



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2016
OF THE CONDITION AND AFFAIRS OF THE
Moda Health Plan, Inc.

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

Organized under the Laws of Oregon, State of Domicile or Port of Entry Oregon

Country of Domicile United States of America

Licensed as business type: HMDI

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 11/03/1988 Commenced Business 12/28/1988

Statutory Home Office 601 SW Second Ave Portland, OR, US 97204
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 601 SW Second Ave 503-228-6554
(Street and Number) (Area Code) (Telephone Number)
Portland, OR, US 97204
(City or Town, State, Country and Zip Code)

Mail Address 601 SW Second Ave Portland, OR, US 97204
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 601 SW Second Ave 503-228-6554
(Street and Number) (Area Code) (Telephone Number)
Portland, OR, US 97204
(City or Town, State, Country and Zip Code)

Internet Website Address www.modahealth.com

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

OFFICERS

President Williams Ellis Johnson Treasurer David Wayne Evans
Secretary Thomas James Bikales

OTHER

DIRECTORS OR TRUSTEES

Molly Hering Bardonaro George Jim Darke Robert Glenn Gootee
David Wesley Howerton Carlton James McLeod

State of Oregon SS:
County of Multnomah

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

William Ellis Johnson Thomas James Bikales David Wayne Evans
President Secretary Treasurer

Subscribed and sworn to before me this 13th day of May 2016
Dianne M. Warren
Multnomah County

- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number. _____
2. Date filed _____
3. Number of pages attached _____



ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	21,503,885		21,503,885	39,925,027
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	48,151,537		48,151,537	51,699,976
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$33,875,895), cash equivalents (\$0) and short-term investments (\$1,400,596)	35,276,491		35,276,491	(32,916,937)
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets	7,354,179		7,354,179	7,455,502
9. Receivables for securities	2,078		2,078	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	112,288,170	0	112,288,170	66,163,568
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	88,168		88,168	233,240
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	12,880,175	455,539	12,424,636	11,539,094
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)	195,772,566	184,903,739	10,868,827	8,134,306
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	360,433,446		360,433,446	348,571,490
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	15,673,725	66,760	15,606,965	27,915,374
18.1 Current federal and foreign income tax recoverable and interest thereon	9,034,183		9,034,183	69,117,940
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software	9,692,849	9,461,010	231,839	154,217
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	87,183,005		87,183,005	19,556,819
24. Health care (\$5,103,104) and other amounts receivable	7,203,104	2,100,000	5,103,104	6,714,106
25. Aggregate write-ins for other than invested assets	1,283,192	604,724	678,468	633,536
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	811,532,583	197,591,772	613,940,811	558,733,690
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	811,532,583	197,591,772	613,940,811	558,733,690
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Miscellaneous Prepaids	604,724	604,724	0	0
2502. Other Receivables	678,468		678,468	633,536
2503. Risk Adjustment Receivable			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	1,283,192	604,724	678,468	633,536

