

QUARTERLY STATEMENT

AS OF JUNE 30, 2016 OF THE CONDITION AND AFFAIRS OF THE

Country of Domicile Licensed as business type: Life, Accident & Health [X] Property/Casually [] Hospital, Medical & Dental Service or Indemnity [Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [] Incorporated/Organized Uniter [] Month of Statutory Home Office Statutory Home Office 2020 SW 4th Street, Sulle 1000 Sirret and Number) Giver and Number) Main Administrative Office 2020 SW 4th Street, Sulle 1000 Sirret and Number) (Siret and Number) (Siret and Number) (Siret and Number) (Siret and Number) (Circy or Town, State, Country and 2g-Coole) (Circy and Number) (Circy or Town, State, Country and 2g-Coole) (Circy and Number) (Circy or Town, State, Country and 2g-Coole) (Circy and Number) (Circy or Town, State, Country and 2g-Coole) (NAIC Group Code	en	LifeWise H	CONTRACTOR OF THE PARTY OF THE				00.0004=00
Country of Domicile Licensed as business type: Life, Accident & Health [X] Property/Caustly [] Hoopital, Medical & Dental Service or Indemnity [Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [] Incorporated/Organized Other [] Other [] Other [] Dental Service Corporation [] Health Maintenance Organization [] Is HMO Federally Qualified? Yes [] No [] Other Organization [] Dental Service or Indemnity [] Is HMO Federally Qualified? Yes [] No [] Other Organization [] Other Organization [] Is HMO Federally Qualified? Yes [] No [] Other Organization			0962	NAIC Company Co	de84930	Employer's ID	Number	93-0931709
Licensed as business type: Life, Accident & Health X Property/Casually Health Maintenance Organization John Service Corporation Vision Service Corporation Health Maintenance Organization John F Other Othe	Organized under the Laws of		Oregon		State of Domicile	e or Port of Entry	O	regon
Licensed as business type: Life, Accident & Health (X) Dental Service or Indemnity [Dental Service Corporation [] Vision Service Corporation [] Is HMO Federal & Dental Service or Indemnity [Incorporated/Organized	Country of Domicile				United States			
Commerced Business	Dental Service Corporation [] V Other []		Property/Casual	ty[]	Health Maintenance	Organization	[]	
Main Administrative Office County and 2g Cockey Command County and 2g Cockey Content Content Content Content Content Content County and 2g Cockey Content Co			3/07/1986	Commenced	Business			1.00[]
Main Address 2020 SW 4th Street, Sulte 1000 Portland, QR, US 97201 503-295-6707 (Giver and Number) (City or Town, State, Country and 25 Code) (Area Code) (Tesphone Number) (City or Town, State, Country and 25 Code) (Area Code) (Tesphone Number) (City or Town, State, Country and 25 Code) (Area Code) (Tesphone Number) (City or Town, State, Country and 25 Code) (Tesphone Number) (City or Town, State, Country and 25 Code) (Tesphone Number) (State and Ambrets) (City or Town, State, Country and 25 Code) (Tesphone Number)	Statutory Home Office							
Mail Address 2020 SW 4th Street, Suite 1000 (Street and Number) (City or Town, State, Country and 2p Code) (Presphore Number) (Street and Number or P.D. Box) (Street and Number or P.D. Box) (City or Town, State, Country and 2p Code) (Primary Location of Books and Records 2020 SW 4th Street, Suite 1000 Portland, OR, US 97201 503-295-6707 (City or Town, State, Country and 2p Code) (Reso Code) (Telephone Number) (City or Town, State, Country and 2p Code) (Area Code) (Telephone Number) (City or Town, State, Country and 2p Code) (Area Code) (Telephone Number) (City or Town, State, Country and 2p Code) (Area Code) (Telephone Number) (City or Town, State, Country and 2p Code) (Area Code) (Telephone Number) (City or Town, State, Country and 2p Code) (Area Code) (Telephone Number) (Statutory Statement Contact Waller Number) (Name) (Paramo) (Area Code) (Telephone Number) (Extension) (Area Code) (Telephone Number) (Area Code) (Tel	Main Administrative Office	2020 51			Portland			\$1000 de 1800 d
Mail Address 2020 SW 4th Street, Suite 1000 Portland, OR, US 97201 (Sivet and Number or P.0. Bio) (City or Town, State, Country and 25 Code) Primary Location of Books and Records 2020 SW 4th Street, Suite 1000 (City or Town, State, Country and 25 Code) Portland, OR, US 97201 503-295-6707 (Street and Abunter) (City or Town, State, Country and 25 Code) (Response Number) (Street and Abunter) (City or Town, State, Country and 25 Code) (Response Number) Wall foster@promera.com (Name) 425-918-4684 Wall foster@promera.com (Pame) 425-918-4684 Wall foster@	vicini Administrative Onice	2020 0			(City or Town, State	e, Country and Zip Code)	(Area Cor	
Primary Location of Books and Records 2020 SW 4th Street, Suite 1000 (Street and Number) (Street and Number) (Chy rows, State, Country strait (Country Inc.) (Area Code) (Telephone Number Number) (Chy rows, State, Country strait (Code)) (Read Code) (Telephone Number) (Part Number) Walt foster@premora.com Walt roles of Many Walt foster@premora.com Walt roles of Many Walt foster@premora.com Walt foster@premora.com Vice Mail Address OFFICERS Name Title Name Title Name Title Name Title Name Title Name Title Name Title Name And Campbell Treasurer OTHER OFFICERS David John Braza David John Braza David Antony Lechner Kirsten Connell Kemp Executive Vice President John Phillip Colmenares MD # Senior Vice President Weshington State of Washington State of Snohomish	Mail Address	2020 SW 4	th Street, Suite 100	0+		Portland, OR,	US 97201	
Internet Web Site Address Statutory Statement Contact Walter Nelson Foster Walt (Name) Walt (Selena) Walt	Drimany Location of Books and			ant Puite 1000	Dortle	(City or Town, State, Cou		
Internet Web Site Address Walter Nelson Foster Walt (Area Code) (Replacement Contact Walter Nelson Foster Walt (Statutory Statement Contact Walter Nelson Foster Walt (Statutory Statement Contact Walter Nelson Foster Walt (Statement Contact Walter Nelson Foster Walt (Statement Contact Walter Nelson Foster Name Title Name Totacuter OTHER OFFICERS David John Braza Senior Vice President James Dwayne Havens Vice President Elazabeth Baler Johnson # Senior Vice President Senior Vice President Directors OR TRUSTEES James Michael Messina Majd Fowzi El-Azma David Antony Lechner John Merciler Espinola State of Washington State of Washington Sohomish So County of	minary Location of Books and			Number)	(City or Town	, State, Country and Zip Code	e) (Area Cor	
walt foster@premera.com (Redail Address) OFFICERS Name Title Majd Fowzi EH-Azma President & CEO John Hayes Pierce Secretary Sharilyn Ann Campbell Treasurer OTHER OFFICERS David John Braza Senior Vice President Liste Braze Braze Senior Vice President Wise President Sister Braze Senior Vice President Wise President Lister Braze Senior Vice President Wise President Wise President Fire Braze Senior Vice President Wise President Wise President Fire Braze Senior Vice President Fire Braze Senior Vice President Wise President Fire Braze Senior Vice Braze Senior Senior Senior Senior Senior Vice President Fire Braze Senior Vice Braze Senior Vice Braze Senior Senior Senior Se	Internet Web Site Address		136269466536 	v			1011 NOSKIOTE	
Walt foster@premera.com (E-Mail Address) (FAX Number) OFFICERS Name Title Majd Fowzi El-Azma President & CEO John Hayes Pierce Secretary Sharilyn Ann Campbell Treasurer OTHER OFFICERS David John Braza Senior Vice President David Antony Lechner Kirsten Connell Kemp Executive Vice President John Phillip Colmenares MD # Senior Vice President John Phillip Colmenares MD # Senior Vice President John Mercier Espinola State of Washington State of Washington Sale of Washington South of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period at above, all of the herein described assets were the absolute property of the said reporting entity, fine and clear from any litera to a full and true statement of all the assets and liable statement, supplied with the schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liable been completed in accordance with the NAC Annual Statement Instructions and Accounting Practices and Procedures manuals except to the extent that: (1) state law here or explaints require differences in reporting nearing and sense to report the scape to the extent that: (1) state law here or explaints require differences in reporting nearing and Accounting Practices and Procedures manuals except to the extent that: (1) state law here or explaints require differences in reporting nearing practices and reporting nearing reactives and explaints require differences in reporting nearing practices and reporting nearing reactives and explaints required in the scale of the scale of the information from the described officers also includes the related corresponding electronic filing with the National Statement Instructions and Accounting Practices and Procedures manuals except to the best of their information of the procedures and the scale of the scale of their information of the extent that (1) state in the scale of the information of the extent	Statutory Statement Contact			oster				
Name Title Name Title Name Title Name Title Name Title Majd Fowzi El-Azma President & CEO John Hayes Pierce Secretary Sharilyn Ann Campbell Treasurer OTHER OFFICERS David John Braza Senior Vice President Elizabeth Baier Johnson Washington Executive Vice President Elizabeth Baier Johnson Senior Vice President Dink Philip Colmenares MD Senior Vice President Senior Vice President Dink Majd Fowzi El-Azma David Antony Lechner Directors or TRUSTEES Kent Steven Marquardt James Michael Messina Majd Fowzi El-Azma David Antony Lechner John Mercier Espinola State of Washington Ss County of Sonomish Senior Vice President Senior Vice President Senior Vice President Vice Pres	walt fos	ter@premer						ision)
Name Title Name Title Name Title Secretary Sharilyn Ann Campbell Treasurer David John Braza Senior Vice President James Dwayne Havens Vice President Elizabeth Baier Johnson # Senior Vice President Elizabeth Baier Johnson # Senior Vice President Senior Vice President Elizabeth Baier Johnson # Senior Vice President Senior Vice P								
Sharilyn Ann Campbell Treasurer OTHER OFFICERS David John Braza Senior Vice President James Dwayne Havens Vice President David Antony Lechner Vice President Elizabeth Baier Johnson # Senior Vice President Kirsten Connell Kemp Executive Vice President John Phillip Colmenares MD # Senior Vice President DIRECTORS OR TRUSTEES Kent Steven Marquardt James Michael Messina Maid Fowzi El-Azma David Antony Lechner John Mercier Espinola State of Washington SS County of Snohomish The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stabove, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and bits statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and the sastes and ill the assets and ill bits statement of all the assets and all and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and its statement of all the assets and and Accounting Practices and Procedures manual except to the extent that: (1) state law stiffer; or, (2) that state rules or regulations require differences in reporting not related to accordance with the NAIC Annual Statement Instructions and Accounting Practices and procedures, according to the best of their informa movedege and belief, respectively. Furthermore, the scope of this attestation by the described officers also indicates reporting into the enclosed statement. The electronic filing with the Nahen required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing with the Nahen required, that is an original filling? Subscribed and sworn to before me this 12th day of August, 2016 Subscribed and				OFFICER	RS			
Sharilyn Ann Campbell Treasurer OTHER OFFICERS David John Braza David John Braza David John Braza David Antony Lechner Vice President Elizabeth Baler Johnson # Senior Vice President Elizabeth Baler Johnson # Senior Vice President Elizabeth Baler Johnson # Senior Vice President BIRECTORS OR TRUSTEES Kent Steven Marquardt James Michael Messina Majd Fowzi El-Azma David Antony Lechner John Mercier Espinola State of Washington Sonohomish Solomiy of Sonohomish Sol	Name		Title		Nam	е	13	Γitle
David John Braza David Antony Lechner David Antony Lechner Vice President Directors of TRUSTEES Kent Sleven Marquardt James Michael Messina Majd Fowzi El-Azma David Antony Lechner DIRECTORS OR TRUSTEES Kent Sleven Marquardt John Mercier Espinola State of Washington SS County of Snohomish SS The officers of this reporting entity being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting period st above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and its statement, together with related exhibits, schedules and explanations therein contained, annexed or refered in accordance with the NAIC Annual Statement Instructions and Accounting Practices and deductions therefrom for the period ended, and iffer or, (2) that state rules or regulations require differences in reporting not related to accounting practices and Proceedures manual except to the extent that: (1) state law shallows and a exact copy (except for formating differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by variegulaters in lead of a frailing to the enclosed statement. Subscribed and sworn to before me this 12th day of August 2016 Subscribed and sworn to before me this 12th day of August 2016 Subscribed and sworn to before me this 12th day of August 2016 Subscribed and sworn to before me this 12th day of August 2016 Subscribed and sworn to before me this 12th day of August 2016 Senior Vice President Senior Vice Pr				00	John Hayes	Pierce,	Sei	cretary
David John Braza Senior Vice President David Antony Lechner Vice President Vice President Elizabeth Baler Johnson # Senior Vice President John Phillip Comenares MD # Senior Vice President John Phillip Comenares MD # Senior Vice President John Phillip Comenares MD # Senior Vice President Directors or TRUSTES Kent Steven Marquardt James Michael Messina Majd Fowzi El-Azma David Antony Lechner John Mercler Espinola State of	Sharilyn Ann Campbell		Treasurer					
David Antony Lechner Vice President Elizabeth Baier Johnson # Senior Vice President Senior Vice President John Phillip Colmenares MD # Senior Vice President Senior			C	THER OFFI	CERS			
Senior Vice President Directors or Trustes	David John Braza		Senior Vice Presi	dent	James Dwayn	e Havens	Vice F	President
DIRECTORS OR TRUSTEES Kent Steven Marquardt James Michael Messina Majd Fowzi El-Azma David Antony Lechner John Mercier Espinola State of								
State of	Kirsten Connell Kemp		Executive Vice Pre	sident	ohn Phillip Colm	enares MD #,	Senior Vi	ce President
State of			DIREC	CTORS OR 1	RUSTEES	i		
State of			James Michael Me	essina	Majd Fowzi	El-Azma	David Ant	ony Lechner
County ofSnohomish	John Mercier Espinola							
County ofSnohomish	State of Wa	ehinaton						
County of	State ofvva	snington						
above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilization and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and to end completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law differ; or, (2) that state rules or regulations required differences in reporting not related to accounting practices and procedures, according to the best of their information when required, they according to the best of their information of the required, they are according to the best of their information of the required, they are according to the best of their information of the required them as a construction of the state law differences due to electronic filling of the enclosed statement. The electronic filling may be requested by variety and states in lieu of or in addition to the enclosed statement. David John Braza President & CEO (SVP - HCI & Chief Actuary) a. Is this an original filling? Yes [X] No [Subscribed and sworn to before me this 12th day of August, 2016 1. State the amendment number 2. Date filled 3. Number of pages attached	County ofSno	ohomish						
David John Braza President & CEO Sharilyn Ann Campbell Treasurer (SVP - HCl & Chief Actuary) a. Is this an original filing? Yes [X] No [Subscribed and sworn to before me this 12th day of August, 2016 Bit in Morpow, Notary Public To and for the State of Weshington	above, all of the herein described as his statement, together with relate and of the condition and affairs of to been completed in accordance with differ; or, (2) that state rules or re knowledge and belief, respectively. when required, that is an exact co	ssets were the dexhibits, solution in the NAIC Augulations required by (except for except for excep	e absolute property of the dedules and explanation ting entity as of the rep nnual Statement Instru- uire differences in report, the scope of this attes r formatting differences	ne said reporting entity ins therein contained, orting period stated a ctions and Accounting orting not related to station by the describe	r, free and clear from annexed or referred bove, and of its indepty g Practices and Practice accounting practice ad officers also indepty and clear and clear and and and and and and and and	am any liens or claims the od to, is a full and true st come and deductions the occedures manual except es and procedures, accordudes the related correspondents.	ereon, except as latement of all to refrom for the p to the extent to ording to the be ponding electron	therein stated, and the he assets and liabilities period ended, and have hat: (1) state law ma est of their information ic filing with the NAK
President & CEO (SVP - HCI & Chief Actuary) a. Is this an original filing? Yes [X] No [Subscribed and sworn to before me this 12th day of August, 2016 1. State the amendment number 2. Date filed 3. Number of pages attached	10/1/2-					Absorber 1	1 (auch)	//
President & CEO (SVP - HCl & Chief Actuary) a. Is this an original filing? Yes [X] No [Subscribed and sworn to before me this 12th day of August, 2016 Bit in Morpow, Notary Public to and for the State of Washington August 2016 Bit in Morpow, Notary Public to and for the State of Washington	David John Bra	aza					arilyn Ann Ca	ampbell
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Subscribed and sworn to before me this 12th day of August, 2016 1. State the amendment number 2. Date filed 3. Number of pages attached	(SVP - HCI & Chief	Actuary)						
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QUARTERLY STATEMENT

