpatico of Arizona Inc.	AZ	INIA	Cenpatico Behavioral Health of Arizona, LLC	Ownership	80.000	Centene Corporation.	
1295	Centene Corporation	00000	37-1788565				Envolve. Inc.	DE	NIA	Envolve Holdings, Inc.	Ownership	100.000	Centene Corporation	***************************************
295	Centene Corporation	00000	47-4545413				AHA Administrative Services, LLC	DE	NIA	Envolve Inc.	Ownership	100.000	Centene Corporation.	
295 295	Centene Corporation	00000	47-4545413				Centene Health Systems Group of New York	NY	NIA	Envolve, Inc.	Ownership	100.000		
295 295		00000	06-1476380	***************************************				DE	NIA	Envolve Holdings, Inc.	The state of the s	Annual Control of the	Centene Corporation	***************************************
295	Centene Corporation	00000	47-2516714			***************************************	Envolve PeopleCare, Inc	DE	NIA	Envolve PeopleCare, Inc	Ownership	100.000	Centene Corporation	***************************************
	(2) (3) (2) (3)		47-2010/14		***************************************	***************************************	CONTROL OF THE CONTRO	DE	27457	20 1 10 40 10 10 10 10 10 10 10 10 10 10 10 10 10	Control of the second			***********
95 95	Centene Corporation	00000	20-4730341	***************************************			Envolve Benefit Options, Inc	DE	NIA	Envolve Holdings, Inc Envolve Benefit Options, Inc	Ownership	100.000	Centene Corporation	***********
									T-65 W100 800 800 800 800 800 800 800 800 800		The state of the s			
295	Centene Corporation	00000	36-4520004	***************************************			Envolve Captive Insurance Company, Inc	SC	NIA	Envolve Vision Benefits, Inc	Ownership	100.000	Centene Corporation	
295	Centene Corporation	95302	75-2592153				Envolve Vision of Texas, Inc	TX DE		Envolve Vision Benefits, Inc.	Ownership	100.000	Centene Corporation	
95	Centene Corporation	00000	20-4773088				Envolve Vision, Inc.		NIA	Envolve Vision Benefits, Inc	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	65-0094759	2			Envolve Vision of Florida, Inc	FL	NIA	Envolve Vision Benefits, Inc.	Ownership	100.000	Centene Corporation	377777
295	Centene Corporation	00000	20-4861241				Envolve Total Vision, Inc	DE	NIA	Envolve Vision Benefits, Inc	Ownership		Centene Corporation	
95	Centene Corporation	00000	06-1635519				Envolve Vision of New York, Inc	NY	NIA	Envolve Vision Benefits, Inc	Ownership	100.000		3131111111
95	Centene Corporation	00000	46-2783884				Envolve Dental, Inc	DE	NIA	Envolve Benefit Options, Inc	Ownership	100.000	Centene Corporation	
95	Centene Corporation	00000	81-2969330				Envolve Dental of Florida, Inc	FL	NIA	Envolve Dental, Inc	Ownership	100.000	Centene Corporation	
95	Centene Corporation	00000	81-2796896	***************************************	***************************************		Envolve Dental of Texas, Inc	TX	NIA	Envolve Dental, Inc	Ownership	100.000	Centene Corporation	
95	Centene Corporation	15357	45-2303998				Cenpatico of Louisiana, Inc	LA	IA	Envolve Holdings, Inc	Ownership	100.000	The state of the s	
95	Centene Corporation	00000	77-0578529				Envolve Pharmacy Solutions, Inc	DE	NIA	Envolve Holdings, Inc	Ownership	100.000		
95	Centene Corporation	00000	76-0511700				LBB Industries, Inc	TX	NIA	Envolve Pharmacy Solutions, Inc	Ownership	100.000		
95	Centene Corporation	00000	75-2612875				RX Direct, Inc	TX	NIA	Envolve Pharmacy Solutions, Inc	Ownership	100.000	Centene Corporation	
95	Centene Corporation	00000	46-2307356				US Script IPA, LLC	NY	NIA	Envolve Pharmacy Solutions, Inc	Ownership	100.000	Centene Corporation	
95	Centene Corporation	00000	90-0636938				Casenet LLC	DE	NIA	Centene Corporation	Ownership	100.000	Centene Corporation	
95	Centene Corporation	00000					Casenet S.R.O	CZE	NIA	Casenet LLC	Ownership	100.000	Centene Corporation	
95	Centene Corporation	00000	61-1450727				Centurion Group, Inc	DE	NIA	Centene Corporation	Ownership	100.000	Centene Corporation	
95	Centene Corporation	00000	90-0766502				Centurion LLC	DE	NIA	Centurion Group, Inc	Ownership	51.000	Centene Corporation	
95	Centene Corporation	00000	47-1577742				Centurion of Virginia, LLC	VA	NIA	Centurion LLC	Ownership	100.000	Centene Corporation	
95	Centene Corporation	00000	47-1686283				Centurion of Vermont, LLC	VT	NIA	Centurion LLC	Ownership	100.000	Centene Corporation	
95	Centene Corporation	00000	47-2967381				Centurion of Mississippi, LLC	MS	NIA	Centurion LLC	Ownership	100.000	Centene Corporation	
95	Centene Corporation	00000	30-0752651				Centurion of Tennessee, LLC	TN	NIA	Centurion LLC	Ownership	100.000	Centene Corporation	
							Massachusetts Partnership for Correctional							
95	Centene Corporation	00000	61-1696004				Healthcare, LLC	MA	NIA	Centurion LLC	Ownership	100.000	Centene Corporation	
95	Centene Corporation	00000	46-3590120				Centurion of Idaho, LLC	ID	NIA	Centurion LLC	Ownership	100.000	Centene Corporation	
95	Centene Corporation	00000	46-2717814				Centurion of Minnesota, LLC	MN	NIA	Centurion LLC	Ownership	100.000	Centene Corporation	
							Centurion Correctional Healthcare of New					G FACE LEASE TO		
95	Centene Corporation	00000	81-1161492				Mexico, LLC	NM	NIA	Centurion LLC	Ownership	100.000	Centene Corporation	
95	Centene Corporation	00000	81-0687470				Centurion of Florida, LLC	FL	NIA	Centurion LLC	Ownership	100.000	Centene Corporation	
95	Centene Corporation	00000	27-3617766				Specialty Therapeutic Care Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.000	Centene Corporation	
95	Centene Corporation	00000	73-1698808				Specialty Therapeutic Care, LP	TX	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership	99.990		
95	Centene Corporation	00000	73-1698807				Specialty Therapeutic Care, GP, LLC	TX	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership		Centene Corporation	
95	Centene Corporation	00000	73-1698808				Specialty Therapeutic Care, LP	TX	NIA	Specialty Therapeutic Care, GP, LLC	Ownership	0.010	Centene Corporation	
95	Centene Corporation	00000	26-2624521				Specialty Therapeutic Care West, LLC	TX	NIA	Specialty Therapeutic Care, LP	Ownership	100.000	Centene Corporation	