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 24,643,413 reinsurance ceded)	113,350,218	8,939,369	122,289,587	88,335,503
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	6,809,610	537,040	7,346,650	7,381,000
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	40,525,867		40,525,867	37,244,171
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	16,128,817		16,128,817	14,103,432
9. General expenses due or accrued	63,395,906		63,395,906	21,237,871
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	255,382,810		255,382,810	260,699,653
12. Amounts withheld or retained for the account of others	490,405		490,405	516,668
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	15,490		15,490	242,343
16. Derivatives			0	0
17. Payable for securities	214,612		214,612	2,052,968
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	44,302,436		44,302,436	59,661,194
23. Aggregate write-ins for other liabilities (including \$ current)	368,012	0	368,012	240,597
24. Total liabilities (Lines 1 to 23)	540,984,183	9,476,409	550,460,592	491,715,400
25. Aggregate write-ins for special surplus funds	XXX	XXX	7,254,970	29,678,901
26. Common capital stock	XXX	XXX	2,500,000	2,500,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	163,578,582	45,578,582
29. Surplus notes	XXX	XXX	73,000,000	153,000,000
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(182,853,333)	(163,739,193)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	63,480,219	67,018,290
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	613,940,811	558,733,690
DETAILS OF WRITE-INS				
2301. Unclaimed Property	368,012		368,012	240,597
2302. Risk Adjustment Payable			0	0
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	368,012	0	368,012	240,597
2501. Surplus appropriated for CY ACA Section 9010 Fee	XXX	XXX	7,254,970	29,678,901
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	7,254,970	29,678,901
3001.	XXX	XXX		0
3002.	XXX	XXX		0
3003.	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	438,792	633,316	2,612,932
2. Net premium income (including \$ non-health premium income).....	XXX	227,511,424	255,478,230	777,092,615
3. Change in unearned premium reserves and reserve for rate credits.....	XXX			
4. Fee-for-service (net of \$ medical expenses).....	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	227,511,424	255,478,230	777,092,615
Hospital and Medical:				
9. Hospital/medical benefits		162,071,967	186,042,286	792,203,468
10. Other professional services		15,792,151	20,748,787	92,911,630
11. Outside referrals		7,301,669	8,972,412	39,535,219
12. Emergency room and out-of-area		21,695,384	22,534,119	100,283,062
13. Prescription drugs		24,106,992	30,241,727	149,858,113
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts				0
16. Subtotal (Lines 9 to 15)	0	230,968,163	268,539,331	1,174,791,492
Less:				
17. Net reinsurance recoveries		15,575,175	32,949,174	395,974,365
18. Total hospital and medical (Lines 16 minus 17)	0	215,392,988	235,590,157	778,817,127
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$1,268,592 cost containment expenses		4,693,954	5,424,396	27,047,760
21. General administrative expenses		39,806,606	41,436,087	34,732,646
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)				0
23. Total underwriting deductions (Lines 18 through 22)	0	259,893,548	282,450,640	840,597,533
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(32,382,124)	(26,972,410)	(63,504,918)
25. Net investment income earned		193,484	(163,582)	(85,450)
26. Net realized capital gains (losses) less capital gains tax of \$(195,849)		(380,177)	118,948	1,508,062
27. Net investment gains (losses) (Lines 25 plus 26)	0	(186,693)	(44,634)	1,422,612
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			0	
29. Aggregate write-ins for other income or expenses	0	114,696	(36,490)	(142,814)
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	(32,454,121)	(27,053,534)	(62,225,120)
31. Federal and foreign income taxes incurred	XXX	(1,388,230)	606,850	(12,695,690)
32. Net income (loss) (Lines 30 minus 31)	XXX	(31,065,891)	(27,660,384)	(49,529,430)
DETAILS OF WRITE-INS				
0601.	XXX			0
0602.	XXX			0
0603.	XXX			0
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.	XXX			0
0702.	XXX			0
0703.	XXX			0
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.				0
1402.				0
1403.				0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901. Miscellaneous Income		164,546	11,618	(34,512)
2902. Grants & Donations	0	(49,850)	(48,108)	(108,302)
2903.				0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	114,696	(36,490)	(142,814)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	67,018,290	121,061,663	121,061,663
34. Net income or (loss) from Line 32.....	(31,065,891)	(27,660,384)	(49,529,430)
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 251,420.....	1,260,698	.887,158	.11,573,225
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....	7,701,524	(1,202,257)	.56,125,204
39. Change in nonadmitted assets.....	(19,434,402)	(15,705)	(165,212,372)
40. Change in unauthorized and certified reinsurance.....	0	0	0
41. Change in treasury stock.....	0	0	0
42. Change in surplus notes.....	(80,000,000)	0	.93,000,000
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in.....	0	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....	118,000,000	0	0
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47).....	(3,538,071)	(27,991,188)	(54,043,373)
49. Capital and surplus end of reporting period (Line 33 plus 48)	63,480,219	93,070,475	67,018,290
DETAILS OF WRITE-INS			
4701.			0
4702.			0
4703.			0
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	213,913,070	219,446,528	948,864,463
2. Net investment income	386,520	39,469	485,323
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	214,299,590	219,485,997	949,349,786
5. Benefit and loss related payments	191,689,858	237,515,744	1,016,483,793
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	5,378,870	18,381,374	46,503,910
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	(69,229,082)	4,042,569	3,313,143
10. Total (Lines 5 through 9)	127,839,646	259,939,687	1,066,300,846
11. Net cash from operations (Line 4 minus Line 10)	86,459,944	(40,453,690)	(116,951,060)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	28,348,071	14,939,818	82,489,563
12.2 Stocks	9,711,036	1,300,000	15,280,257
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	5	0
12.7 Miscellaneous proceeds	0	2,297,154	337,888
12.8 Total investment proceeds (Lines 12.1 to 12.7)	38,059,107	18,536,977	98,107,708
13. Cost of investments acquired (long-term only):			
13.1 Bonds	9,650,971	17,618,205	57,816,075
13.2 Stocks	5,300,365	113,315	2,436,361
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	(32,359)
13.5 Other invested assets	0	666,000	1,334,000
13.6 Miscellaneous applications	1,840,434	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	16,791,770	18,397,520	61,554,077
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	21,267,337	139,457	36,553,631
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	(80,000,000)	0	93,000,000
16.2 Capital and paid in surplus, less treasury stock	118,000,000	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	(77,533,853)	33,850,822	(14,772,806)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(39,533,853)	33,850,822	78,227,194
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	68,193,428	(6,463,411)	(2,170,235)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	(32,916,937)	(30,746,702)	(30,746,702)
19.2 End of period (Line 18 plus Line 19.1)	35,276,491	(37,210,113)	(32,916,937)