AS OF JUNE 30, 2016 OF THE CONDITION AND AFFAIRS OF THE

LifeWise Health Plan of Oregon, Inc.

Country of Domicile								
Organized under the Laws of Oregon State of Domicile or Port of Entry Oregon Country of Domicile Licensed as business types: Life, Accident & Health [X.] Property/Casualty [] Hospital, Medical & Dental Service or Inde Licensed as business types: Life, Accident & Health [X.] Property/Casualty [] Hospital, Medical & Dental Service or Inde Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [] Is HMC Federally Qualified? Yes [] No [Organized Dental Service or Inde Dental Service or Inde Dental Service Organization [] Is HMC Federally Qualified? Yes [] No [Organized Dental Service organization [] Is HMC Federally Qualified? Yes [] No [Organized Dental Service Organization [] Is HMC Federally Qualified? Yes [] No [Organized Dental Service Dental De			NAIC Company Co	de 84930	Employer's ID N	umber 93-0931709		
Country of Domicile Licensed as business type: Life, Accident & Health [X] Property/Casulaly [] Hospital, Medical & Dental Service or Inde Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [] Incorporated/Organized Other [] Other [] Vision Service Corporation [] Is HMO Federally Qualified? Yes [] No [Discovery of Normal Property (Casulation o	15 THE DEC 15 YEAR BUILDING		on	State of Domicil	e or Port of Entry	Oregon		
Licensed as business type: Life, Accident & Health [X] Property(Casualty [] Health Maintenance Organization [] Other [] Onther [] Other [] Other [] Portand Service Corporation [] Vision Service Corporation [] Is HMO Federally Qualified? Yes [] No [Other [] 007/1986 Commenced Business Seatutory Home Office 2020 SW 4th Street, Suite 1000 Portland, OR, US 97201 (Size and Number) Organization [] Street and Number [] Organization [] Street and Number [] Organization [] Street and Number [] Organization [] Street Street [] No [] Organization [] Street Street [] No [] Organization [] Street Street [] No [] Organization [] Street Street [] Organization []	Country of Domicile	n 10 - 1000 000		United States	was a second and a second a se			
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Additional Administrative Office 2020 SW 4th Street, Suite 1000 Portland, OR, US 97201 503-2954			Commenced	d Business	0	1/02/1987		
Main Administrative Office 2020 SW 4th Street, Suite 1000 Portland, OR, US 97201 503-2954. Mail Address 2020 SW 4th Street, Suite 1000 (Street and Number of PCI Box) (City or Town, State, Country and Zp Code) (Area Code) (Telept Office) (Street and Number or PCI Box) (City or Town, State, Country and Zp Code) (Permany Location of Books and Records 2020 SW 4th Street, Suite 1000 Portland, OR, US 97201 (Provided State Office) (Provided	Statutory Home Office			·				
City or Town, State, Courty and Zip Code) City or Town, State,	Main Administrative Office			Portland.		503-295-6707		
(Street and Number or P.O. Box) 202 SW 4th Street, Suite 1000 Portland, O.R. US 97201 (Street and Number) (Str					te, Country and Zip Code)	(Area Code) (Telephone No		
Primary Location of Books and Records (Street and Number) (Circet and Number) (Number) (Area Code) (Telephores Number) (Externion) (A25-918-4684 (A75-918-4684	Mail Address			<u> </u>				
Internet Web Site Address Statutory Statement Contact Walter Nelson Foster Walter Nelson Foster Walter Nelson Foster (Name) Walter Nelson Foster (Planne) (Pla	Primary Location of Books an			Portla		503-295-6707		
Statutory Statement Contact Walter Nelson Foster (Name) Walt foster@premera.com (Pame) (Pame) (Pame) Walter Nelson Foster (Name) (Pame) (Pame) (Pame) (Pame Agdress) (PAN Number) OFFICERS Name Title Majd Fowzi El-Azma President & CEO John Hayes Pierce Secretary Title Majd Fowzi El-Azma President & CEO John Hayes Pierce Secretary David John Braza Senior Vice President David Antony Lechner Vice President Executive Vice President John Phillip Colmenares MD # Senior Vice President Directors OR TRUSTEES Kent Steven Marquardt John Mercier Espinola State of Washington State of Sonohomish Ss Countly of Snohomish Ss Sonohomish Ss Countly of Snohomish Ss Sonohomish Ss Countly of Snohomish Ss Countly of Snohomish Ss Countly of Snohomish Ss Snohomish Ss Snohomish Ss Countly of Snohomish Ss Snoh	same Commission of the Same Commission of the Co		eet and Number)			(Area Code) (Telephone No		
Name CEMail Address		Mark Mark		www.lifewiseor.c	20100	4004		
Walt foster@premera.com (E-Mail Address) (E-Mail Address) OFFICERS Name Title Name Title Name Title Name Title Name Title Name Title Name OFFICERS Name OTHER OFFICERS Sharilyn Ann Campbell Treasurer OTHER OFFICERS David John Braza David John Braza Senior Vice President Executive Vice President Executive Vice President Executive Vice President Executive Vice President Directors or TRUSTEES Kent Steven Marquardt John Mercier Espinola David Antony Lechner Kent Steven Marquardt John Mercier Espinola State of	Statutory Statement Contact							
Name Title Name Title Name Title Name Title Name Title Majd Fowzi El-Azma President & CEO John Hayes Pierce Secretary Sharilyn Ann Campbell Treasurer OTHER OFFICERS David John Braza Senior Vice President James Dwayne Havens Senior Vice President Elizabeth Baier Johnson # Senior Vice President John Phillip Colmenares MD # Senior Vice President Sonior Vice President John Phillip Colmenares MD # Senior Vice President John Phillip Colmenares MD # Senior Vice President John Phillip Colmenares MD # Senior Vice President John Mercier Espinola DIRECTORS OR TRUSTEES Kent Steven Marquardt James Michael Messina Majd Fowzi El-Azma David Antony Lec John Mercier Espinola State of	walt.fo	oster@premera.com			425-918-5182			
Name Title Majd Fowzi El-Azma President & CEO John Hayes Pierce Secretary Sharilyn Ann Campbell Treasurer OTHER OFFICERS David John Braza Senior Vice President James Dwayne Havens Vice President Surface President Fixed Elizabeth Baier Johnson # Senior Vice President John Phillip Colmenares MD # Senior Vice President John Phillip Colmenares MD # Senior Vice President John Phillip Colmenares MD # Senior Vice President John Mercier Espinola DIRECTORS OR TRUSTEES Kent Steven Marquardt James Michael Messina Majd Fowzi El-Azma David Antony Lec John Mercier Espinola State of		(E-Mail Address)	8117381818181	192	(FAX Number)			
Sharilyn Ann Campbell Treasurer OTHER OFFICERS David John Braza Senior Vice President James Dwayne Havens Vice President David Antony Lechner Vice President David Antony Lechner Vice President Executive Vice President Senior Vice President Vice President David Antony Lechner Kirsten Connell Kemp Executive Vice President Directors OR TRUSTEES Kent Steven Marquardt James Michael Messina Majd Fowzi El-Azma David Antony Lec John Mercier Espinola State of Sonohmish Senior Vice President James Michael Messina Majd Fowzi El-Azma David Antony Lec John Mercier Espinola State of Sonohmish Senior Vice President James Michael Messina Majd Fowzi El-Azma David Antony Lec John Mercier Espinola State of Sonohmish Senior Vice President James Michael Messina Majd Fowzi El-Azma David Antony Lec John Mercier Espinola State of Sonohmish Senior Vice President James Michael Messina Majd Fowzi El-Azma David Antony Lec John Mercier Espinola State of Sonohmish Senior Vice President James Michael Messina Majd Fowzi El-Azma David Antony Lec John Mercier Espinola State of Sonohmish Senior Vice President James Michael Messina Majd Fowzi El-Azma David Antony Lec John Mercier Espinola State of Sonohmish Senior Vice President John Phillip Colmenares MD # John Philli	100000000	i wali		1/00/1940				
Sharilyn Ann Campbell Treasurer OTHER OFFICERS David John Braza Senior Vice President Elizabeth Baier Johnson # Senior Vice President Elizabeth Baier Johnson # Senior Vice President Suns President Senior Vice President Senior Vice President John Phillip Colmenares MD # Senior Vice President Senior Vice President John Phillip Colmenares MD # Senior Vice President John Phillip Colmenares MD # Senior Vice President John Mercier Espinola David Antony Lec State of								
David John Braza David Antony Lechner David Antony Lechner Directors (Kirsten Connell Kemp) Directors OR TRUSTES Kent Steven Marquardt John Mercier Espinola State of				John Haye	s Pierce,	Secretary		
David John Braza David Antony Lechner David Antony Lechner Vice President Vice Vice President Vice Vice Vice Vice Vice Vice Vice Vice	Charlyll 7411 Campbe	, Illus	Party # of the case and the case of	CEDO				
David Antony Lechner Vice President Eizabeth Baier Johnson # Senior Vice President Senior Vice President John Phillip Colmenares MD # Senior Vice President Senior Vice President John Phillip Colmenares MD # Senior Vice President Senior Vice President Senior Vice President John Phillip Colmenares MD # Senior Vice President Senior Vice President	David Jaka Bassa	C:\/		THE RESERVE THE PARTY OF THE PA	201100000	Vice Desident		
Senior Vice President Senior Vice President Senior Vice President						Senior Vice President		
State of						Senior Vice President		
County ofSnohomish		t James Micha				David Antony Lechner		
President & CEO (SVP - HCI & Chief Actuary) a. Is this an original filing? Yes [7] Subscribed and swom to before me this 12th day of August, 2016 1. State the amendment number 2. Date filed	County ofS The officers of this reporting entitle above, all of the herein described this statement, together with relained of the condition and affairs oeen completed in accordance wiffer; or, (2) that state rules or knowledge and belief, respective when required, that is an exact	by being duly sworn, each deposs assets were the absolute proper ted exhibits, schedules and expleint the said reporting entity as of thith the NAIC Annual Statement regulations require differences in the return the regulations of the scope of this copy (except for formatting difference).	e and say that they are the ty of the said reporting entit anations therein contained, he reporting period stated a Instructions and Accountin in reporting not related to s attestation by the describ	y, free and clear from annexed or referrance, and of its in a practices and Practices and Practices and officers also included officers also included.	om any liens or claims there ed to, is a full and true state come and deductions therel rocedures manual except to es and procedures, accord cludes the related correspor	on, except as herein stated, a ement of all the assets and lif from for the period ended, and the extent that: (1) state I ing to the best of their infor adding electronic filing with the		
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12th day of August, 2016 1. State the amendment number 2. Date filed	Subscribed and sworn to	before me this			b. If no:			
						nt number		
3. Number of pages attached						ALICE AND ADDRESS OF THE PARTY		
					Number of pages att	ached		