95	Centene Corporation	00000	80-0856383				AcariaHealth Solutions, Inc	DE	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership		Centene Corporation	4
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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	•
1295	Centene Corporation	00000	45-2780334				AcariaHealth, Inc	DE	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	27-1599047				AcariaHealth Pharmacy #14, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	20-8192615				AcariaHealth Pharmacy #11, Inc	TX	NIA	AcariaHealth, Inc	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	27-2765424				AcariaHealth Pharmacy #12, Inc	NY	NIA	AcariaHealth, Inc	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	26-0226900				AcariaHealth Pharmacy #13, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	13-4262384				AcariaHealth Pharmacy, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	27-3707698				HomeScripts.com, LLC	MI	NIA	AcariaHealth, Inc	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	20-8235695				New York Rx, Inc	NY	NIA	AcariaHealth, 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	
295	Centene Corporation	00000	38-3153946				U.S. Medical Management, LLC	DE	NIA	U.S. Medical Management Holdings, Inc	Ownership	20.000	Centene Corporation	
295	Centene Corporation	00000	38-3153946	80000000000000000000000000000000000000	000000000000000000000000000000000000000		U.S. Medical Management, LLC	DE	NIA	Centene Corporation	Ownership	48.000	Centene Corporation	54000000000000000000000000000000000000
295	Centene Corporation	00000	31-1733889	400000000000000000000000000000000000000		227.1102.227.11027.110	RMED. LLC.	FL	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	100000000000000000000000000000000000000
295	Centene Corporation	00000	47-2138680	1890/MANDIMIN	A Principal March	THE VALUE OF	AH of Florida, LLC.	FL	NIA	RMED. LLC	Ownership	100.000	Centene Corporation	SEALWISHER!
295	Centene Corporation	00000	51-0581762	24001200000000	00 x 300000 x 307,000		Heritage Home Hospice, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	18-17785-000-00
295	Centene Corporation	00000	20-2827613				Grace Hospice of Austin, LLC	МІ	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	20-1530070			***************************************	ComfortBrook Hospice, LLC	OH	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	300000000
295	Centene Corporation	00000	20-4996551			***************************************	Comfort Hospice of Texas, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation.	· · · · · · · · · · · · · · · · · · ·
295		00000	20-2827526					MI	NIA		The state of the s	100.000	Centene Corporation	
295 295	Centene Corporation	00000			***************************************		Grace Hospice of San Antonio, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership			
	Centene Corporation	C 10.77	45-0679248				Grace Hospice of Grand Rapids, LLC			U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	45-0634905		***************************************		Grace Hospice of Indiana, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	45-5080637				Grace Hospice of Virginia, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	45-5080567				Comfort Hospice of Missouri, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	45-5080675				Grace Hospice of Colorado, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	46-1708834	.,			Grace Hospice of Wisconsin, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	26-4435532				Seniorcorps Peninsula, LLC	VA	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	33-1179031				R&C Healthcare, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	20-0927034				A N J, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	46-0861469				Pinnacle Senior Care of Missouri, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	03-0556422				Country Style Health Care, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	14-1878333				Phoenix Home Health Care, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	75-2635025			***************************************	Traditional Home Health Services, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	38-2751108				Family Nurse Care, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	20-5108540				Family Nurse Care II, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	20-3920947	Number of Control	16000116001001	STOCKED STOCKED THE	Family Nurse Care of Ohio, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	V V V V V V V V V V V V V V V V V V V
295	Centene Corporation	00000	46-4229858	(*************************************		~~~~	Pinnacle Senior Care of Wisconsin, LLC	WI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	81-1565426	Usan market market and a	200000000000000000000000000000000000000		Pinnacle Senior Care of Indiana, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	VI /21/23/2006-03
295	Centene Corporation	00000	76-0713516.				Pinnacle Home Care, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	59-3519060				North Florida Health Services, Inc.	FI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	47-1742728				Pinnacle Sr. Care of Kalamazoo, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295 295		00000	46-1734288	***************************************				MI	NIA	U.S. Medical Management, LLC	The second secon	100.000		
	Centene Corporation	00000		***************************************			Hospice DME Company, LLC	DE	NIA		Ownership	100.000	Centene Corporation	
295	Centene Corporation		20-4364776				Rapid Respiratory Services, LLC			U.S. Medical Management, LLC	Ownership		Centene Corporation	
295	Centene Corporation	00000	46-5730959				USMM Accountable Care Network, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	46-5735993	<u> </u>			USMM Accountable Care Partners, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	(nonumou
295	Centene Corporation	00000	46-5745748				USMM Accountable Care Solutions, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.000	Centene Corporation	