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

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STATEMENT AS OF MARCH 31, 2016 OF THE Moda Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	216,267	123,189	88,473	0	0	0	0	4,605	0	0
2. First Quarter	143,266	72,796	63,207					7,263		
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	438,792	225,622	191,453					21,717		
Total Member Ambulatory Encounters for Period:										
7. Physician	90,698	46,530	36,985					7,183		
8. Non-Physician	75,188	41,297	27,808					6,083		
9. Total	165,886	87,827	64,793	0	0	0	0	13,266	0	0
10. Hospital Patient Days Incurred	14,120	7,682	4,641					1,797		
11. Number of Inpatient Admissions	2,835	1,529	1,009					297		
12. Health Premiums Written (a)	229,621,909	108,538,015	86,463,146					33,439,690		1,181,058
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	229,621,909	108,538,015	86,463,146					33,439,690		1,181,058
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	231,655,162	121,585,768	84,693,434					23,649,399		1,726,561
18. Amount Incurred for Provision of Health Care Services	230,968,163	111,053,400	92,433,017					25,755,185		1,726,561

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 33,439,690

STATEMENT AS OF MARCH 31, 2016 OF THE Moda Health Plan, Inc.

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
Claims in the course of settlement	28,881,460	22,500,907	9,990,934	4,046,426	7,350,453	72,770,180
0199999. Individually listed claims unpaid	28,881,460	22,500,907	9,990,934	4,046,426	7,350,453	72,770,180
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered						0
0499999 Subtotals	28,881,460	22,500,907	9,990,934	4,046,426	7,350,453	72,770,180
0599999 Unreported claims and other claim reserves						74,162,820
0699999 Total amounts withheld						
0799999 Total claims unpaid						146,933,000
0899999 Accrued medical incentive pool and bonus amounts						

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STATEMENT AS OF MARCH 31, 2016 OF THE Moda Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	69,402,287	86,660,657	19,088,808	94,552,890	88,491,095	81,766,400
2. Medicare Supplement0	.0
3. Dental Only0	.0
4. Vision Only0	.0
5. Federal Employees Health Benefits Plan0	.0
6. Title XVIII - Medicare	3,980,892	19,668,507	348,147	7,299,742	4,329,039	5,569,103
7. Title XIX - Medicaid0	.0
8. Other health	226,561	1,500,000		1,000,000	226,561	1,000,000
9. Health subtotal (Lines 1 to 8)	73,609,740	107,829,164	19,436,955	102,852,632	93,046,695	88,335,503
10. Healthcare receivables (a)0	.0
11. Other non-health0	.0
12. Medical incentive pools and bonus amounts0	.0
13. Totals (Lines 9-10+11+12)	73,609,740	107,829,164	19,436,955	102,852,632	93,046,695	88,335,503

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

STATEMENT AS OF MARCH 31, 2016 OF THE Moda Health Plan, Inc.
NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The accompanying financial statements have been prepared in conformity with accounting practices prescribed or permitted by the State of Oregon, Department of Consumer and Business Services, Insurance Division. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures* manual, March 2016 version has been adopted as a component of prescribed or permitted practices by the State of Oregon.