Erin Morrow, Notary Public in and for the State of Washington August 1, 2017

ASSETS

	7,	OLIO			
			Current Statement Date	е	4
		1	2	3	
				Net Admitted Assets	December 31 Prior Year Net
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Admitted Assets
1	Bonds	60.854.237		60,854,237	74,911,275
	Stocks:	00,001,201		.00,001,201	
2.	2.1 Preferred stocks			0	0
	BUILDING TO THE TOTAL CONTROL OF THE	-321010 321010 3		1000	
	2.2 Common stocks			0	0
3.	Mortgage loans on real estate:				
	3.1 First liens			0	0
	3.2 Other than first liens			0	0
4.	Real estate:				
	4.1 Properties occupied by the company (less				
	\$ encumbrances)		2000 X 2000 X	0	0
	4.2 Properties held for the production of income				
				0	0
	(less \$ encumbrances)				
	4.3 Properties held for sale (less				
	\$encumbrances)			0	0
5.	Cash (\$5,332,500),				
	cash equivalents (\$0)				
	and short-term investments (\$2,310,700)	7,643,200		7,643,200	7,213,248
6	Contract loans (including \$premium notes)			0	0
	Derivatives	0	1000	0	
		0		0	
	Other invested assets		7500 7500 7	0	
	Receivables for securities			MARK DAMAGE	0.000
	Securities lending reinvested collateral assets			0	0
11.	Aggregate write-ins for invested assets	0	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	68,497,437	0	68 , 497 , 437	82,125,025
13.	Title plants less \$charged off (for Title insurers				
	only)		1977	0	0
14.	Investment income due and accrued	402,856		402,856	518,867
	Premiums and considerations:		3000	600 000 000 000 000 000 000 000 000 000	0-
	15.1 Uncollected premiums and agents' balances in the course of				
	MCCC110000 - 30 - 101010 - 102	20 500		20, 500	FCC 704
	collection	39,590		39,590	566,724
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$earned				
	but unbilled premiums)			0	0
	15.3 Accrued retrospective premiums (\$17,236) and				
	contracts subject to redetermination (\$10,544)	27,780	2000	27,780	397,687
16.	Reinsurance:			1111	
	16.1 Amounts recoverable from reinsurers	12,181,306		12,181,306	14,476,666
	16.2 Funds held by or deposited with reinsured companies		5400 X 5400 X 5	0	0
				0	0
22	16.3 Other amounts receivable under reinsurance contracts	2 200 404	2500 A500 - 1	VVV VVV VV	2 075 073
	Amounts receivable relating to uninsured plans		(ii)(ii)	2,260,494	2,075,672
	-	5,181,243		5,181,243	4,606,881
18.2	Net deferred tax asset	51,363	NOT 11/01/	51, <mark>3</mark> 63	0
19.	Guaranty funds receivable or on deposit			0	0
20.	Electronic data processing equipment and software			0	0
21.	Furniture and equipment, including health care delivery assets				
	(\$)	209.911	209.911	0	0
22	Net adjustment in assets and liabilities due to foreign exchange rates	0	100	0	0
	Receivables from parent, subsidiaries and affiliates	98,384		98,384	131,923
					2,341,076
	Health care (\$2,964,446) and other amounts receivable	2,964,446	40.004	2,964,446	
	Aggregate write-ins for other-than-invested assets	180 , 195	43,301	136,894	24,677
26.	Total assets excluding Separate Accounts, Segregated Accounts and			0.000 207000	12,111
	Protected Cell Accounts (Lines 12 to 25)	92,095,005	253,212	91,841,793	107 , 265 , 198
27.	From Separate Accounts, Segregated Accounts and Protected				
	Cell Accounts.		12/22	0	0
28.	Total (Lines 26 and 27)	92,095,005	253,212	91,841,793	107, 265, 198
	DETAILS OF WRITE-INS	71.55.1.55			
1101	DETAILS OF MULTING			0	- 0
1101.	90 SANO 10 SANO 10 SANO		7.00	VVV VVVV (1)	
1102.	1 - 1007 - 10000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000			0	را
1103.				0	0
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	
2501.	Deposits, prepaid expenses and miscellaneous	180,195	43,301	136,894	24,677
2502.	Risk adjustment receivable		ļ	0	0
2503.				N. S. V. V. V. S.	-0 5850 GHG
	Summary of remaining write-ins for Line 25 from overflow page	0	0	0	
		180,195	43,301	136,894	24,677
_000.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	100, 193	43,301	130,034	24,011

LIABILITIES, CAPITAL AND SURPLUS

	LIABILITIES, CAPI		Current Period		Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1. /	Claims unpaid (less \$856,079 reinsurance ceded)	Table Strategies and a second	2,265,214		29,394,414
2.	Accrued medical incentive pool and bonus amounts	0			826
		475,674		475,674	851,986
	Aggregate health policy reserves including the liability of				
	\$663,916 for medical loss ratio rebate per the Public Health	32,673,283		32,673,283	30 332 782
		0		32,673,283	0,332,762
			anaa wanaa ban	0	0
	Aggregate health claim reserves				0
		4,401,574		4,401,574	6,213,071
9.	General expenses due or accrued	5,465,775		5,465,775	5,447,560
	Current federal and foreign income tax payable and interest thereon (including			11 15 111	
	A Color of the Constitution of the Color of	·····		0	0
		400.004		0	6,508
	Ceded reinsurance premiums payable	196,984		196,984	1,106,424
	Amounts withheld or retained for the account of others				0
	Borrowed money (including \$ current) and				
	interest thereon \$ (including				
	Control of the Contro	0.0.000 0000000000000000000000000000000	ances reamines re-	0	0
15.	Amounts due to parent, subsidiaries and affiliates	7,985,344		7,985,344	6,204,284
16.	Derivatives			0	0
17.	Payable for securities	545,116		545,116	2,054,752
18.	Payable for securities lending			0	0
	Funds held under reinsurance treaties (with \$				
	authorized reinsurers, \$ unauthorized reinsurers			196	
	and \$certified reinsurers)			0	0
	Reinsurance in unauthorized and certified (\$)				
			·····	0	0
	The asjectments in accordance has made and to lovely to exchange had a	914,303		914,303	701 464
	Aggregate write-ins for other liabilities (including \$1,657,216	914,303		514,303	
		1,657,216	0	1,657,216	3 533 184
					85 ,847 ,255
		xxx	xxx	0	2,770,584
26.	Common capital stock	xxx			2,002,050
27.	Preferred capital stock	xxx	xxx	0	0
28.	(HONG) : 10 10 10 10 10 10 10 10 10 10 10 10 10	xxx	xxx	29,408,579	29,408,579
		xxx	xxx		0
	257.55(11)		XXX	0	0
	Unassigned funds (surplus)	xxx	xxx	(16,048,918)	(12,763,270)
	Less treasury stock, at cost: 32.1shares common (value included in Line 26				
		xxx	xxx		0
	32.2shares preferred (value included in Line 27		^^^	0	
5	Graph Anna K. Anna K. Market Branch Control of the	xxx	xxx		0
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	xxx	xxx	15,361,711	21,417,943
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	91,841,793	107,265,198
(DETAILS OF WRITE-INS				
	Misc Accounts Payable	1,060,118		1,060,118	1,405,167
	Unclaimed Property	504,352		504,352	366,836
	Miscellaneous unapplied receipts.	746		746	3,184
	MANAGEMENT AND	92,000	0	92,000	1,757,997
	Summary of remaining write-ins for Line 23 from overflow page				
OF STREET	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	1,657,216	0	1,657,216	3,533,184
2501.	Subsequent year ACA health insurer fee	xxx	xxx		2,770,584
2502		xxx	xxx		0
2503		xxx	xxx		0
2598.	Summary of remaining write-ins for Line 25 from overflow page	xxx	xxx	0	0
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	xxx	xxx	0	2,770,584
3001.		_xxx	xxx	2 2000 100	0
		xxx	xxx		0
3002					
3002		xxx	XXX	N ASSESS ASSESS	0
3003	Summary of remaining write-ins for Line 30 from overflow page	xxx _xxx	xxx	0	0

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	xxx	242,166	425,776	844,723
2.	Net premium income (including \$ non-health premium income)_	xxx	72,961,785	114,173,045	197 ,371 ,103
3.	Change in unearned premium reserves and reserve for rate credits	xxx	(258, 189)	(11,390,639)	947,716
4.	Fee-for-service (net of \$medical expenses)	xxx		0	
5.	Risk revenue	xxx		0	0
6.	Aggregate write-ins for other health care related revenues	xxx	0	0	0
7. 8.	Aggregate write-ins for other non-health revenues Total revenues (Lines 2 to 7)	xxx	0 72,703,596	0	.198,318,819
Hospita	al and Medical:				0.000
9.	Hospital/medical benefits	5,508,389	53,898,131	90,310,210	174,782,826
10.	Other professional services	0	0	0	0
11.	Outside referrals	0	0	0	0
12.	Emergency room and out-of-area	830,358	8,124,831	12,886,547	25,914,582
13.	Prescription drugs	0	8,790,104	11,585,664	24,735,921
14.	Aggregate write-ins for other hospital and medical	0	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts	0	(826)	(1,169)	(223)
16.	Subtotal (Lines 9 to 15)	6,338,747	70,812,240	114,781,252	225,433,106
Less:	Net reinsurance recoveries		2,968,828	7,445,838	19,168,215
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6,338,747	67,843,412	107 ,335 ,414	206,264,891
19.	Total hospital and medical (Lines 16 minus 17)	9,330,747	0	07,333,414	0
	Claims adjustment expenses, including \$ 3,357,940 cost containment		7,710,794	8,859,514	17,801,088
21.	expenses		11,282,863	18,269,677	32,592,730
22.	Increase in reserves for life and accident and health contracts (including				
	\$increase in reserves for life only)		(4,078,308)	(4,459,575)	(1,654,437)
23.	Total underwriting deductions (Lines 18 through 22)	6,338,747	82,758,761	130,005,030	255,004,272
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(10,055,165)	(27,222,624)	(56,685,453)
25.	Net investment income earned	- 2000	1,020,624	1,168,383	2,456,834
	Net realized capital gains (losses) less capital gains tax of \$		715,577	18,232	29,679
	Net investment gains (losses) (Lines 25 plus 26)	0	1,736,201	1,186,615	2,486,513
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered			5.328	7/20
	\$	100		0	0
	Aggregate write-ins for other income or expenses	0	30,918	(40,218)	(57,559)
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	xxx	(8.288.046)	(26,076,227)	(54,256,499)
31.	Federal and foreign income taxes incurred	xxx	(2,121,075)	(7,686,544)	(18,516,778)
32.	Net income (loss) (Lines 30 minus 31)	xxx	(6,166,971)	(18, 389, 683)	(35,739,721)
	DETAILS OF WRITE-INS			1111	
0601.		xxx		0	0
0602.		xxx		0	0
0603.		xxx		0	0
0698.	Summary of remaining write-ins for Line 6 from overflow page	xxx	0	0	0
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0	0
0701.		XXX		0	0
0702.	33 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	XXX	- 107503150 107503150	0	
0703.		XXX		0	0
	Summary of remaining write-ins for Line 7 from overflow page	xxx	0	0	
4	Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401.				0	0
				0	0
1403.				0	
	Summary of remaining write-ins for Line 14 from overflow page	0	0	0	
	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	0
2901. 2902.	Miscellaneous income (expense)		30,918	(40,218)	(57,559)
2903.					
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	30,918	(40,218)	(57,559)

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year.	21,417,943	40,755,951	40 ,755 ,95
34.	Net income or (loss) from Line 32	(6,166,971)	(18,389,683)	(35,739,72
35.	Change in valuation basis of aggregate policy and claim reserves		0	
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$1,881	3,493	(1,106)	(34,12
37.	Change in net unrealized foreign exchange capital gain or (loss).		0	
38.	Change in net deferred income tax	59,750	(597)	(402,97
39.	Change in nonadmitted assets	47,496	42,563	(161,19
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock		0	
42.	Change in surplus notes	0	0	
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			one more
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in			17,000,00
	45.2 Transferred to capital (Stock Dividend)	0		
	45.3 Transferred from capital			
46.	Dividends to stockholders			
4 7.	Aggregate write-ins for gains or (losses) in surplus	0		
48.	Net change in capital and surplus (Lines 34 to 47)	(6,056,232)	(18,348,823)	(19,338,0
49.	Capital and surplus end of reporting period (Line 33 plus 48)	15,361,711	22,407,128	21,417,9
	DETAILS OF WRITE-INS			
01.				
702.				
03.				
798.	Summary of remaining write-ins for Line 47 from overflow page			
799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	