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

						PAI	RT 1A - DETAIL OF INSURANCE	HULUI	NG COM	PANY SYSTEM				
1	2	3	4	5	6	7 Name of Securities Exchange if Publicly	8	9	10	11	Type of Control (Ownership Board.	13 If Control is	14	15
	2000	NAIC	15			Traded	Names of		Relationship		Management	Ownership	100	
Group	Group Name	Company Code	ID Number	Federal RSSD	CIK	(U.S. or International)	Parent, Subsidiaries or Affiliates	Domiciliary Location	to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	2.00
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				Inc.	CA	NIA	Health Net of California, Inc	Ownership	100.000	Centene Corporation	
295	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	
295	Centene Corporation	00000	95-4146179				MHN Services	CA	NIA	Managed Health Network, Inc	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	13-4027559				MHN Services IPA, Inc	NY	NIA	MHN Services	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	42-1680916				MHN Government Services, Inc	DE	NIA	MHN Services	Ownership	100.000	Centene Corporation	***********
295	Centene Corporation	00000	51-0589404				MHN Global Services, Inc	DE	NIA	MHN Government Services, Inc	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	80-0852000				MHN Government Services-Belgium, Inc	DE	NIA	MHN Government Services, Inc	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	90-0889816				MHN Government Services-Djibouti, Inc	DE	NIA	MHN Government Services, Inc	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	80-0852008				MHN Government Services-Germany, Inc	DE	NIA	MHN Government Services, Inc	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	90-0889803				MHN Government Services-Guam, Inc	DE	NIA	MHN Government Services, Inc	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	90-0889825				MHN Government Services-International, Inc	DE	NIA	MHN Government Services, Inc	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	80-0852019				MHN Government Services-Italy, Inc	DE	NIA	MHN Government Services, Inc	Ownership	100.000	Centene Corporation	
295	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	
295	Centene Corporation	00000	90-0889824				MHN Government Services-Turkey, Inc	DE	NIA	MHN Government Services, Inc	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	90-0889833				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	
295	Centene Corporation	00000	68-0214809				Health Net Federal Services, LLC	DE	NIA	Health Net, Inc	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	61-1388903				Health Net Preferred Providers, LLC	DE	NIA	Health Net Federal Services, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	35-2490375				Health Net Veterans, LLC	DE	NIA	Health Net Federal Services, LLC	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	88-0357895				Network Providers, LLC	DE	NIA	Health Net Federal Services, LLC	Ownership	90.000	Centene Corporation	
295	Centene Corporation	00000	06-1116976				Health Net of the Northeast, LLC	DE	NIA	Network Providers, LLC	Ownership	25.000	Centene Corporation	
295	Centene Corporation	00000	06-1116976				Health Net of the Northeast, LLC	DE	NIA	Health Net, Inc	Ownership	75,000	Centene Corporation	
295	Centene Corporation	00000	84-1175468		***************************************		QualMed, Inc	DE	NIA	Health Net, Inc	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	84-0975985				QualMed Plans for Health of Colorado, Inc	CO	NIA	QualMed, Inc	Ownership	100.000	Centene Corporation	
295	Centene Corporation	95800	93-1004034		***************************************	VIII.	Health Net Health Plan of Oregon, Inc	OR	IA	QualMed, Inc.	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	23-2867299				HSI Advantage Health Holdings, Inc	DE	NIA	Health Net, Inc	Ownership	100.000	Centene Corporation	
1295	Centene Corporation	00000	23-2867300	Material Section 1	2007000000000000	CONTROL CARACTER CONTROL CONTR	QualMed Plans for Health of Western Pennsylvania, Inc.	PA	NIA	HSI Advantage Health Holdings, Inc	Ownership	100.000	Centene Corporation	00/2003/00/00
295	Centene Corporation	00000	25-1516632			800000000000000000000000000000000000000	Pennsylvania Health Care Plan, Inc	PA	NIA	HSI Advantage Health Holdings, Inc	Ownership	100.000		
295	Centene Corporation	00000	94-3037822	2000000000	XXXXXXXXXX	22.K.33.203.K.33.20.K.32	Health Net Services Inc.	DE	NIA	Health Net, Inc.	Ownership	100.000		
295	Centene Corporation	00000	54-2174068				Health Net Community Solutions, Inc	CA	NIA	Health Net, Inc.	Ownership	100.000	Centene Corporation	
295	Centene Corporation	95206	36-3097810	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Health Net of Arizona, Inc.	AZ	IA	Health Net, Inc.	Ownership	100.000	Centene Corporation	
295	Centene Corporation	00000	54-2153100	***************************************			Health Net One Payment Services, Inc	DE	NIA	Health Net. Inc.	Ownership	100.000		
1295	Centene Corporation	00000	0-2 100 100				Health Net of Pennsylvania, LLC	PΔ	NIA	Health Net, Inc.	Ownership		Centene Corporation	33711011111
230	Touristic Corporations	00000		1	Toning and	I	I loans 110. Of Folilloyivaria, CEO	h	L.10/2	I road roc mo	- Chilosomp	100.000	Contain Culpulation	1,,,,,,,