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

<u>NET INCOME</u>	State of Domicile	2016	2015
(1) Moda Health Plan, Inc. state basis (Page 4, Line 32, Columns 2 & 3)	OR	\$ (31,065,891)	\$ (49,529,430)
(2) State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
(3) State Permitted Practices that increase/(decrease) NAIC SAP		-	-
(4) NAIC SAP (1-2-3=4)	OR	<u>\$ (31,065,891)</u>	<u>\$ (49,529,430)</u>
<u>SURPLUS</u>			
(5) Moda Health Plan, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	OR	\$ 63,480,219	\$ 67,018,290
(6) State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
(7) State Permitted Practices that increase/(decrease) NAIC SAP		-	-
(8) NAIC SAP (5-6-7=8)	OR	<u>\$ 63,480,219</u>	<u>\$ 67,018,290</u>

B. Use of Estimates in Preparation of Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires the use of management's estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

The Company uses the following accounting policies:

- 1) Short-term investments are stated at amortized cost.
- 2) Bonds not backed by other loans are stated at amortized cost.
- 3) Common stocks are stated at market.
- 4) Not applicable.
- 5) Not applicable.
- 6) Loan-backed securities are stated at either the amortized cost or the lower of amortized cost or fair market value. The retrospective adjustment method is used to value all securities.
- 7) The Company carries Dentists Benefits Insurance Company at statutory equity. BenefitHelp Solutions, Inc., ODS Community Health, Inc., and ODS Plaza, Inc. are carried at GAAP equity. ODS Bend Property LLC and Propel Health, LLC are represented in other invested assets as these companies are Limited Liability Corporations.
- 8) The Company has ownership interests in limited liability corporations. The Company's ownership interests are valued based on the GAAP equity basis as described in SSAP No. 48 and are recorded in other invested assets.
- 9) Not applicable.
- 10) Not applicable.
- 11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.
- 12) The Company has not modified its capitalization policy from the prior period.
- 13) Pharmaceutical rebate receivables are estimated based on contractual rebate terms.

2. Accounting Changes and Corrections of Errors
Not applicable.

3. Business Combinations and Goodwill
Not applicable.

4. Discontinued Operations
Not applicable.

5. Investments

A. Mortgage Loans
Not applicable.

B. Debt Restructuring
Not applicable.

C. Reverse Mortgages
Not applicable.

D. Loan Back Securities

- 1) Prepayment assumptions were obtained from third party market sources.
- 2) Not applicable.
- 3) Not applicable.

STATEMENT AS OF MARCH 31, 2016 OF THE Moda Health Plan, Inc.

NOTES TO FINANCIAL STATEMENTS

- 4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

1. Less than 12 Months	\$	5,066
2. 12 Months or Longer	\$	7,326

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

1. Less than 12 Months	\$	762,942
2. 12 Months or Longer	\$	688,453

- 5) The loan-backed securities in #4 above are in a continuous unrealized loss position due to reasons including, but not limited to, changes in interest rates, changes in economic conditions and changes in market outlook for various industries. The Company does not intend to sell these securities at the reporting date and has the ability to retain the securities for a period of time sufficient to recover the amortized cost basis. Therefore, the Company does not consider these investments to be other-than-temporarily impaired at March 31, 2016.

E. Repurchase Agreements and/or Securities Lending Transactions

Not applicable.

F. Real Estate

Not applicable.

G. Investments in low-income housing tax credits (LIHTC)

Not applicable.

H. Restricted Assets

i) Restricted Assets (including Pledged)

	1	2	3	4	5	6
Restricted Assets (including Pledged)	Total Gross Restricted from Current Year	Total Gross Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
j. On deposit with states	12,468,998	2,400,775	10,068,223	12,468,998	17.12%	2.266%
m. Pledged as collateral	-	10,345,058	(10,345,058)	-	0.000%	0.000%
o. Total Restricted Assets	12,468,998	12,745,833	(276,835)	12,468,998	17.12%	2.266%

2) During the current year, the Company ended its sales-leaseback transaction as further discussed within Note 15. The company no longer holds pledged assets as had been required by the lease agreement.

3) Not applicable.

I. Working Capital Finance Investments

Not applicable.

J. Offsetting and Netting of Assets and Liabilities

Not applicable.

K. Structured Notes

Not applicable.

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.