CASH FLOW

		1	2	3
		Current Year	Prior Year	Prior Year Ended
	701 2798 - 601 - 828	To Date	To Date	December 31
	Cash from Operations	77 205 405	112 016 242	220 755 204
	Premiums collected net of reinsurance	77,305,495	113,016,343	220,755,394
	Net investment income	Contract to the second section of the second	1,354,686	2,796,886
	Miscellaneous income	70 540 977	0	
	Total (Lines 1 to 3)	78,510,377	114,371,029	223,552,280
	Benefit and loss related payments	73,317,990	96,896,753	207,724,193
	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	40,005,000	0	54 000 500
	Commissions, expenses paid and aggregate write-ins for deductions	19,335,206	25,121,794	51,398,529
	Dividends paid to policyholders			0
9.	Federal and foreign income taxes paid (recovered) net of \$tax on capital	/4 F4C 744V	/F F09 20F)	/40 204 977
	gains (losses).	(1,546,711)	(5,598,395)	(19,284,877
	Total (Lines 5 through 9)	91,106,485	116,420,152	239,837,845
11.	Net cash from operations (Line 4 minus Line 10)	(12,596,108)	(2,049,123)	(16,285,565
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:	07 000 450	0 447 045	20 400 000
	12.1 Bonds	27,806,152	8,447,215	20 , 499 , 682
	12.2 Stocks	0	0	- 1
	12.3 Mortgage loans	0	0	0
	12.4 Real estate	0	0	
	12.5 Other invested assets	0	0	
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0		
	12.7 Miscellaneous proceeds		3,105,938	00,400,000
1000	12.8 Total investment proceeds (Lines 12.1 to 12.7)	27,806,152	11,553,153	20,499,682
13.	Cost of investments acquired (long-term only):	44 005 544	0 400 700	04 044 470
	13.1 Bonds	14,605,544	8,409,788	24,211,178
	13.2 Stocks		0	
	13.3 Mortgage loans		0	
	13.4 Real estate	0	0	
	13.5 Other invested assets	0	0	0
	13.6 Miscellaneous applications			24 244 470
20	13.7 Total investments acquired (Lines 13.1 to 13.6)	14,605,544	8,409,788	24,211,178
	Net increase (or decrease) in contract loans and premium notes	0	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	13,200,608	3,143,365	(3,711,496
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):	880	33	7/3
	16.1 Surplus notes, capital notes		0	0
	16.2 Capital and paid in surplus, less treasury stock	0	0	17,000,000
	16.3 Borrowed funds	0	0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
	16.5 Dividends to stockholders	0	0	0
	16.6 Other cash provided (applied)	(174,548)	241,146	4,876,185
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(174,548)	241,146	21,876,185
33.3	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	2/12/3/8/11	7. (2.01.988)	6572004/6600
	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	429,952	1 ,335 ,388	1,879,124
19.	Cash, cash equivalents and short-term investments:	7 040 517	5 004 151	F 00:
	19.1 Beginning of year	7,213,248	5,334,124	5,334,124
	19.2 End of period (Line 18 plus Line 19.1)	7,643,200	6,669,512	7,213,248

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehe (Hospital & M	ledical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:	50000000000000000000000000000000000000			O TANADA ANDRA				111111111111111111111111111111111111111		
1. Prior Year	66,007	37,577	20,080	888	0	7,462		0		
2. First Quarter	39,977	18,121	17 ,400	842	0	3,614		0	0	
3. Second Quarter	37,893	17,210	16,796	798	0	3,089	0	0	0	
4. Third Quarter	0			mic necessity services			4 800000	stransaria stransari e	2000	
5. Cuπent Year	0									
6. Current Year Member Months	242,166	108,930	105,922	4,984	Ĩ	22,330				
Total Member Ambulatory Encounters for Period:							ľ	T C		
7. Physician	136,741	59,586	67,752	6,690		2,713			2000 - 2000 - 136	
8. Non-Physician	50,522	23,433	25,242	1,847		0				
9. Total	187,263	83,019	92,994	8,537	0	2,713	0	0	0	
10. Hospital Patient Days Incurred	3,218	1,417	1,400	401		0				
11. Number of Inpatient Admissions	793	353	330	110	6	0		2		
12. Health Premiums Written (a)	73,386,213	33,535,298	37,398,282	1,556,656		895,977				
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	73,128,024	33,535,298	37, 140,093	1,556,656		895,977				5 20000
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services		44,083,682	34,216,965	1,097,282		667,933				· Variable
18. Amount Incurred for Provision of Health Care Services	70,812,240	34,527,888	34,667,027	1,018,244	8	599,081				

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

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

Aging Analysis of Unpaid Claims							
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total	
Claims unpaid (Reported)				ľ			
					1000 - 00	<u> </u>	
						- MARIO - MARIO X	
0199999 Individually listed claims unpaid.	0	ا ا	0	0	0	0	
0299999 Aggregate accounts not individually listed-uncovered		195,745	36,232	6,823	7,293	861,561	
0399999 Aggregate accounts not individually listed-covered	5,406,720	1,719,568	318,285	59,937	64,070	7,568,580	
0499999 Subtotals	6,022,188	1,915,313	354,517	66,760	71,363	8,430,141	
0599999 Unreported claims and other claim reserves	XXX	XXX	XXX	XXX	XXX	14,590,452	
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX		
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	23,020,593	
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	1. 110.110.000.000.000	

UNDERWRITING AND INVESTMENT EXHIBIT ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Clai Paid Yea		Liab End of Curre		5	6
Line of Business	1 On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
Comprehensive (hospital and medical)		57,039,242	895,288	20,960,608	24,805,753	28,937,10
2. Medicare Supplement	290,672		1,577	234 ,738	292,249	316, 15
3. Dental only	106,402	561,531	737	71,566	107, 139	141,15
4. Vision only					0	
5. Federal Employees Health Benefits Plan				2000	0	
6. Title XVIII - Medicare				20000	0	
7. Title XIX - Medicaid					0	
8. Other health					0	
9. Health subtotal (Lines 1 to 8).	24,307,539	58,463,664	897,602	21 , 266 , 912	25,205,141	29,394,41
10. Health care receivables (a)	2,299,227	4,858,626	1,590,877	1,165,155	3,890,104	2,216,82
11. Other non-health					0	
12. Medical incentive pools and bonus amounts					0	82
13. Totals (Lines 9-10+11+12)	22,008,312	53,605,038	(693,275)	20,101,757	21,315,037	27,178,42

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

1. Significant Accounting Policies

A. Accounting Practices

The financial statements of LifeWise Health Plan of Oregon, Inc. (the Company) are prepared in accordance with accounting practices prescribed or permitted by the State of Oregon Department of Consumer and Business Services.

Prescribed statutory accounting practices are defined in the National Association of Insurance Commissioner's (NAIC's) Accounting Practices and Procedures manual. "Permitted" statutory accounting practices encompass all accounting practices that are not prescribed. The Company does not currently utilize any permitted statutory accounting practices.

B - C. There were no significant changes since December 31, 2015.

2. Accounting Changes and Corrections of Errors

There were no significant changes since December 31, 2015.

3. Business Combinations and Goodwill

There were no significant changes since December 31, 2015.

4. Discontinued Operations

There were no significant changes since December 31, 2015.

5. Investments

A - C. There were no significant changes since December 31, 2015.

D. Loan-Backed Securities

- Prepayment assumptions for all loan-backed securities were obtained from investment manager survey values.
- (2) (3). None.
- (4) All impaired securities for which an other than temporary impairment (OTTI) has not been recognized in earnings as a realized loss:
 - a. The aggregate amount of unrealized losses:

1.	Less than 12 months	\$	20,121
2	12 months or longer	S	18 008

b. The aggregate related fair value of securities with unrealized losses:

1.	Less than 12 months	\$ 982,068
2.	12 months or longer	\$ 3,833,913

- (5) Management does not believe that any individual unrealized loss represents an OTTI. Any loan-backed securities for which it was probable that OTTI existed were subject to a detailed cash flow analysis to determine if the present value of cash flows expected to be collected is less than its amortized cost basis.
- E. None.
- F H. There were no significant changes since December 31, 2015.
- I K. None.

6. Joint Ventures, Partnerships and Limited Liability Companies

There were no significant changes since December 31, 2015.

7. Investment Income

There were no significant changes since December 31, 2015.

8. Derivative Instruments

There were no significant changes since December 31, 2015.

9. Income Taxes

There were no significant changes since December 31, 2015.

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

There were no significant changes since December 31, 2015.

11. Debt

- A. There were no significant changes since December 31, 2015.
- B. None.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A. None.
- B I. There were no significant changes since December 31, 2015.

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

There were no significant changes since December 31, 2015.

14. Contingencies

There were no significant changes since December 31, 2015.

15. Leases

There were no significant changes since December 31, 2015.

16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk

There were no significant changes since December 31, 2015.

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

- A. There were no significant changes since December 31, 2015.
- B. None.
- C. In the course of the Company's asset management, there are no securities with NAIC designation 3 or below sold and reacquired within 30 days of the sale.

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

There were no significant changes since December 31, 2015.

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

There were no significant changes since December 31, 2015.

20. Fair Value Measurements

A. (1) Fair Value Measurements at Reporting Date

	Le	vel 1	Level 2	Le	vel 3	 Total
Corporate debt securities	\$	-	\$ 938,668	\$	æ	\$ 938,668
Total	\$	В	\$ 938,668	\$	æ	\$ 938,668

There were no transfers to or from Levels 1 and 2 during the quarter ended June 30, 2016.

- (2) There were no transfers to or from Level 3 during the period ended June 30, 2016. The Company held no Level 3 securities as of June 30, 2016.
- (3) The Company recognizes transfers between fair value levels at the beginning of the reporting period.
- (4) The Company uses a market approach to value its Level 2 securities. Prices are obtained from third-party pricing services that utilize a variety of relevant market data inputs to determine the price. Inputs include, but are not limited to: prices of similar securities that traded as of the reporting date, prepayment speeds, estimated credit losses, interest rates, vintage, deal subordination, and other credit enhancements. The Company held no Level 3 securities as of June 30, 2016.

Not

(5) The Company has no derivative instruments.

B None

C. The following table summarizes fair value measurements and admitted asset values for all financial instruments as of June 30, 2016:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets		Level 1	Le	evel 2	Level 3	(Car	rying lue)
U.S Treasuries securities and obligations of		- 17	(d)		- C.	3.00	 	-0.0	
U.S. government corporations	\$ 4,908,705	\$ 4,673,036	\$	4,908,705	\$	-	\$ -		
Municipal debt securities	702,193	679,030		353		702,193			
Foreign government debt securities	777,687	611,460		123		777,687	8 - 8		
Corporate debt securities	22,669,141	21,390,879		323	22,	669,141	626		
Residential loan-backed securities	21,235,401	20,386,530		1,30	21,	235,401	9 2 9		
Commercial loan-backed securities	9,074,854	8,756,724		929	9,	074,854	526		
Other loan-backed securities	4,374,303	4,356,578		678	4,	374,303			
Total Bonds	63,742,284	60,854,237	(0)	4,908,705	58,	833,579		72	56
Money market mutual funds	2,310,700	2,310,700	_	2,310,700	2	920		15.	25
Total Assets at Fair Value	\$66,052,984	\$63,164,937	\$	7,219,405	\$ 58,	833,579	\$ -	\$	8

D. None

21. Other ItemsJune 30

There were no significant changes since December 31, 2015.

22. Events Subsequent

On April 21, 2016, the Company announced it is discontinuing the offer and renewal of all individual and group policies, including Medicare supplement policies, and withdrawing from the Oregon market. The Company will remain on the individual market Exchange through the end of 2016, and will discontinue all individual plans effective December 31, 2016. The Company stopped selling new employer group coverage in the state effective April 2, 2016, except for outstanding proposals which will be honored. Groups with effective dates of October 1, 2016 and prior may choose to renew for one more plan year, and for those groups their coverage will be discontinued at the end of the renewal plan year. All existing policies renewing November 1, 2016 or after will be discontinued at the end of their applicable plan year. The Company will begin discontinuing Medicare supplement policies effective July 1, 2016.

23. Reinsurance

There were no significant changes since December 31, 2015.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A D. There were no significant changes since December 31, 2015.
- E. (1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions? YES
 - (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year:

	(5/30/2016
a. Permanent ACA Risk Adjustment Program Assets		
	\$	6.251
Premium adjustments receivable due to ACA Risk Adjustment Liabilities	D	0,231
2. Risk adjustment user fees payable for ACA Risk Adjustment		15.215
Premium adjustments payable due to ACA Risk Adjustment		6,315,772
Operations (Revenue & Expense)		0,525,112
4. Reported as revenue in premium for accident and health contracts (written/collected) due to		6,309,521
ACA Risk Adjustment		
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)		15,215
b. Transitional ACA Reinsurance Program		
Assets		
 Amounts recoverable for claims paid due to ACA Reinsurance 	\$	1,146,147
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)		722,699
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance		2
Liabilities		
 Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium 		337,305
Ceded reinsurance premiums payable due to ACA Reinsurance		147,584
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance		147,564
Operations (Revenue & Expense)		
7. Ceded reinsurance premiums due to ACA Reinsurance		147,584
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected		1,868,846
payments		Parameter service
9. ACA Reinsurance contributions – not reported as ceded premium		337,305
c. Temporary ACA Risk Corridors Program		
Assets		
 Accrued retrospective premium due to ACA Risk Corridors 	\$	ā
Liabilities		
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors		ē
Operations (Revenue & Expense)		
 Effect of ACA Risk Corridors on net premium income (paid/received) 		-
4. Effect of ACA Risk Corridors on change in reserves for rate credits		2
	\$	86,225
Amounts Received in 2016		16
2014 Risk Corridor Receivable as of 6/30/2016	\$	17,236

No risk corridor estimate has been made for 2016

(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.