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

2	3	4	5	6	7 Name of Securities Exchange	8	9	10	11	Type of Control (Ownership	13	14	1
March 1971	NAIC	1000	LONG CONTROL OF THE PARTY OF TH		Traded	Names of	THE STREET STREET	Relationship		Management	Ownership	Modern and Arthur Arthur and Arthur A	
				CIK									93
			NOOD	Oilt	international			NIA					
Property and the second of the							CA	NIA					
			the control of the				CA	NIA		THE RESERVE OF THE PARTY OF THE			* KONGA
Centene Corporation	Manager and the second		107108314708314				CYM	NIA		Control of the contro			
	17.00		Mark Control (Control	20000000000000	5/19/04/54/30/30/30/54/54/54/		CA	NIA					1000000
Centene Corporation	15895	86-0660443 81-1348826 84-1301249				Inc.	AZ	IA	Health Net, Inc.	Ownership	100.000	Centene Corporation	
S 100	0.0000000000000000000000000000000000000		***************************************	***************************************	***************************************	17.75 (B) (B) (B) (B) (B) (B) (B) (B)	DA	NIA	AND THE COUNTY OF THE COUNTY O	23/31			*****
							CA	NIA					
					***************************************			NIA					
				***************************************	***************************************		Δ7	NIA					*****
TO DO SERVICE TO SERVICE AND A SERVICE STATE OF THE SERVICE AND ASSESSED.	100000000000000000000000000000000000000	THE RESERVE OF STREET,					DE	NIA					
		20-0030000.						NIA					2000
	100000000000000000000000000000000000000		2.000	100 SUDMON SUDMO				NIA		The second second second second			1000
										ALL DESCRIPTION OF THE PROPERTY OF THE PROPERT			*****
cccc ccccccc	Centene Corporation	Group Company Code	Group Name Company Code Number Code	Group Name Company D Number RSSD	Group Name Code Number RSSD CIK	Naic Company Code Number RSSD Cik Traded (U.S. or International)	NAIC Company Code Number RSSD CIK International Names of Parent, Subsidiaries Centene Corporation. 00000. 23-2456130. Centene Corporation. 00000. 68-0390434. Enternational Centene Corporation. 00000. 68-0390434. Enternational First Surgery Limited, Inc. Centene Corporation. 00000. 68-0390438. Foundation Health Facilities, Inc. First Surgery Limited, Inc. Centene Corporation. 00000. 68-0390438. Foundation Health Facilities, Inc. First Surgery Limited, Inc. First Surgery Center Inc.	NAIC Group Company Name ID Name ID Name ID Name ID Name ID Name International Internatio	NAIC Company Name	NAIC NAIC Company Name Code Number RSSD CIK International Name of Parent, Subsidiaries Domiciliary Name of Number Number Name of Nu	Name	Name	Securials Securials Securials Exchange Fublicy Traded Names of Company D Federal Code Number RSSD ClK International) Outside Parent, Subsidiaries Domicilary Dentitional Dentitiona

Statement as of September 30, 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.

es		

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.



Statement as of September 30, 2016 of the HEALTH NET HEALTH PLAN OF OREGON, INC. Overflow Page for Write-Ins

Additional Write-ins for Statement of Revenue:

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

Statement as of September 30, 2016 of the HEALTH NET HEALTH PLAN OF OREGON, INC. SCHEDULE A - VERIFICATION

Real Estate

	Treat Estate		r
		1 Year to Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	
2.	Cost of acquired:		A MANAGEMENT AND A MANAGEMENT AND A MANAGEMENT
	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

SCHEDULE B - VERIFICATION

Mortgage Loans

		1	2 Prior Year Ended
		Year to Date	December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year	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.	Capitalized deferred interest and other		
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

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.	2.2 Additional investment made after acquisition. 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	(
12.	Deduct total nonadmitted amounts		
13	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1 Year to Date	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	32,631,490	14,639,564
3.	Accrual of discount	307,527	37,358
4.	Unrealized valuation increase (decrease)		10,496
5.	Total gain (loss) on disposals	(131,365)	47,268
6.	Deduct consideration for bonds and stocks disposed of	12,927,379	11,815,754
7.	Deduct amortization of premium.	782,877	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)	112,925,220	93,827,824
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	112,925,220	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

	1	ine Current Quarter	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	107,595,731	118,924,106	66,869,434	(1,341,706)	97,045,989	107,595,731	158,308,697	99,417,528
2. NAIC 2 (a)	7,906,663	660,355	400,035	746,999	7,908,311	7,906,663	8,913,982	7,062,242
3. NAIC 3 (a)	327,688		349,932	351,423	304,955	327,688	329,179	327,250
4. NAIC 4 (a)	223,125		249,823	26,697	166,250	223,125	(1)	
5. NAIC 5 (a)							0	
6. NAIC 6 (a)	yyy						0	
7. Total Bonds	116,053,207	119,584,461	67,869,224	(216,587)	105,425,505	116,053,207	167,551,857	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	116,053,207	119,584,461	67,869,224	(216,587)	105,425,505	116,053,207	167,551,857	106,807,020