- B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. Investment Income

- A. No investment income earned by the Company has been excluded from the financial presentation of this statement.

- B. Not applicable.

8. Derivative Instruments

Not applicable.

9. Federal Income Taxes

No Significant Changes.

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

- A. Not applicable.

- B. Not applicable.

- C. Not applicable.

- D. Receivables for related parties at March 31, 2016:

Oregon Dental Service	\$	19,967,500
Eastern Oregon Coordinated Care Organization, LLC	\$	1,116,725
Moda, Inc.	\$	66,098,780

Payables for related parties at March 31, 2016:

ODS Community Health, Inc.	\$	14,582
BenefitHelp Solutions, Inc	\$	908

STATEMENT AS OF MARCH 31, 2016 OF THE Moda Health Plan, Inc.
NOTES TO FINANCIAL STATEMENTS

Amounts due to or from related parties are the result of the entity's allocation portion of the transactions described in Note 10F below as well as amounts due to or from the sweep account.

- E. Not applicable.
 - F. Allocation of Corporate Expenses
 Moda, Inc. provides certain administrative services including accounting, data processing, facilities, purchasing, legal and senior executive management. Moda, Inc. and Oregon Dental Service provide facilities to subsidiaries. The expenses incurred as a result of using the services and facilities, are estimated and allocated to the subsidiaries, including Moda Health Plan, Inc., in a manner which management believes is reasonable.
 - G. The Company owns 100% of the outstanding shares of Dentists Benefits Insurance Company (DBIC), a property and casualty insurer. The shares of DBIC are reported at a statutory value of \$12,196,553 on the Company's financial statements. The Company owns 100% of the outstanding shares of BenefitHelp Solutions, Inc., a third party administrator, and is reported using the equity method for a value of \$1,034,687. The Company owns 100% of the outstanding shares of ODS Community Health, Inc. and is reported using the equity method for a value of \$23,607,475. The Company owns 100% of the outstanding shares of ODS Plaza, Inc. and is reported using the equity method for a value of \$2,163,932. The Company owns 100% of ODS Bend Property LLC and is reported in Other Invested Assets with a value of \$6,485,464. The Company owns 14% of Propel Health, LLC and is reported in Other Invested Assets with a value of \$868,715.
 - H. Not applicable.
 - I. Not applicable.
 - J. Not applicable.
 - K. Not applicable.
 - L. Not applicable.
11. Debt
 Not applicable.
12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
- A. Not applicable.
 - B. Not applicable.
 - C. Not applicable.
 - D. Not applicable.
 - E. Not applicable.
 - F. Not applicable.
 - G. Consolidated/Holding Company Plans
 The Company participates in a qualified defined contribution plan sponsored by Moda, Inc., an affiliate. The Company has no legal obligation for benefits under the plan. Amounts are allocated to the Company based on headcount. The Company's share of net expense for the defined contribution plan for the period ended March 31, 2016 and 2015 was \$543,310 and \$778,468, respectively.
 - H. Not applicable.
 - I. Not applicable.
13. Capital and Surplus, Shareholders' Dividends Restrictions and Quasi-Reorganizations
- 1) 2,000,000 shares issued and outstanding; par value \$1.25 per share.
 - 2) Not applicable.
 - 3) Not applicable.
 - 4) Not applicable.
 - 5) Not applicable.
 - 6) Not applicable.
 - 7) Not applicable.
 - 8) Not applicable.
 - 9) Not applicable.
 - 10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$1,260,698.
 - 11) Surplus Notes
 The Company issued the following surplus debenture or similar obligation in 2016 and prior years:

Date Issued	Interest Rate	Par Value (Face Amount of Note)	Carrying Value of Note	Interest And/Or Principal Paid Current Year	Total Interest And/Or Principal Paid	Unapproved Interest And/Or Principal	Date of Maturity
7/1/2012	4.500%	10,000,000	10,000,000	-	1,462,500	225,000	6/30/2017
12/15/2014	4.000%	50,000,000	50,000,000	-	1,500,000	1,083,333	12/15/2024
12/31/2015	4.000%	13,000,000	13,000,000	-	-	-	-
1311999 Total		73,000,000	73,000,000	-	2,962,500	1,308,333	XXX

In December 2009, the Company issued a surplus note to OEA Choice Welfare Benefit Trust (OEA) for \$18 million cash at an interest rate of 6% maturing June 30, 2012. \$8 million principal and \$2.7 million interest was paid on the OEA note and the remaining \$10 million was extended on July 1, 2012 at an interest rate of 4.5% maturing June 30, 2017.