	,	ĺ									Diffe	ren	ce		Adjust	mer	its	П	1	Unsettled Bus Reporti		
		5000	Business W	ritte	n Before	Ye	ceived or Paid ear on Busines December 31 o	s W	ritten Before	A	Prior Year ccrued Less ments (Col 1- 3)	A	Prior Year Accrued Less yments (Col 2- 4)		o Prior Year Balances	0.00	Prior Year Balances		E	Cumulative Salance from	B Pri	Cumulative salance from or Years (Col 2 - 4 + 8)
			1	Г	2		3		4		5		6		7		8		П	9	Г	10
			Receivable		Payable		Receivable		Payable	1	Receivable	5	Payable	4	Receivable	Ġ.	Payable	Ref		Receivable		Payable
a. Pe	rmanent ACA Risk Adjustn	ent	Program																			
1.	Premium adjustments receivable	\$	2	\$	59	\$	75	\$	50	\$	7	\$	(3)	\$	155	\$	153	A	\$		\$	5.
2.	Premium adjustments (payable)		20		21,770,421		58		50		177		21,770,421		853		(155,152)	В				21,615,269
3.	Subtotal ACA Permanent Risk Adjustment Program	\$	5	\$	21,770,421	\$	20	\$	25	\$	-	\$	21,770,421	\$	87	\$	(155,152)		\$	3.	\$	21,615,269
b Tr	ansitional ACA Reinsurance	Pre	отат																			
	Amounts recoverable for claims paid			S	8	\$	6,747,794	\$	- 56	s	6,952,832	\$	(+)	\$	3,306,368	\$	888	C	\$	10,259,200	\$	×
2.	Amounts recoverable for claims unpaid (contra liability)		2,206,113		8		==		- 55		2,206,113		(*)		(2,206,113)		988	D		÷		Æ
3.	Amounts receivable relating to uninsured plans		20		28		9:		\$		1/8		(3)		1576		929	E		9		5
4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium		=		1,605,516				939,906				665,610		926		320	F		×		665,610
5.	Ceded reinsurance premiums payable		20		1,056,924		23		1,056,924		16		1620		929		323	G		25		2
6.	Liability for amounts held under uninsured plans		2		<u>5</u> 8		23		27		A23		721		122		628	Н		35		2
7.	Subtotal ACA Transitional Reinsurance Program	\$	15,906,739	\$	2,662,440	\$	6,747,794	\$	1,996,830	\$	9,158,945	\$	665,610	\$	1,100,255	\$	848		\$	10,259,200	\$	665,610
c. Te	mporary ACA Risk Corrido	rs P	rogram																			
1.	Accrued retrospective premium	\$		5	2)	\$	27	\$	<i>3</i> ;	S	E.	\$	3-20	\$	S=5	\$	350	I	\$	2	5	2
2.	Reserve for rate credits or policy experience rating refunds		3		29		50		25		-		343		946		865	J		12		2
3.	Subtotal ACA Risk Corridors Program	\$	5	\$	#1 neversesses	\$	\$5 000000000000000000000000000000000000	\$	•Si energosasione	5		\$	55	\$	3 5 2	5	6 - 6		\$	(#. 1976-1978-2011	S	Encountered
d.	Total for ACA Risk Sharing Provisions	\$	15,906,739	S	24,432,861	\$	6,747,794	\$	1,996,830	5	9,158,945	\$	22,436,031	\$	1,100,255	\$	(155,152)		\$	10,259,200	5	22,280,879

25. Changes in Incurred Claims and Claim Adjustment Expenses

As the unpaid claims and claims adjustment expenses liability includes various actuarially developed estimates, the Company's actual claims experience may be more or less than the Company's previously developed estimates. The Company's unpaid claims and claim adjustment expenses at December 31, 2015 decreased by \$5,862,557 in the following six months and at December 31, 2014 decreased by \$6,062,116 in the following year for claims that had occurred on or prior to those balance sheet dates. These adjustments resulted from the Company's actual claims expenses related to prior years totaling less than the estimates previously made by the Company. These changes in reserves are generally the result of ongoing analysis of recent loss development trends. Adjustments of prior-year estimates may result in additional claims expenses or a reduction in claims expenses may be offset as the Company establishes its accrual for current-year claims expenses. No return premiums were due as a result of the adjustments in the claims liability. Adjustments made to the claims liability for unpaid claims processing expense during 2016 and 2015 were immaterial.

26. Intercompany Pooling Arrangements

There were no significant changes since December 31, 2015.

27. Structured Settlements

There were no significant changes since December 31, 2015.

28. Health Care Receivables

There were no significant changes since December 31, 2015.

29. Participating Policies

There were no significant changes since December 31, 2015.

30. Premium Deficiency Reserves

There were no significant changes since December 31, 2015.

31. Anticipated Salvage and Subrogation

There were no significant changes since December 31, 2015.

PART 1 - COMMON INTERROGATORIES GENERAL

1.1		ence any material transactions Model Act?				tate of		Yes [1	No [X]
1.2	If yes, has the report been file	ed with the domiciliary state? _		0.00-1016	00000		97	Yes []	No []
2.1	Has any change been made or reporting entity?	during the year of this stateme	nt in the charter, by-laws, art	icles of incorporation, or dec	ed of settlen	ent of the	8	Yes [1	No [X]
2.2	If yes, date of change:			11600 11600	00000	000 00	1000000			
3.1	Is the reporting entity a member which is an insurer?	per of an Insurance Holding Co		two or more affiliated person	ons, one or n	nore of	8	Yes [X]	No []
	If yes, complete Schedule Y,	Parts 1 and 1A.								
3.2	Have there been any substan	tial changes in the organizatio	nal chart since the prior qua	ter end?	-31000			Yes [1	No [X]
3.3	If the response to 3.2 is yes,	provide a brief description of th	ose changes.							
4.1	Has the reporting entity been	a party to a merger or consolic	dation during the period cove	red by this statement?			50	Yes [1	No [X]
4.2	If yes, provide the name of er ceased to exist as a result of		d state of domicile (use two	etter state abbreviation) for	any entity th	at has				
		1 Name of I	Entity	2 NAIC Company Code	State of E					
5.	If the reporting entity is subjected, or similar agreement, hat If yes, attach an explanation.	ct to a management agreemen ve there been any significant o					Yes []	No [X]	NA []
6.1	State as of what date the late	st financial examination of the	reporting entity was made or	is being made				1	12/3	1/2014
6.2	State the as of date that the la	atest financial examination rep of the examined balance shee	ort became available from ei	ther the state of domicile or			10-00000 10-00000		12/3	1/2010
6.3		the release date or completion		ort and not the date of the		(balance			06/1	5/2012
6.4	By what department or depart	tments?								
	Oregon Insurance Division				1000	2-17/27				
6.5	Have all financial statement a statement filed with Department	djustments within the latest finents?	ancial examination report be	en accounted for in a subse	equent finan	ial	Yes []	No [1	NA [X]
6.6	Have all of the recommendati	ons within the latest financial e	examination report been com	plied with?		-01000000-03	Yes []	No []	NA [X]
7.1		any Certificates of Authority, lic or governmental entity during th		ding corporate registration, i	f applicable)		38	Yes []	No [X]
7.2	If yes, give full information:									
8.1	Is the company a subsidiary of	of a bank holding company reg	ulated by the Federal Reser		011975	0310	8	Yes [1	No [X]
8.2	If response to 8.1 is yes, plea	se identify the name of the bar	nk holding company.							
8.3	Is the company affiliated with	one or more banks, thrifts or s	ecurities firms?				90	Yes []	No [X]
8.4	federal regulatory services ag	se provide below the names a gency [i.e. the Federal Reserve in (FDIC) and the Securities Ex	Board (FRB), the Office of t	he Comptroller of the Curre	ncy (OCC), t	he Federal				
	1	Ĩ	2 Location	3	4	5	6	T		
	Affiliate Nar	me	(City, State)	FRB	occ	FDIC	SEC			

3.1	Are the senior indices (principal executive fines, principal international order, principal according to the order of the	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		Yes []	No [X]
9.21			
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		
10.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?	Yes [X]	No []
10.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$		2,072
	INVESTMENT		
11.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)	Yes []	No [X]
11.2	If yes, give full and complete information relating thereto:		
12.		_2200	
13.	Amount of real estate and mortgages held in short-term investments:		
14.1	Does the reporting entity have any investments in parent, subsidiaries and affiliates?	Yes []	No [X]
14.2	If yes, please complete the following:		
	12		
	Prior Year-End Current Quarter Book/Adjusted Book/Adjusted		
	Carrying Value Carrying Value		
	14.21 Bonds		
	14.22 Preferred Stock \$ 14.23 Common Stock \$		
	14.23 Common Stock \$ \$		
	14.24 Short-Term Investments \$ \$ \$		
	14.25 Mortgage Loans on Real Estate \$ \$		
	14.26 All Other		
	14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		
	(Subtotal Lines 14.21 to 14.26)\$0 \$0 14.28 Total Investment in Parent included in Lines 14.21 to 14.26		
	above \$ \$ \$		
15.1	Has the reporting entity entered into any hedging transactions reported on Schedule DB?	Yes []	No [X]
15.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	Yes []	No []
	If no, attach a description with this statement.		

16		ecurity lending program, state the ar reinvested collateral assets reported			rent statement date:	\$	0	0
		ed/carrying value of reinvested collate securities lending reported on the lial		ed on Schedule D	DL, Parts 1 and 2	100000000000000000000000000000000000000	0)
17.	Excluding items in Schedu entity's offices, vaults or si pursuant to a custodial ag Considerations, F. Outsou	ule E – Part 3 – Special Deposits, rea afety deposit boxes, were all stocks, reement with a qualified bank or trus	al estate, mortgage bonds and other s at company in acco I or Safekeeping A	securities, owned ordance with Sec greements of the	tion 1, III – General Examination e NAIC Financial Condition Examiners	9	Yes [X] No	
7.1	For all agreements that co	mply with the requirements of the No	AIC Financial Con	dition Examiners	Handbook, complete the following:			
	,	1		13	2			
	BNY	Name of Custodian(s)			Custodian Address Center, Room 151-1035, Pittsburgh			
11.2	location and a complete e:		2 Location(s)	3703133397034,3443	miners Handbook, provide the name, 3 Complete Explanation(s)	3		
		nges, including name changes, in the	e custodian(s) ider	ntified in 17.1 dur	ing the current quarter?	221 - 2 3	Yes [] No	[X]
	5 22 5	1	2 rustodian	3 Date of Change	4 Reason			
7.5		isors, broker/dealers or individuals a s and have authority to make investr						
		1 Central Registration Depository	Nam		3 Address	Ĩ		
		Not Applicable	Baird Advisors_		777 E. Wisconsin Ave., Milwaukee, 53202-5391	Control of the Contro		
	Have all the filing requiren	nents of the Purposes and Procedur	es Manual of the I		Analysis Office been followed?		Yes [X] N	No [

PART 2 - HEALTH

Operating Percentages:			
1.1 A&H loss percent.			92.3 %
1.2 A&H cost containment percent			4.6 %
1,3 A&H expense percent excluding cost containment expenses			21.5 %
2.1 Do you act as a custodian for health savings accounts?		Yes []	No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date	_ \$_		
2.3 Do you act as an administrator for health savings accounts?		Yes []	No [X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date	\$		

STATEMENT AS OF JUNE 30, 2016 OF THE LifeWise Health Plan of Oregon, Inc.