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

Statement as of September 30, 2016 of the HEALTH NET HEALTH PLAN OF OREGON, INC. SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted		Actual	Interest Collected	Paid for Accrued Interest
	Carrying Value	Par Value	Cost	Year To Date	Year To Date
9199999	54,626,637	XXX	54.626.638	5.627	

SCHEDULE DA - VERIFICATION

Short-Term Investments

		1 Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	12,979,195	541,314
2.	Cost of short-term investments acquired	229,601,726	122,184,655
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	187,954,284	109,746,774
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)	54,626,637	12,979,195
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	54,626,637	12.979.195

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

SCHEDULE D - PART 3

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

	3050			an Long Term Bonds and Glock Modulica Buring the Guner			1000	<u> </u>	
£1:	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreig	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation Market Indicator
onds - U.S. Political Sul	bdivisions of States, Territories and Possessions								
897105 GA 4 TRO	DTWOOD-MADISON CITY SCH DIST OHIO		07/28/2016	U.S. Bank		405,363	350,000		
984674 JA 0 YAM	MHILL CNTY ORE SCH DIST NO 040		07/27/2016	Piper Jaffray Inc		401,821	350,000		1FE
2499999. Total Bonds - U	J.S. Political Subdivisions of States, Territories and Possessions				***************************************	807,184	700,000	0	XXX
Bonds - U.S. Special Rev	venue and Special Assessment				All a second and a second and a second as a second		The second secon		
177475 BK 5 CITE	RUS CNTY FLA WTR & WASTEWTR SYS REV		. 08/02/2016	Unknown.		415,807	350,000	817	1FE
207758 WM 1 CON	NNECTICUT ST SPL TAX OBLIG REV		. 09/14/2016	NATIONAL FINANCIAL SERVICES CO		1,749,188	1,400,000		1FE
3138ET ZY 5 FN A	AL8858 - RMBS		. 09/01/2016	Adjustment		696,499	644,813	931	1
3140EC S9 1 FN B	BA7743 - RMBS		. 09/01/2016	Adjustment		2,440,451	2,342,013	2,537	1
3140F9 2E 4 FN B	BD2572 - RMBS		. 09/01/2016	Adjustment		1,539,000	1,484,939	1,856	1
455114 MD 7 INDI	IANA ST UNIV REVS		. 09/08/2016	2730		674,284	525,000		1FE
	IANA ST UNIV REVS		. 09/08/2016	2730		477,300	375,000		1FE
	ISAS ST DEV FIN AUTH REV		08/23/2016	U.S. Bank		985,762	850,000		1FE
592646 6R 9 MET	TROPOLITAN WASH D.C. ARPTS AUTH ARPT SY		09/01/2016	First Tennessee Bank		427,273	350,000	7,583	1FE
	RT TACOMA WASH REV		. 08/17/2016	2730		472,665	375,000		1FE
3199999. Total Bonds - U.	J.S. Special Revenue and Special Assessment					9,878,229	8,696,765	13,724	XXX
Bonds - Industrial and Mi			CZ.	9	10 10	75 5. 37	75 757		
	ERICAN HONDA FINANCE CORP	R	09/06/2016	MLPFS INCFIXED INCOME		848,300	850,000		1FE
12189L AH 4 BUR	RLINGTON NORTHERN SANTA FEILLC		. 07/19/2016	U.S. Bank		533,070	500,000	5,380	1FE
	MM 13CC13 A4 - CMBS		. 09/09/2016	DEUTSCHE BANK SECURITIES, INC		562,520	500,000		1FE
	TERPILLAR FINANCIAL SERVICES CORP		. 08/24/2016	708		998,110	1,000,000	944	1FE
172967 KK 6 CITIC	GROUP INC		07/18/2016	CITIGROUP GLOBAL MARKETS INC		660,355	650,000	5,411	2FE
	\ 162 A - ABS		. 08/25/2016	CITIGROUP GLOBAL MARKETS INC		992,316	1,000,000		1FE
46625H RT 9 JPM	TORGAN CHASE & CO		07/14/2016	JP MORGAN SECURITIES INC		760,763	750,000	2,100	1FE
46641B AC 7 JPM	ICC 13C16 A3 - CMBS		08/25/2016	DEUTSCHE BANK SECURITIES, INC		2,782,422	2,500,000	7,816	1FE
46646G AA 5 JPM	ICC 16NINE A - CMBS		. 09/12/2016	JP MORGAN SECURITIES LLC		1,020,508	1,000,000	1,982	1FE
64952W CJ 0 NEW	N YORK LIFE GLOBAL FUNDING		09/07/2016	JP MORGAN SECURITIES LLC.		499,045	500,000		1FE
830505 AT 0 SKA	ANDINAVISKA ENSKILDA BANKEN AB	R	09/06/2016	GOLDMAN, SACHS & CO		746,798	750,000	r. A. D. C. F. Or O. H. B. C.	1FE
86960B AQ 5 SVE	ENSKA HANDELSBANKEN AB	R	09/01/2016	Adjustment		597,666	600,000	***************************************	1FE
949746 SA 0 WEL	LLS FARGO & CO		09/08/2016	WELLS FARGO SECURITIES LLC.		1,003,540	1,000,000	2,800	1FE
98161P AE 3 WOA	ART 16B A4 - ABS		09/07/2016	JP MORGAN SECURITIES LLC.		849,949	850,000		1FE
899999. Total Bonds - In	ndustrial and Miscellaneous			***************************************		12,855,362	12,450,000	27,190	XXX
399997. Total Bonds - Pa	art 3					23,540,775 .	21,846,765	40,914	XXX
399999. Total Bonds						23,540,775 .	21,846,765	40,914	XXX
999999. Total Bonds, Pro	referred and Common Stocks			***************************************		23,540,775	XXX	40,914	XXX
	bearing the NAIC market indicator "U" provide: the number of such issues:						1 Table 1		