STATEMENT AS OF MARCH 31, 2016 OF THE Moda Health Plan, Inc.
NOTES TO FINANCIAL STATEMENTS

In December 2014, the Company issued a surplus note to Oregon Health & Science University (OHSU) for \$50 million cash at an interest rate of 4% maturing December 15, 2024.

In December 2015 the Company also issued a surplus note to Oregon Dental Service (ODS) for \$13 million cash and securities at an interest rate of 4% with no specific maturity date.

During the current quarter, \$80 million of surplus notes from parent company were converted to contributed capital.

- 12) Not applicable.
 13) Not applicable.

14. Liabilities, Contingencies and Assessments

- A. Contingency Commitments
 Not applicable.
 B. Assessments
 Not applicable.
 C. Gain Contingencies
 Not applicable.
 D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits
 Not applicable.
 E. Joint and Several Liabilities
 F. All Other Contingencies
 The Company, in common with the Insurance Industry in general, is subject to litigation in the normal course of their business. The Company's management does not believe that such litigation will have a material effect on its statutory basis financial statements. The Company has no assets that it considers to be impaired.

15. Leases

- A. During the current year, the Company ended its sales-leaseback transaction and has resumed title of those assets, which are non-admitted EDP.
 B. Not applicable.

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentration of Credit Risk
 Not applicable.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
 Not applicable.

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

- A. ASO Plans
 No significant changes.
 B. ASC Plans
 No significant changes.
 C. Medicare of Similarly Structured Cost Based Reimbursement Contract
 Not applicable.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
 Not applicable.

20. Fair Value Measurements

A. 1. Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Common Stock				
Mutual Funds	\$ 9,148,889	\$ -	\$ -	\$ 9,148,889
Total Common Stock	\$ 9,148,889	\$ -	\$ -	\$ 9,148,889
Total assets at fair value				
	\$ 9,148,889	\$ -	\$ -	\$ 9,148,889

b. Not applicable.

2. Not applicable.
 3. Not applicable.
 4. The Company has elected to use the practical expedient method for measuring investments in certain entities that calculate net asset value per share.
 5. Not applicable.

B. Not applicable.

C. Aggregate Fair Value of all Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Short-Term Investments	1,400,596	1,400,596	-	1,400,596	-	-
Bonds	22,027,778	21,503,885	-	22,027,778	-	-
Common Stocks	9,148,889	9,148,889	9,148,889	-	-	-
Total	\$ 32,557,263	\$ 32,050,370	\$ 9,148,889	\$ 23,428,374	\$ -	\$ -

STATEMENT AS OF MARCH 31, 2016 OF THE Moda Health Plan, Inc.
NOTES TO FINANCIAL STATEMENTS

- D. Not applicable.
21. Other Items
- A. Extraordinary Items
Not applicable.
 - B. Troubled Debt Restructuring: Debtors
Not applicable.
 - C. Other Disclosures and Unusual Items
Not applicable.
 - D. Business Interruption Insurance Recoveries
Not applicable.
 - E. State Transferable Tax Credits
Not applicable.
 - F. Subprime Mortgage Related Risk Exposure
Not applicable.
 - G. Retained Assets
Not applicable.
22. Events Subsequent
No significant changes.
23. Reinsurance
There were no significant changes since December 31, 2015.
24. Retrospectively Rated Contracts & Contracts Subject to Redetermination
- A. Not applicable.
 - B. Not applicable.
 - C. Not applicable.
 - D. As of March 31, 2016, no medical loss ratio rebates were incurred or paid by the Company.
 - E. Risk Sharing Provisions of the Affordable Care Act
 - 1. Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk sharing provisions? Yes
 - 2. Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year
 - a. Permanent ACA Risk Adjustment Program

Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment	\$ 10,470,909
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 168,076
3. Premium adjustments payable due to ACA Risk Adjustment	\$ 27,658,734
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ 1,060,511
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$ 23,301
 - b. Transitional ACA Reinsurance Program

Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$ 83,969,577
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ 24,643,413
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ -
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premiums	\$ 2,058,633
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$ 2,123,896
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ 5,245,790
Operations (Revenue & Expense)	
7. Ceded reinsurance premiums due to ACA Reinsurance	\$ 684,759
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ 11,378,360
9. ACA Reinsurance contributions - not reported as ceded premium	\$ 1,039,733
 - c. Temporary ACA Risk Corridors Program

Assets	
1. Accrued retrospective premium due to ACA Risk Corridors	\$ 397,919
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ 80,119
Operations (Revenue & Expense)	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	\$ 9,792,796
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$ -

STATEMENT AS OF MARCH 31, 2016 OF THE Moda Health Plan, Inc.
NOTES TO FINANCIAL STATEMENTS

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

	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable	\$ 6,489,971	\$ -	\$ -	\$ -	\$ 6,489,971	\$ -	\$ 33,420	\$ -	A	\$ 6,523,391	\$ -
2. Premium adjustments (payable)	\$ -	\$ 24,772,739	\$ -	\$ -	\$ -	\$ 24,772,739	\$ -	\$ (1,016)	B	\$ -	\$ 24,771,723
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 6,489,971	\$ 24,772,739	\$ -	\$ -	\$ 6,489,971	\$ 24,772,739	\$ 33,420	\$ (1,016)		\$ 6,523,391	\$ 24,771,723
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$ 132,185,549	\$ -	\$ (45,405,014)	\$ -	\$ 177,590,563	\$ -	\$ -	\$ -	C	\$ 177,590,563	\$ -
2. Amounts recoverable for claims unpaid (contra liability)	\$ 59,284,497	\$ -	\$ 45,405,014	\$ -	\$ 13,879,483	\$ -	\$ -	\$ -	D	\$ 13,879,483	\$ -
3. Amounts receivable relating to uninsured plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	E	\$ -	\$ -
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$ -	\$ 6,491,243	\$ -	\$ 5,262,611	\$ -	\$ 1,228,632	\$ -	\$ -	F	\$ -	\$ 1,228,632
5. Ceded reinsurance premium payable	\$ -	\$ 7,440,746	\$ -	\$ 6,308,614	\$ -	\$ 1,132,132	\$ -	\$ -	G	\$ -	\$ 1,132,132
6. Liability for amounts held under uninsured plans	\$ -	\$ 10,316,631	\$ -	\$ 6,277,636	\$ -	\$ 4,038,995	\$ -	\$ -	H	\$ -	\$ 4,038,995
7. Subtotal ACA Transitional Reinsurance Program	\$ 191,470,046	\$ 24,248,620	\$ -	\$ 17,848,861	\$ 191,470,046	\$ 6,399,759	\$ -	\$ -		\$ 191,470,046	\$ 6,399,759
c. Temporary ACA Risk Corridor Program											
1. Accrual retrospective premium	\$ 191,253,278	\$ -	\$ 10,964,333	\$ -	\$ 180,288,945	\$ -	\$ (179,971,141)	\$ -	I	\$ 317,804	\$ -
2. Reserve for rate credits or policy experience rating refunds	\$ -	\$ 108,192	\$ -	\$ 28,073	\$ -	\$ 80,119	\$ -	\$ -	J	\$ -	\$ 80,119
3. Subtotal ACA Risk Corridor Program	\$ 191,253,278	\$ 108,192	\$ 10,964,333	\$ 28,073	\$ 180,288,945	\$ 80,119	\$ (179,971,141)	\$ -		\$ 317,804	\$ 80,119
d. Total for ACA Risk Sharing Provisi	\$ 389,213,295	\$ 49,129,551	\$ 10,964,333	\$ 17,876,914	\$ 378,248,962	\$ 31,252,617	\$ (179,971,721)	\$ (1,016)		\$ 198,311,241	\$ 31,251,601
Explanations of Adjustments											
A Adjustment to reflect the final amounts calculated by CMS											
B Adjustment to reflect the final amounts calculated by CMS											
C Adjustment to reflect the final amounts calculated by CMS											
D											
E											
F											
G											
H											
I Adjustment to reflect the final amounts calculated by the 2014 Risk Corridor Plan Level Form											
J Adjustment to reflect the final amounts calculated by the 2014 Risk Corridor Plan Level Form											