SCHEDULE S - CEDED REINSURANCE

o	Effective Date of Certified Reinsurer Rating																	
8	Certified Reinsurer Rating (1 through 6)																	
7	Type of Reinsurer		Authorized															
9	Type of Reinsurance Ceded		OTH/1/A OTH/6/A															
aties - Current Year to Date 5	Domiciliary Jurisdiction		Q															
Showing All New Reinsurance Treaties - Current Year to Date		LIFE & ANNUTY - AFFILATES LIFE & ANNUTY - NON-FFILATES ACCIDENT & HEATH - AFFILATES		PROPERTY CASIMLY — AFFILIATES PROPERTY CASIMLY — NIN-AFFILIATES														
က	Effective Date		01/01/201	27/10/10														
2	ID Number		06-0839705															
-	NAIC Company Code		82627 82627															

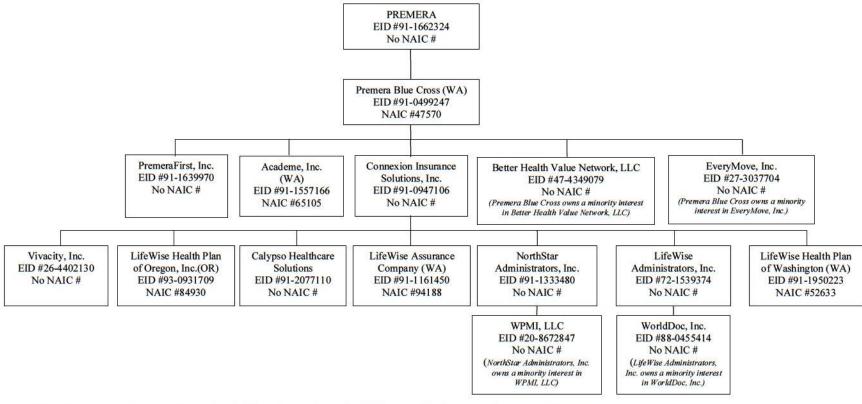
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

		1			cated by States	Direct Bus	siness Only			
	States, Etc.	Active Status	2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1.	AlabamaAL	N	Victoria 3	NAMES AND		an Maran		i zamaza i	0	an smale
	Alaska AK	N							0	
	ArizonaAZ	N							0	
	ArkansasAR	N		-1100					0	
	CaliforniaCA ColoradoCO	N	53/5/2005	1000					0	
	Connecticut CT	N N							0	
300	DelawareDE	N							0	
	Dist. Columbia DC	N	10000000						Lo	
10.	Florida FL	N	12000000	100				0.000	0	
	Georgia GA	N							0	
	Hawaii HI	N							0	
1000	Idaho ID	J							0	
	IllinoisIL	N							0	
	IndianaIN	N						0	0	
100000	lowaIA KansasKS	NN	720000	74:00 A 74:00		St. 7550X		N	0	
10000	Kentucky KY	N N				3000		25/0/69/5	0	2010 - 0000000
	LouisianaLA	N							0	0.00
1000	Maine ME	N	1390335	15-017 15-0		18 1840 H		- XXXXXX	0	ion senso
21.	MarylandMD	N							٥	
	Massachusetts MA	N	74000000	7400			DECCESSORY (87%)		0	
23.	Michigan MI	N							0	
	Minnesota MN	N							0	
1	Mississippi MS	N				25/200			0	
1000	MissouriMO	N	1100000	1100				0.000000	0	VIII 17/11/11/11
2000	MontanaMT	N	100000	-1000 - 100	. 010 - 010-50161	0 3000		25/08/25/13	0	
	Nebraska	N N		ETGAT TIGO					0	<u> </u>
	New Hampshire NH	N							0	····
	New JerseyNJ	N.	738038000	7440 A. 7440		44. 7440.H.			0	
10000	New Mexico NM	N							0	1000 0000000
1717	New York NY	N	4/10/00	44-44		10 1000			o	
34.	North CarolinaNC	N	12-00000	21/02/2			AND STATE OF THE S		0	
35.	North Dakota ND	N							0	
36.	OhioOH	N							0	
12.00	Oklahoma OK	N							0	
100	Oregon OR	L	73,386,213		loge normoge				73,386,213	
	PennsylvaniaPA	N		1100					0	
1000000	Rhode Island RI	N	725020000	7240 A		-34 72-74-74		N	0	
1000	South Carolina SC South Dakota SD	N N							0	
	TennesseeTN	N N							1 0	
	TexasTX	N	190000	1500 8 1500		18 1840 K	10.000000000000000000000000000000000000	201000	0	
	UtahUT	N							0	
46.	VermontVT	N	100000000000000000000000000000000000000			150 15020 10 1000			0	
47.	VirginiaVA	N		100 H				35.00	0	
	Washington WA	N	2200000	4000 100		12000	- 14 marine 12 - 14 marine 12 m		0	
	West Virginia WV	N				DE	<u> </u>		0	
1 1 1 1 1 1 1	Wisconsin WI	N	1100000	alius IIIus				0 0000000	0	
120000	WyomingWY	N		*1000 100					0	
10000	American Samoa AS Guam GU	NN	100000	100					0	
	Puerto RicoPR	N N							0	
	U.S. Virgin Islands	N.	73/03/10/	7400 X 7400		18 ANS		N - NAMES - 3	0	
	Northern Mariana Islands MP	N	1100000					V 0000000		
200	CanadaCAN	N	202000	4,630	Loro Contractor				0	
	Aggregate other alienOT	XXX	0	0	0	0	0	و	0	
	SubtotalReporting entity contributions for	XXX	73,386,213	0	0	0	0	0	73,386,213	
61.	Employee Benefit Plans Total (Direct Business)	XXX (a) 2	73,386,213	0	0	0	0	0	73,386,213	1
58001	DETAILS OF WRITE-INS	XXX	1500000	14000		100	SECTION IN		0000	
58002	2	260.00						70110770		
58003	3	XXX	3/5/0/6	<u> </u>		1000				
5800	Summary of remaining write-ins for	XXX	100000	-1500				19——30.H3030—	-	
	Line 58 from overflow page Totals (Lines 58001 through 58003	XXX	0	۵	0	0	0	0	0	
	plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	

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

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

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART



Note: Except where otherwise noted, each subsidiary shown above is 100% owned by its respective parent company.

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

1 Group Code	2 Group Name	NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Name of Parent Subsidiaries or Affiliates	9 Domiciliary Location	Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	15
				A.C. W.Direct.	2000	Service Control of Control		100		#10.75 (# 12.45 #4.15 14.75 A.1	Board of		Board of	12
	Premera Blue Cross Group	00000. 47570.	91-1662324			N/A	PREMERA	WA	UIP	Board of Directors	Directors		Directors	0
	Premera Blue Cross Group	4/5/0	91-0499247			N/A	Premera Blue Cross	WA	UIP	PREMERA.	Ownership	100.0	PREMERA	0
00962	Premera Blue Cross Group	00000	91-1639970			N/A	PremeraFirst, Inc.	WA	NIA	Premera Blue Cross	Ownership	100.0	PREMERA	0
	Control of the contro	A PROPERTY OF THE PARTY OF THE	OF STREET STREET, ST. ST.			A TANDON DOMESTON	Connexion Insurance Solutions,	Tribution Co.	2000 0000000	THE CONTRACT OF THE CONTRACT O	WIND CONTROL OF	Was a Table		
	Premera Blue Cross Group	00000	91-0947106			N/A	Inc	WA	UDP	Premera Blue Cross	Ownership		PREMERA	0
00962	Premera Blue Cross Group	65105	91-1557166			N/A	Academe, Inc	WA	IA	Premera Blue Cross	Ownership	100.0	PREMERA	0
		C 1740-0401 740	and the second s	0.000		CONTRACTOR SERVICES	Better Health Value Network,	CO 200 PG H9 G	57 X W T T T T T T T T T T T T T T T T T T	100 marks 200 marks 2	Water Control (- APA-HERTINAS	Control NAM	
	Premera Blue Cross Group	00000	47 -4349079			N/A	LLC	WA	NIA	Premera Blue Cross	Ownership	20.0	PREMERA	0
00962	Premera Blue Cross Group		27 - 3037704			N/A	EveryMove, Inc	DE	NIA	Premera Blue Cross	Ownership	22.4	PREMERA	0
		A 600 000 000 000 000	SOLERNING CONTROL	- St. 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15					* ************************************	Connexion Insurance	20 C		CALADARA NAS SAN	36.00
00962	Premera Blue Cross Group	00000	26-4402130			N/A	Vivacity, Inc.	WA	NIA	Solutions, Inc	Ownership.	100.0	PREMERA	0
							LifeWise Health Plan of Oregon.	100000		Connexion Insurance				
00962	Premera Blue Cross Group	84930	93-0931709	1 1		N/A	Inc	OR	RE	Solutions, Inc.	Ownership	100.0	PREMERA	0
00002	Tomora Diao oroco orocp.	0,000	00 0001100	200 - 2000	: VARV:					Connexion Insurance	- Cantoronip		THE STATE OF THE S	
00962	Premera Blue Cross Group	00000	91-2077110	1		N/A	Calypso Healthcare Solutions	WA	NIA	Solutions, Inc.	Ownership	100.0	PREMERA	n
00302	Tremera brac oross oroup		01-2011110				oarypso neartheare corutrons			Connexion Insurance	OMIGISTIP		/ NUMEROL	v
00962	Premera Blue Cross Group	94188	91-1161450			N/A	LifeWise Assurance Company	WA	TA	Solutions, Inc	Ownership	100.0	PREMERA	0
00302	rieliera bide cross croup		31-1101430				Littem 196 Assurance cumpany			Connexion Insurance	Owiersinp	100.0	FINLINCIPAL	1
00962	Deamara Plus Casas Casus	00000	91-1333480	1 1		MJA:	MostbCtos Administrators Inc.	WA	NIA	Solutions, Inc	Ownership	400.0	PREMERA	
00902	Premera Blue Cross Group		91-1333400				NorthStar Administrators, Inc	TA	NIA		ownership	100.0	PREMERA	
00000	D DI O O	00000	70 4500074	1 1		MILE	Company and a service of the service	WA	NIA	Connexion Insurance	0	400.0	PREMERA	0
00962	Premera Blue Cross Group	00000	72-1539374			N/A	LifeWise Administrators, Inc	MA	NIA	Solutions, Inc	Ownership	100.0	PREMERA	0
	G GG G G			1		27,627	LifeWise Health Plan of	720	8787	Connexion Insurance	S (0)		The state of the s	
00962	Premera Blue Cross Group	52633	91-1950223		<u> </u>	N/A	Washington	WA	IA	Solutions, Inc	Ownership	100.0	PREMERA	0
	Decrees and the second second second	F. F. S.	CHARLES TO STATE OF THE PARTY O	1 1					1000	NorthStar Administrators,				
	Premera Blue Cross Group	00000	20-8672847			N/A	WPM1, LLC	DE	NIA	Inc	Ownership	20.3	PREMERA	0
00962	Premera Blue Cross Group		88-0455414			N/A	WorldDoc, Inc.	NV	NIA	LifeWise Administrators, Inc	. Ownership	13.5	PREMERA	0
					E 1000			8 8 8						1997
					1.000			0 0 00			and the second			
Same of	har parasan annasan annasa			9	0 2000000		nasawan arawan kamuna i	n- w	2	Smooning mooning simplement		i serrocara	mocanii zwroca	
								l						1
- Commence	got allerione neerone neerone	4			3,000	1000		0 0 00		<u> 2000-0 - 2</u>	15200 3			

Asterisk	Evaluation
ASIGISA	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
Explanation:	
1.5	
Bar Code:	
1.	

OVERFLOW PAGE FOR WRITE-INS

MQ003 Additional Aggregate Lines for Page 03 Line 23.

		1 Covered	2 Uncovered	3 Total	4 Total
2304.	Advance Deposit	92.000		92 000	1.757.997
2397.	Summary of remaining write-ins for Line 23 from Page 03	92,000	0	92,000	1,757,997

SCHEDULE A - VERIFICATION

Real Estate		
	1 Year To Date	2 Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.		0
2.2 Additional investment made after acquisition		0
3. Current year change in encumbrances		0
4. Total gain (loss) on disposals		0
5. Deduct amounts received on disposals		0
Total foreign exchange change in book/adjusted carrying value		0
7. Deduct current year's other-than-temporary impairment recognized	The Name of States and the	0
8. Deduct current year's depreciation		0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10. Deduct total nonadmitted amounts	0	0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B - VERIFICATION

Mortgage Loans		
	1 Year To Date	2 Prior Year Ended December 31
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		
Capitalized deferred interest and other		1
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals.		
7. Deduct amounts received on disposals.		
Deduct amortization of premium and mortgage interest points and commitment fees		
Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)	0	
14. Deduct total nonadmitted amounts	0	
15. Statement value at end of current period (Line 13 minus Line 14)	0	

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets		
	1 Year To Date	2 Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
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.		
Deduct amortization of premium and depreciation		
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	0	
13. Statement value at end of current period (Line 11 minus Line 12)	0	

SCHEDULE D - VERIFICATION

		1 Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	.74,911,275	68,645,085
2.	Cost of bonds and stocks acquired		26,265,930
	Accrual of discount	113,824	147 ,715
4.	Unrealized valuation increase (decrease)	5,374	(52,499
5.	Total gain (loss) on disposals	715,577	29,679
6.	Deduct consideration for bonds and stocks disposed of		19,608,832
	Deduct amortization of premium	182,071	515,803
	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)	60,854,237	74,911,275
11.	Deduct total nonadmitted amounts	0	
	Statement value at end of current period (Line 10 minus Line 11)	60,854,237	74,911,275

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
on the Current Quarter for all Bonds and Preferred Stock by MAIC Design

		During the Current Quar	ter for all Bonds and Prefe	rred Stock by NAIC Design	nation			
NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	49,002,659	10,346,141	8,086,190	2,673	49,002,659	51,265,283	0	67, 110, 923
2. NAIC 2 (a)	9,535,705		6,422	(10,082)	9,535,705	9,519,201	0	10,208,930
3. NAIC 3 (a)	2,081,696		620,000	(49,976)	2,081,696	1,411,720	0	1,087,976
4. NAIC 4 (a)	325,301			31,656	325,301	356,957	0	305,613
5. NAIC 5 (a)	0		<u> </u>		0	0	0	0
6. NAIC 6 (a)	614,907			(3, 131)	614,907	611,776	0	Ö
7. Total Bonds	61,560,268	10,346,141	8,712,612	(28,860)	61,560,268	63,164,937	0	78,713,442
PREFERRED STOCK								
8. NAIC1	0	. 20000-000 20000-000 0	Marchie Charles	- 2000 - 2000	0	0	0	
9. NAIC 2	0				0	0	0	0
10, NAIC 3	0				0	0	0	0
11. NAIC 4	0				0	0	0	0
12. NAIC 5	0				0	0	0	0
13. NAIC 6	0				0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	61,560,268	10,346,141	8,712,612	(28,860)	61,560,268	63,164,937	0	78,713,442