SCHEDULE D - PART 4

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

	4		2	3 4	5	Il Long-Terr	7	8	9	10			Book/Adjusted Ca		CII LOI	16	17	18	19	20	21	22
	.10				. •	3.0	.,		10,80	,,,	11	12	13	14	15	0.00	5.00			***		1 22
											21.55					l						1
				F												l						
				0									Current Year's			l				Bond Interest		NAIC Desig
				9						CONTRACTOR OF THE PARTY OF THE	Unrealized		Other-Than-	Stelland School	Total Foreign	9000000000000	Foreign	CONTRACTOR STATE	5000000000	/ Stock	1000000	nation
				i		Number of Shares				Prior Year Book/Adjusted	Valuation Increase/	Current Year's (Amortization)	Temporary Impairment	Total Change in B./A.C.V.	Exchange	Book/Adjusted	Exchange Gain		Total Gain	Dividends Received	State d Contractual	Marke
CI	USIP Ident	ification	Description	n Disposal Date	Name of Purchaser	of Stock	Consideration	ParValue	Actual Cost	Carrying Value	(Decrease)	Accretion	Recognized	(11+12-13)	Change in B./A.C.V.	Carrying Value at Disposal Date	(Loss) on Disposal	(Loss) on Disposal	(Loss) on Disposal	During Year	Maturity Date	
Bono	ds - U.S. G	overnmen							3													di diseri
18	36179R	02 8	RMBS - G2 MA3173	. 09/20/2016.	Direct.		73,437	73,437	76,478	76,428		(2,991)		(2,991)		73,437			0	1,735	10/20/2045	1
- 33	36202D	TS 0	RMBS - G2 003261	. 09/20/2016.	Direct		810	810	836	830		(19)		(19)		810			0	34	07/20/2032	1
13	36223G	U9 8	RMBS - GN 307608	. 09/15/2016.	Direct		118	118	126	118				0		118			0	7	06/15/2021	1
	38376L	SB 6	CMO/RMBS - GNR 1180D AB	. 09/20/2016.	Direct.		32,625	32,625	33,844	33,645	-	(1,020)		(1,020)		32,625			0	655	02/20/2039	1
	38377G	2N 8	CMO/RMBS - GNR 1089B GL	. 09/20/2016.	Direct.		26,038	26,038	27,673	27,443		(1,405)		(1,405)		26,038			0	693	05/20/2039	1
	912828	M9 8	UNITED STATES TREASURY	. 07/25/2016.	Unknown.			350,000	347,909	347,913		233		233	H HIND HOME HIND OHNO	348,146			10,042	3,714	11/30/2020	1
	912828	N2 2	UNITED STATES TREASURY	. 07/25/2016.	United States Treasury Note/Bond			500,000	498,576	498,580		268		268	H	498,848		6,755	6,755	3,825	12/15/2018	1
0599	9999. Tota	Bonds - L	U.S Government.		M (MIN 2004) 1110 1111 1111 1111 2011 1110 1014 1110 1111	6000 30000 0000 0000 0000 00		983,028	985,442	984,957	0	(4,934)	0	(4,934)	0	980,022	0		16,797	10,663	XXX	XXX
			venue and Special Assessment			0			y								Y	Y.	00.000 mm		ř	
755		4X 6	RMBS - FHJ11738	. 09/15/2016.	Direct.		167,684	167,684	174,811	172,261		(4,577)		(4,577)		167,684			0	4,819	02/01/2025	1
68		WW 7	RMBS - FHJ11561	. 09/15/2016.	Direct		75,873	75,873	79,074	77,925		(2,052)		(2,052)		75,873			0	2,305	01/01/2025	1
1	312928	AF 7	RMBS - FH C09006	. 09/15/2016.	Direct		64,570	64,570	66,679	66,291		(1,721)		(1,721)		64,570			0	1,301	07/01/2042	. 1
3	31295W	MG 0	RMBS - FH A0 1259	. 09/15/2016.	Direct		58	58		60		(2)		(2)		58			0	3	08/01/2020	. 1
	3132J8	QM 5	RMBS - FH Q17259	. 09/15/2016.	Direct		122,673	122,673	125,606	125,141		(2,468)		(2,468)		122,673			0	2,453	03/01/2043	. 1
	31340Y	SM 2	CMO/RMBS - FHR 50 L	. 09/15/2016.	Direct		137	137	136	146		(10)		(10)		137			0	8	06/15/2020	. 1
	3137AC	P3 7	CMO/RMBS - FHR 3879F NW	. 09/15/2016.	Direct		3,554	3,554	3,723	3,649	pa, see 14	(95)		(95)		3,554			0	94	09/15/2040	1
	3137B9	BZ 7	CMBS - FHMS KF03 A	. 09/26/2016.	Direct		208,773	208,773	208,773	208,773				0		208,773			0	1,026	01/25/2021	1
1 8	3137BB	N9 7	CMO/RMBS - FHR 4358B DA	. 09/15/2016.	Direct		25,449	25,449	25,866	25,817		(367)		(367)		25,449			0	510	06/15/2040	1
1	3137BD	CR 5	CMO/RMBS - FHR 4377C LA.	. 09/15/2016.	Direct		83,327	83,327	84,603	84,449		(1, 122)		(1,122)		83,327			0	1,672	06/15/2040	1
2	3137G0	AK 5	CMO/RMBS - FH 14DN1 M1	. 09/25/2016.	Direct		59,030	59,030	59,030	59,030				0		59,030			0	556	02/25/2024	1
8	3138A1	M2 4	RMBS - FN AH0376	. 09/26/2016.	Direct	200000000000000000000000000000000000000	11,799	11,799	12.089	11,999	perales molimbes.	(200)		(200)		11,799	CHEAD CHEAD CO	201500000000000000000000000000000000000	0	254	12/01/2025	1
-	3138A1	NP 2	RMBS - FN AH0397	. 09/26/2016.	Direct	210001100000000000000000000000000000000	26,417	26,418	27,066	26,864	1000, 20000 10000	(447)		(447)		26,418		2110000000000000	0	616	12/01/2025	1
	3138MT	GM 3	RMBS - FN MB0203	. 09/26/2016.	Direct	,	104,110	104,110	108,600	108,015	20020 1100 1100	(3,905)		(3,905)		104,110			0	2331	11/01/2042	1
1 55		Q8 7	RMBS - FN AR6778	. 09/26/2016.	Direct.	, , , , , , , , , , , , , , , , , , , ,	4,124	4,124	4,298	4,270		(146)	110000000000000000000000000000000000000	(146)		4,124	100000000000000000000000000000000000000		0	82	02/01/2043	1
		GA 8	RMBS - FN AR8292	. 09/26/2016.	Direct.	111071117-0711175111	27,472	27,472	28,400	28,243		(771)		(771)		27,A72			0	551	05/01/2043	1
		VX 4	RMBS - FN AS5129	. 09/26/2016.	Direct	3110711107-0711105111	17,692	17,692	18,815			(1,122)	200110111000	(1,122)		17,692			0	93	06/01/2045	1
	3138YW	KA 4	RMBS - FN AZ4788.	. 09/26/2016.	Direct.	111071117-0711175111	43,103	43,103	46,066	2370		(2,963)		(2,963)		43,103			0	916	10/01/2045	1
	31393W	AH 2	CMO/RMBS - FHR 2640C G	. 09/15/2016.	Direct	,	4,787	4,787	4,816	4,794		(8)		(6)		4,787				140	07/15/2018	1
-		RJ 2	CMO/RMBS - FHR 3504A PB	. 09/15/2016.	Direct		5,654	5,654	5,788	5,744	mice with the	(91)	TOWN THE COST	(91)		5.854	- C75 - 305 C		0	131	01/15/2039	1
		30 6	CMO/RMBS - FNR 1053B DG	. 09/26/2016.	Direct		29,454	29,454	30,025	29,541		(87)	TOX INCOME STATE	(87)	30 300 300	29,454				711	02/25/2028	1
		DH 3	RMBS - FN 750804	. 09/26/2016.	Direct		10,099	10,099	10,328	10,291	The Committee of the Co	(192)	mix min ment	(192)	N 200	10,099			0	190	12/01/2033	
	3140F1	Y7 1	RMBS - FN BC6133	The state of the state of the state of			16,199	16,199	16,774	10,291		(575)		(132) (575)		16,199				190	06/01/2031	
-			U.S. Special Revenue and Special Assessment.	. 0012012010.	D16X	en anneau, mysus	1,112,038	1,112,039	1,141,428	1.053.303	0	(22,919)	0	(22,919)	0	1,112,039	0	0	0	20.831	XXX	YYY
	7 1 1 1 1 1 1 1 1	The second second	Aiscellaneous		1811 COND. CETES DOUGLE COND. CETES COND. CETES COND. CETES COND.		1,112,000	1, 112,000	1		- 20 at 1 20 at 1 20 at 1	The state of the s	A THOUSANDERS			1,112,000	Continue Course		Control of the second	2000	7017	7000
		AS 1	CISCO SYSTEMS INC.	. 07/19/2016.	1938		700,928	700,000	702.258	701,009	_	(480)		(480)		700,529		399	399	3,789	03/03/2017	1FE.
		GV 7	CITIGROUP INC	. 07/15/2016.	DEUTSCHE BANK SECURITIES, INC.		400,054	400,000	404,696	401,215	2000	(1,180)		(1,180)				19	19	4,400	07/25/2016	2FE.
	17310M	AE 0	CMBS - CGCMT 08C5 A4	. 09/16/2016.	Direct.		245,654	245,654	268,415	248,249	Parking may	(2,595)		(2,595)		245,654			0	8,970	10/18/2049	1FE.
	20047E	AF 9	CMBS - COMM 06C8 A1A	R 09/12/2016.	Direct.		531,116	531,116	585,576	547,785	Form I may	(16,668)		(16,668)		531,116			0	20,075	12/10/2046	1FE.
199	268648	AP 7	EMC CORP.	. 09/19/2016.	CITIGROUP GLOBAL MARKETS INC.		340,813	350,000	349,801	349,901	Formal maga	31		31	land to the same of the same o	349,932		(9,119)	(9,119)	5,305	06/01/2018	3FE.
	362332	AG 3	GSMS 06GG8 AM - CMBS	. 09/12/2016.	Direct.		537,908	537,908	561,294	541,806		(3,898)		(3,898)		537,908		(0,110)	(0,110)	22,556	11/10/2039	1FF
	46623E	JZ 3	JPMORGAN CHASE & CO	. 07/14/2016.			500,627	500,000	502,470	501,085		(528)		(3,698)		500,557		70	70	3,568	02/15/2017	155
				R 08/17/2016.			159,626	159,626	176,810	160,712	7.2	(1,086)		(1,086)				70	70	5,535	09/15/2039	100
1 3	50179M	AE 1	UNIDO - LEUDO UO UO AA	A DOMINIZATE	DIGC.		139,626	109,626	176,810	160,/12		(1,086)		(1,086)		139,626					US/15/2039	I IFE