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

SCHEDULE DA - PART 1 Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	2,310,700	xxx	2,310,700	452	

SCHEDULE DA - VERIFICATION Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	3,802,167	530,404
Cost of short-term investments acquired	23,224,611	26,878,498
3. Accrual of discount	22002 KONDO KANDON KANDON I	0
Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals		0
Deduct consideration received on disposals	24,716,078	23,606,735
7. Deduct amortization of premium		0
Total foreign exchange change in book/adjusted carrying value		0
Deduct current year's other-than-temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	2,310,700	3,802,167
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	2,310,700	3,802,167

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3 NONE

SCHEDULE D - PART 3

	· ·		Show	w All Long-Term Bonds and Stock Acquired During to					
CUSIP	2	3	4	5	6 Number of	7 Actual	8	9 Paid for Accrued	NAIC Designation of
Identification	Description	Foreign	Date Acquired	Name of Vendor	Shares of Stock	Cost	Par Value	Interest and Dividends	
Bonds - U.S. Gove		rologii	Date / toquiled	Harrie of Fortage	Chalco di Glodi	0001	rui fuido	The look and Dividende	marcator
	US Treasury Note/Bond 1.250% 04/30/19	ilana sasa	05/31/2016	HSBC Securities	man-see to see the see to see the	1,133,002	1,125,000	1,299	1
	US Treasury Note/Bond 2.500% 05/15/24			Goldman Sachs & Co		244,372	.225,000	795	1
0599999 - Bor	nds - U.S. Governments	Marie and	A			1,377,374	1,350,000	2,094	XXX
Bonds - U.S. Spec	cial Revenue				**	29-37-38	V	7.1	
	Freddie Mac C91467 3.500% 07/01/32		05/11/2016	Cantor Fitzgerald & Co		323,138	303, 193		1
31335A-TG-3	Freddie Mac G60551 4.000% 04/01/46		05/05/2016	J.P. Morgan Chase Securities		320,860	297,523		1
3137B0-3W-2	FHLMC Multifamily Structured K502 A2 1		03/08/2016	Goldman Sachs & Co		(868)	(865)		1
31418A-CM-8		<u> </u>		J.P. Morgan Chase Securities.		489,932	468,764		
		nd all Non-Guarante	ed Obligations of A	gencies and Authorities of Governments and Their Politic	cal Subdivisions	1,133,062	1,068,615	1,352	XXX
	and Miscellaneous (Unaffiliated)	72	×	34	¥ 24	156		10	38
	Capital Auto Receivables Asset 2015-4		04/26/2016	Barclays Capital Fixed Income		325,914	325,000		
	Chase Issuance Trust 2016-A1 0.856% 05	44 4	05/12/2016	Loop Capital Markets		325,000	325,000	1000	1FE
34528Q-EN-0	Ford Credit Master Owner Trust 2016-1		04/08/2016	Barclays Capital Fixed Income		325,660	325,000		
34530W-AA-5	FORD OREDIT AUTO OWNER TRUST/F 2015-2		05/24/2016			381,563	375,000		1FE
55315F-AE-0				J.P. Morgan Chase Securities		149,994	150,000		1Æ
61766E-BC-8	MORGAN STANLEY BANL TRUST MSBAN 2016-C29.	8 B B	04/22/2016	Morgan Stanley & Co Inc		154,498	150,000		// become
68389X-BL-8						299,949	300,000		JFE
	Principal LFE GLB FND 11 144A 3.000% 0			Credit Suisse Securities.			325,000		1F
92939K-AF-5	WF-RBC Comm Mortgage 2014-C24 ASB 3.32		04/04/2016	Goldman Sachs & Co		421,654	400,000		1FN
50248W-AC-0	CAISSE CENTRALE DESJARDN 144A 1.550% O.		05/12/2016	BMO Capital Markets Corp.		350,354	350,000	980	1FE
576339-AU-9	MASTER CREDIT CARD TRUST 2016-1A 1.089		04/11/2016	Custodial Sweep		325,000	325,000		IÆ.
06675F-AG-2	Banque Fed Cred Mutuel 144A 2.000% 04/	F	04/18/2016	Morgan Stanley & Co Inc.		350,928	350,000	156	1FE
3899999 - Bor	nds - Industrial and Miscellaneous (Unaffiliated)					3,734,650	3,700,000	2,308	XXX
8399997 - Sub	ototals - Bonds - Part 3					6,245,086	6,118,615	5,754	XXX
8399999 - Sub	ototals - Bonds					6,245,086	6,118,615	5,754	XXX
	- I								
			<u> </u>						
0000000 Totale						6 245 086	YYY	5 754	YYY

9999999 Totals

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

SCHEDULE D - PART 4

					Sho	w All Long-1	Ferm Bonds	and Stock S	old, Redeem	ed or Otherwis			urrent Quarte							
1	2	3 4	5	6	7	8	9	10		Change in I	Book/Adjusted C	arrying Value	T.	16	17	18	19	20	21	22
CUSIP Identi- fication		F o r e i g Disposal		Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Canying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/	Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B.A.C.V. (11+12-13)	Total Foreign Exchange Change in B/A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received	Stated Contractual Maturity	NAIC Desig- nation or Market Indicato (a)
	Description S. Governments	n Date	Name of Purchaser	SECK	Consideration	rai value	Acidar Cost	value	(Decrease)	Accietion	Necognized	(11+12-10)	BIA.C.V.	Disposal Date	Disposal	Disposal	Dispusar	During Year	Date	(a)
	US Treasury Note/Bond 1.750% 03/31/22	05/03/2016	Various		304,325	300,000	305 ,368			(135)		(135)		305,234		(909)	/909	3,066	_03/31/2022	790
	US Treasury Note/Bond 2.625% 08/15/20	05 / 24 / 2016		7444444	1,139,045	,075,000 ر	1,117,290	1,116,729		(3, 145)	(CARD)	(3,145)		1,113,583		25,461	25,461	.20 ,877	_08/ 15/2020	-
	US Treasury Not e/Bond 1.250% 04/30/19	06/08/2016			353,485	350,000	352,489	3,710,720		(23)		(23)		352,467		1,019	1,019	.523	04/30/2019	210
	US Treasury Note/Bond 2.500% 05/15/24	04/11/2016			693,226	650,000	666 ,128	665,706		(472)	33333	(472)	2222	665,234		27,992	27,992	6,597	_05/ 15/2024	
	- Bonds - U.S. Governmen		rarious		2.490.081	2 .375 .000	2,441,275	1,782,435		(3,775)	0	(3,775)	0	2,436,518	0	53,563	53,563	31,063		XXX
			ent and all Non-Guaranteed	Obligations of A	gencies and A	uthorities of Go	vernments and		ubdivisions	-										-
3128N6-AX-6.	Freddie Nac 904222 5.500% 04/01/38	.06/01/2016	Name of the State	110000	5,256	5 ,256	5,565	5,554		(298)		(298)		5,256			0	118	_04/01/2038.	1
3128N6-V3-9	Freddie Nac G04834 5.000% 03/01/36	06/01/2016	Paydown		.15,439	15 ,439		16,840		(1,401)		(1,401)		15,439			0	310	_03/01/2036_	.1
3128N6-YJ-1	Freddie Nac 604913 5.000% 03/01/38	06/01/2016	Paydown	74-03-150 	.13,186	13 ,186	14,285	14,256		(1,069)		_(1,069)	2 32332	13,186		6 735038 - 3	0	275	_03/01/2038	1
3128NA-BS-7.	Freddie Nac G07849 3.500% 05/01/44	06/01/2016			.14,614	14,614	15,257	15,251		(637)	333	(637)		14,614		775311	.0	216	_05/01/2044	
3128NJ-NN-7	Freddie Nac 608372 4,500% 11/01/39	06/01/2016	Paydown	74000000	14,099	14 ,099	14,982	14,961		(862)		(862)	S 30000	14,099		7.1883	0	265	_11/01/2039	2000
3128P7-TC-7	Freddie Nac C91447 3.500% 05/01/32	06/01/2016	Paydown		32,767	32 .767	34,589	34,558		(1,792)		(1,792)		32,767			0	482	05/01/2032	240
	Freddie Nac C91467 3.500% 07/01/32	06/01/2016	Paydown	11.07.000	5,439	5 ,439	5,797			(358)		(358)	2777	5,439			0	16	_07/01/2032	
	Freddie Nac J19197 3.000% 05/01/27	06/01/2016				20 ,232	21,145	21,003		(771)		(771)		20,232				251	_05/01/2027.	
	Freddie Nac FG 000647		Paydown	110000					20 2000	The state of the s		****	- 2007		100000			204	1	
31292G-WG-7_	6.500% 09/01/28 Freddie Nac FG 000760	06/01/2016_	- Lancacan	 	10,480	10 ,480	10,774	10,720		(240)	l	(240)			l				_09/01/2028_	
31292G-ZZ-2	6.500% 05/01/29 Freddie Nac FG 001197	06/01/2016_	Paydown		6,408	6,408	6,589	6,562	×	(154)		(154)		6,408				172	_05/01/2029	9,000
31292H-KJ-2.	6.500% 07/01/31 Freddie Mac 003490	06/01/2016_	Paydown		910	910	907	907		3		3		910				24	07/01/2031.	
31292K-2X-4	Freddie Nac 009015	06/01/2016_	Paydown	1100000	27,207	27 ,207	28,465	28,416		(1,210)		(1 ,210)		27,207		1000	0	497	_08/01/2040_	
31292S-AQ-3	3.000% 10/01/42 Freddie Nac A93505	06/01/2016	Paydown	15-0000	20,137	20 ,137	21,012	20,966	200	(829)	2000 - 20	(829)	2 201103	20,137			0	253	_10/01/2042	
312941-3N-5.	4.500% 08/01/40 Freddie Nac 008998	06/01/2016	Paydown		.50,947	50 ,947	53,909	53,821		(2,875)		.(2,875)		50,947			0	967	_08/01/2040.	
3 132GU-KK -9_	3.500% 06/01/42 Freddie Nac Q10378	06/01/2016_	Paydown		24,314	24 ,314	25,750	25,688		(1,374)		(1,374)		24,314			0	362	_06/01/2042	1
3132HL-N3-4	3.000% 08/01/42	06/01/2016	Paydown		37,265	37 ,265	39,253	39,148		(1, 884)		.(1,884)		37,265			0	473	_08/01/2042	1
3132KF-B5-0.	Freddie Nac V60960 3.000% 10/01/30	06/01/2016	Paydown		8,215	8 ,215	8,582	8,578		(363)		(363)		8,215			0	104	_10/01/2030.	
31335A-CR-7_	Freddie Nac 660080 3.500% 06/01/45	06/01/2016	Paydown	990000	9,613	9 ,613	9,958			(345)		(345)		9,613			0	113	_06/01/2045_	1
31335A-TG-3	Freddie Nac 960551 4.000% 04/01/46	06/01/2016	Paydown	L	1,828	1 ,828	1,971			(143)		(143)		1,828	ļ		0	6	04/01/2046	
3 1336¥-00-0	Freddie Nac FG G11880 5.000% 12/01/20	06/01/2016	Paydown	2000000	7,311	7,311	7,074	7,172		139		139	2.000	7,311			0		12/01/2020	1
31358F-BB-4	Federal National Ntg Assn FNR 1990-105 J	06/01/2016	Paydown		8,571	8,571	8,849	8,676		(105)		(105)		8,571				230	_09/25/2020.	
	Federal National Nitg Assn PAR 693-29 Z	06/01/2016	Paydown		20,232	20 ,232	21,256	20,810		(579)		(579)		20,232		12000	0	590	08/25/2023	1
3 1368H-K8-5	Federal National Mtg Assn PN 190319 6.	06/01/2016			363	363	378	376		/13		(13)		363			0	10	02/01/2032	340
	Federal National Ntg Assn PN 252439 6	06/01/2016	23480747 03040-63 0		99	90	104	103		191		(3)	2 2000 N	90		1000		2	05/01/2029	
	Federal National Ntg Assn PN 252570 6.	06/01/2016	S. S	T	754	754	740	742		(0)		12		754					29.40000000000000000	200
210000000000000000000000000000000000000	FHLNC Nultifamily	Series - Contract Con	514 04 050	11.201.5.	2000000	1930 1800	P3/2/3/2007 - 3/4/4/D1						2000	120000 12000 12000		1000		21	_07/01/2029_	
313780-3₩-2	Structured K502 A2 1 Federal National Ntg Assn	06/01/2016_	Paydown		25,686	25 ,686	25,755	1000		(68)		(68)		25,686			0		_08/25/2017_	1
31385X-FJ-1.	PN 555569 6	05/01/2016	Paydown		102	102	104	102				٥		102			0	2	_05/01/2016.	