SCHEDULE D - PART 4

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

			70110111	All Long-1 en			,						-							
1 2 3 4 5 6		7	7 8 9 10 Change in Book/Adjusted Carrying Value						16	17	18	19	20	21	22					
CUSP Identification	Description	F or e i g n Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	ParValue	Actual Cost	Prior Year Book/Adjusted	Unrealized Valuation Increase/	12 Current Year's (Amortization)	Current Year's Other-Than- Temporary Impairment	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at	Foreign Exchange Gain (Loss)	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received	State d Contractual Maturity Date	
1 A 10 L L L L L L L L L L L L L L L L L L	ABS - MVCOT 101 A.		Name or Purchaser	OI SIDON	P. C. State Co. Association	A	A STATE OF THE STA	Carrying Value	(Decrease)	Accretion	Recognized	(11+12-13)	D/A.G.V.	Disposal Date	Disposal	Disposal	Disposal	100000000000000000000000000000000000000	17075 TO 1807	
		. 09/20/2016.	Drect		20,096		20,094										0		10/20/2032	17-17-17-17
68268B AA 7	ABS - OMFIT 142 A	. 09/19/2016.	Direct		60,470	60,470	60,460	60,465		4		4		60,470			0	1,031	09/18/2024	1FE
82652F AA 3	ABS - SRFC 151 A	. 09/20/2016.	Direct.		21,830	21,830	21,824	21,824		6		6		21,830			0	347	03/22/2032	1FE
845467 AH 2	SOUTHWESTERN ENERGY CO	. 07/22/2016.	MITSUBISHI UFJ SECURITIES		225,000	250,000	249,693	249,795		28		28		249,823		(24,823)	(24,823)	8,883	03/15/2022	4FE
94974B FX 3	WELLS FARGO & CO	. 07/18/2016.	Wells Fargo.		499.525	500,000	500,465	500,233	-	(91)		(91)		500,142		(617)		2,768	06/02/2017	1FE
3899999. Total Bonds - I	ndustrial and Miscellaneous				4,243,647	4,276,700	4,403,856	4,304,173	0	(26,455)	0	(26,455)	0	4,277,718	0	(34,071)	(34,071)	87,702	XXX	XXX
8399997. Total Bonds - F	ari 4			w muso const muso const const	6,352,505	6,371,767	6,530,726	6,342,433	0	(54,308)	0	(54,308)	0	6,369,779	0	(17,274)	(17,274)	119,196	XXX	XXX
8399999. Total Bonds				6,352,505	6,371,767	6,530,726	6,342,433	0	(54,308)	0	(54,308)	0	6,369,779	0	(17,274)	(17,274)	119,196	XXX	XXX	
9999999. Total Bonds, P	referred and Common Stocks.				6.352.505		6.530.726	6.342.433	0	(54,308)	0	(54,308)	0	6.369,779	0	(17,274)	(17.274)	119,196	XXX	XXX

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

Statement as of September 30, 2016 of the HEALTH NET HEALTH PLAN OF OREGON, INC. SCHEDULE E - PART 1 - CASH

	Mont	th End D	epository	Balances					
1		2	3	4	5	Book Balance at End of Each Month During Current Quarter			
Depository			Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6 First Month	7 Second Month	8 Third Month	(*)
Open Depositories									
BANK OF AMERICA	CONCORD, CA					5,601,118	741,277	8,405,058	XXX
BANK OF AMERICA	PORTLAND, OR					(192,042)	(129,341)	(144,975)	XXX
BANK OF AMERICA	PORTLAND, OR					(16,695)	(728)	(150)	XXX
BANK OF AMERICA	PORTLAND, OR					(4,947,539)	(5,831,843)	(5,849,769)	XXX
BANK OF AMERICA	PORTLAND, OR					(1,190,773)	(2,876,431)	(1,069,140)	XXX
CITIBANK	NEW CASTLE, DE					155,017	382,804	151,884	XXX
CITIBANK	NEW CASTLE, DE					(21,048)	(22,225)	(20,188)	XXX
WELLS FARGO	SAN FRANCISCO, CA					48,560	48,724	48,943	XXX
WELLS FARGO	SAN FRANCISCO, CA					16,708	16,708	16,708	XXX
U S BANK	PORTLAND, OR						3,256	1,629	XXX
0199999. Total Open Depositories.			XXX	0	0	(546,694)	(7,667,799)	1,540,000	XXX
0399999. Total Cash on Deposit		XXX	XXX	0	0	(546,694)	(7,667,799)	1,540,000	XXX
0599999. Total Cash		XXX	XXX	0	0	(546,694)	(7,667,799)	1,540,000	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

- S ₂			V		10	9	S
1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year

QE1:

NONE