SCHEDULE D - PART 4

					Sho	w All Long-	Term Bonds			ed or Otherwis		f During the C	urrent Quarte	er						
1	2	3 4	5	6	7	8	9	10			Book/Adjusted C			16	17	18	19	20	21	22
CUSIP Identi- fication	Description	F o r e i g Disposal n Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/	Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B.A.C.V. (11+12-13)	Total Foreign Exchange Change in B/A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Desig nation or I Marke Indicat (a)
3 138A 1-VP -3	Federal National Ntg Assn AH0621 3.500	06/01/2016	Paydown	2170.70	.12,231	12 ,231	12,365	12,359		(128		(128)		12,231			0	192	_01/01/2041.	1
3138AN-UJ-2	Federal National Ntg Assn A17784 4.500	06/01/2016	Pavdown		28,685	28 ,685	30,471	30,424		(1,739		(1,739)		28,685			.0	533	_07/01/2041	1
3 138AS-R5-3	Federal National Ntg Assn AJ1407 4.000	06/01/2016	Paydown		56,504	56 .504	59.356	59,284	NO. 310300	(2,779	0.000	(2,779)		56,504	tee record	100000000000000000000000000000000000000	0	944	09/01/2041	1
	Federal National Ntg Assn AJ7689 4.000	06/01/2016	Paydown		.55,151	55 ,151	58,546	58,429		(3, 278		(3,278)		55,151				923	12/01/2041	
	Federal National Ntg Assn AL4450 4.500	06/01/2016	THE STATE OF THE PARTY OF THE P		21,532	21,532	23,130	23,091		(1,560		(1,560)		21,532			0	396	12/01/2043	4
	Federal National Ntg Assn A02970 3.000	06/01/2016			21,407	21 .407	22,122	22,081		(674		(674)		21,407				273	05/01/2042	
	Federal National Ntg Assn A04137 3.500	06/01/2016	Paydown		31,410	31 ,410	32,971	32,903	7000	(1, 493		(1,493)	7700	31,410	10 13/9/0000			482	06/01/2042	100
	Federal National Ntg Assn AS6013 4,000	06/01/2016	Paydown		.19.250		20,499	20,495		12		Almonto		1.00000000				335	10/01/2045	
POSSESSION OF COMME	Federal National Ntg Assn	0.0 TV-V2.V383-V38	03,444		S VSSAMMS	-ore- washing	Control Control	-6	20 2009	(1,245)		(1,245)	77707		0.000000			100000000	THAT ONLY	-200-
	AT0682 3.000 Federal National Nitg Assn	06/01/2016_	And The second		14,445	14 ,445	14,531	14,530				(85)		14,445			0	176	_04/01/2043_	
	FNM 2004-W6 1A Federal National Ntg Assn	06/01/2016_			17,011	17 ,011	16,936	16,946	30	64		64		17,011	te municipal			395	07/25/2034_	
	FN 725589 5 Federal National Ntg Assn	06/01/2016_	all to men		8,683	8,683	8,932	8,916		(233)		(233)		8,683			0	183	07/01/2034_	200.1
	PN 725773 5 Federal National Ntg Assn	06/01/2016_	Paydown		8,327	8 ,327	8,818	8,782		(455		(455)		8,327	-		0	189	09/01/2034_	
1402Q-Y3-9	FN 735230 5 Federal National Ntg Assn	06/01/2016_	Paydown	3 7/4/QHD:	.14,472	14 ,472	14,907	14,873	49 9389	(401)		(401)	5 3000	14,472		725000 0	0	326	_02/01/2035_	_1
1402Q-YV-7	FN 735224 5 Federal National Nitg Assn	06/01/2016_	Paydown		6,866	6,866	6,816	6,818		48		48		6,866			0	157	_02/01/2035	1
1402R-SN-0	FN 735925 5 Federal National Ntg Assn	06/01/2016_	Paydown	75000	.15,569	15 ,569	16,231	16,188		(619)		(619)		15,569			0	321	_10/01/2035	1
31407Y-R6-8	PN 844809 5 Federal National Ntg Assn	04/07/2016_	Morgan Stanley & Co Inc		67,411	60 ,824	56,947	57,153		(49)		(49)		57,101	10 0000	10,310		1, 105	_11/01/2035_	1_
1407Y-R6-8	FN 844809 5	04/01/2016_	Paydown		1,504	1,504	1,408	1,413		91		91		1,504			0	25	_11/01/2035_	1
31416Y-LV-4	Federal National Mtg Assn AB0339 4.500	06/01/2016_	Paydown		43,012	43 ,012	44,836	44,688		(1,676)		.(1,676)		43,012	<u> </u>			808	_01/01/2020.	1.
1418A-CN-8	Federal National Ntg Assn NA0975 3.500	06/01/2016	Paydown		.15,224	15 ,224	15,911			(687)		(687)		15,224			0		_02/01/2042	1
1419A-4N-4	Federal National Ntg Assn AE0828 3.500	06/01/2016	Paydown		20,280	20,280	21,056	21,020	27.000	(740		(740)		20,280	100 NTXXXX		0	300	02/01/2041	1_
1419B-BT -1	Federal National Ntg Assn AE0949 4.000		Paydown		.44,899	44 ,899	46,198	46,169		(1,270				44,899				752	_02/01/2041	1
31419B-CT-0	Federal National Ntg Assn AE0981 3.500	06/01/2016	Paydown	2 12-03-05	30,901	30,901	32,963	32,879		(1,978	0.000	(1,978)	2000	30,901	S SSTEEL	12000			03/01/2041	1
88805-AP-3	Tobacco Settlement Auth Iowa Muni Callab	06/01/2016	Call 100,0000		45,000	45,000	45.000	44,483	517		Martina Turk	517	n second	45,000	were were		0	1,463	06/01/2023	3FE
3199999 -			al Assessment and all Non s of Governments and The		981,248	974 ,661	1,010,886	949,134	517	(38, 105)		(37,588)	0	970,938	0	10,310	10,310	17 ,072	XXX	XXX
Bonds - Indu	ustrial and Miscellaneous (Unaffiliated)	The state of the s					Q) 3		Ť -		T		10			304:			4
	Banc of America Alternative Lo BOAA 2005	06/01/2016	Paydown		.15,741	17 ,205	15,220	15,220		565				15,785		(44)	(44)		_12/01/2035_	1FN_
12666P-AC-8	Countrywide Asset-Backed Cert. CWL 2006	06/01/2016	Paydown		166,079	54 ,910	37,899	37,899	34 444	46,781			3530	84,679		81,400	81,400	5,752	_09/25/2046_	1AL
26673-NE-8	Countrywide Asset-Backed Cert. CWL 2004	06/01/2016	Paydown		.37,416	37 ,416	36,517	36,517						37,416				823	_03/25/2035.	1FN.
2667G-JD-6	Countrywide Afternative Loan T CWALT 200	06/01/2016		12000000	.12,082	8 ,571	8,243	8,243		259		259		8,502		3,580	3,580	389	_06/25/2035.	1FN
2668E-AJ-6	Countrywide Alternative Loan T CWALT 200	06/01/2016	Paydown		17,341	6,233	6,076	6,076		425		425		6,501		10,840	10,840	564	_07/01/2021	
	JPNorgan Alternative Loan T JPALT 2006-A	06/01/2016	Paydown		.13,771	15 .998	9.953	9.953		3,556		.3.556		13,509		262	262	194	03/01/2036	
6629D-AW-5	JPNorgan Chase Mortgage Trust 2006-A7	06/01/2016	Paydown		.17,346	17 ,348	11,233	11,233		6,113		6,113		17,346			0		_01/01/2037.	
	JP Norgan Nortgage Trust JPNNT 2007-A2 2	06/01/2016	AND STATE OF THE S	1100000			20.873	20.873	CC 31000	4.693	VIII.	4.693	3000	25,566	A.M. (1987)			316	04/25/2037	116
.0000UP - NO -U	JEMMI 2007-AZ Z	0670172016	Paydown	M 200000000	25,566	21,201	20.8/3	20.873	EUR 20032360	4,693	Long (197)	4.663	10 0.0000000	25,366	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 455,632 (6)	1 0	316	04/20/203/	1 111

SCHEDULE D - PART 4 Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter 8 9 10 Change in Book/Adusted Carrying Value

CUSIP Identi- fication	Description	F o r e i g Disposal n Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B/A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Desig- nation or Market Indicator (a)
574599-RD-7	Masco Corp Corporate Bond 6.125% 10/03	04/15/2016	Ca I 102, 5599	200000000	589.720	575 ,000	571 .710	574.675		324	- A7 A	324		575.000	57	14,720	14.720	18 784	_10/03/2016.	3FE
Dec Contractor Con	RGS [I&N] Funding Corp	1010101111	340,000		3,80,11,900				.,,						V2					
74955E-AB-5_	Corporate Bond Renaissance Home Equity	06/07/2016_	Redemption 100.0000		6,422	6 ,422	7,671	7,035		(612)		(612)		6,422			0	315	_06/07/2022_	2FE
75970N-AN-7.	Loan T FANC 2005	06/01/2016	Paydown	900000	.31,499	31,499	30,506	30,506		993		993		31,499	ro Johnson		0	578	_08/25/2035_	1FN
759950-GA-0.	Renaissance Home Equity Loan T FANC 205-	06/01/2016.	Paydown		.32,750	32 ,750	30,917	30,917		1,832		1 ,832		32,750			0	583	_02/01/2036.	1FN
760985-50-1.	Residential Asset Mortgage RAAC 2004-SP1	06/01/2016	Paydown	2700000	1,869	1 ,869	1,869	1,866		3		3		1,869	Ye Departed		0	41	_08/25/2027.	1FN
76110W-LW-6	Residential Asset Securities C RASC 2003	06/01/2016	Paydown		11,840	11 ,840	11,295	11,295		545		545		11,840			0	227	_11/25/2033	1RIL
92922F-ZY-7.	Washington Mutual Inc WANU 2004-CB4 21A	06/01/2016	Paydown		.11,967	11 ,967	11,960	11,960						11,967	4.0		0	276	12/25/2019	1FN
3899999	- Bonds - Industrial and Mis	scellaneous (Un	affiliated)		991,409	856 , 289	811,942	814,268	0	66,383	0	66,383	0	880,651	0	110,758	110,758	29,461	XXX	XXX
8399997	- Subtotals - Bonds - Part 4		3-91-10-0-0-0		4,462,738	4,205,950	4,264,103	3,545,837	517		0	25,020	0	4,288,107	0	174,631	174,631	77,596		XXX
8399999	- Subtotals - Bonds		i e	1.0000	4,462,738	4 ,205 ,950	4,264,103	3,545,837	517	24,503	0	25,020	0	4,288,107	0	174,631	174,631	77,596	XXX	XXX
\$40000 E	F 7855 7855 7	40 8000000	500 W 500 W 500	74557472	3 11995 3	3192 V339	N 10 10 1	4 (4/2000)	(i) (i) (ii)	10000	WW	7 XXXX	8 - SHEET	10000		14558 3	255 A 255	98899	70000	200

9999999 Totals			4,462	738 XXX	4,264,103	3,545,837	517	24,503	0	25,020	0 4,288,107	0	174,631	174,631	77,596	XXX
							0 1000-1	- 111102 - 1				540000	1000 1000		54881 15	-
		1														
50 (50 S) (10 S) (10 S)				5 - 378C - 3				- 3000	70000 - 700	5 5000 d 5000		1000000		# TUNE	1000	
	35 SEC. 15 SEC	538X - 3155385X - 33	30 30 30 30 30 30 30 30 30 30 30 30 30 3		51 X X 35 - X			- 100	1000		3388 Sed 8	10000			100000	
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Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2
NONE

SCHEDULE E - PART 1 - CASH

0.1		Mont	th End Dep	ository Balance	8				
	1	2	3	4	5	Book E Month	Balance at End of During Current Q	Each uarter	9
		DELESTES.	Rate of	Amount of Interest Received During Current	Amount of Interest Accrued at Current Statement	6	7	8	
O D	Depository	Code	Interest	Quarter	Date	First Month	Second Month	Third Month	*
Open Depo Wells Far	os Seattle Washington		3599557	T services ad	Rose record	(2,496,533)	/2 895 314)	(1.829.875)	LYYY
Bank of A	goSeattle, Washington mericaSeattle, Washington					8,229,835	(2,895,314) 7,828,685	(1,829,875) 7,162,375	XXX
0199998	Deposits in depositories that do not exceed the allowable limit in any one depository	VVV	VVV						
0199999 7	(See Instructions) - Open Depositories Fotal Open Depositories	XXX	XXX	0	0	5,733,302	4,933,371	5,332,500	XXX
0.00000	otal open popositorios	Ann	0.000	0100-00		5,700,002	1,500,071	3,002,500	1
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0399999 1	Total Cash on Deposit	XXX	XXX	0	0	5,733,302	4,933,371	5,332,500	XXX
0499999 0	Fotal Cash on Deposit Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999 1	Total	XXX	XXX	0	0	5,733,302	4,933,371	5,332,500	VVV

SCHEDULE E - PART 2 - CASH EQUIVALENTS

	Show Investments Owned End of Current Quarter 1 2 3 4 5 6 7 8													
1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year							
			$M \cap M$											
			1401	Y L										
			3.04-3.0		1 116 1106 1106		4120002 412004 62204							
8699999 Total Cash Equivalents					0	0								