25. Change in Incurred Claims and Claims Adjustment Expenses
 Unpaid claims as of December 31, 2015 were \$88.3 million. As of March 31, 2016, approximately \$73.6 million has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$19.4 million as a result of re-estimation of unpaid claims. Therefore, there has been a \$4.7 million unfavorable prior-year development since December 31, 2015 to March 31, 2016. The change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known.
26. Intercompany Pooling Arrangements
 Not applicable.
27. Structured Settlements
 Not applicable.
28. Health Care Receivables
 A. Pharmaceutical Rebate Receivables
 No significant changes.
 B. Risk Sharing Receivables
 Not applicable.
29. Participating Policies
 Not applicable.
30. Premium Deficiency Reserves
 Not applicable.
31. Anticipated Salvage and Subrogation
 Not applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change: _____
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2012
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 12/04/2013
- 6.4 By what department or departments?
Oregon Department of Consumer & Business Services, Insurance Division
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes No
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 (c) Compliance with applicable governmental laws, rules and regulations;
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain: _____
- 9.2 Has the code of ethics for senior managers been amended? Yes No
 9.21 If the response to 9.2 is Yes, provide information related to amendment(s). _____
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes No
 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s). _____

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No
 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 66,098,780

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes No
 11.2 If yes, give full and complete information relating thereto: _____
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ _____
 13. Amount of real estate and mortgages held in short-term investments: \$ _____
 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes No
 14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$ 0	\$ 0
14.22 Preferred Stock	\$ 0	\$ 0
14.23 Common Stock	\$ 37,995,626	\$ 39,002,648
14.24 Short-Term Investments	\$ 0	\$ 0
14.25 Mortgage Loans on Real Estate	\$ 0	\$ 0
14.26 All Other	\$ 7,455,502	\$ 7,354,179
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 45,451,128	\$ 46,356,827
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$ _____	\$ _____

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes No
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No
 If no, attach a description with this statement.

GENERAL INTERROGATORIES

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

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

1 Name of Custodian(s)	2 Custodian Address
U.S. Bank Custodial Services	555 SW Oak Street, Portland, OR 97204

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

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

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address
18005	RWK, Inc.	1211 SW 5th Avenue, Suite 900, Portland, OR 97204
104559	Pacific Investment Management Company, LLC	840 Newport Center Drive, Newport Beach, CA 92660
107680	Prime Advisors, Inc.	22635 NE Marketplace Drive, Ste #160, Richmond, WA 98053

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

GENERAL INTERROGATORIES

PART 2 - HEALTH

- 1. Operating Percentages:
 - 1.1 A&H loss percent102.1 %
 - 1.2 A&H cost containment percent0.6 %
 - 1.3 A&H expense percent excluding cost containment expenses19.0 %

- 2.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date \$

- 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 \$

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama AL	N								0	
2. Alaska AK	I	38,814,434						38,814,434		
3. Arizona AZ	N							0		
4. Arkansas AR	N							0		
5. California CA	I	2,582						2,582		
6. Colorado CO	N							0		
7. Connecticut CT	N							0		
8. Delaware DE	N							0		
9. District of Columbia DC	N							0		
10. Florida FL	N							0		
11. Georgia GA	N							0		
12. Hawaii HI	N							0		
13. Idaho ID	I							0		
14. Illinois IL	N							0		
15. Indiana IN	N							0		
16. Iowa IA	N							0		
17. Kansas KS	N							0		
18. Kentucky KY	N							0		
19. Louisiana LA	N							0		
20. Maine ME	N							0		
21. Maryland MD	N							0		
22. Massachusetts MA	N							0		
23. Michigan MI	N							0		
24. Minnesota MN	N							0		
25. Mississippi MS	N							0		
26. Missouri MO	N							0		
27. Montana MT	N							0		
28. Nebraska NE	N							0		
29. Nevada NV	N							0		
30. New Hampshire NH	N							0		
31. New Jersey NJ	N							0		
32. New Mexico NM	N							0		
33. New York NY	N							0		
34. North Carolina NC	N							0		
35. North Dakota ND	N							0		
36. Ohio OH	N							0		
37. Oklahoma OK	N							0		
38. Oregon OR	I	152,318,190	33,439,690					185,757,880		
39. Pennsylvania PA	N							0		
40. Rhode Island RI	N							0		
41. South Carolina SC	N							0		
42. South Dakota SD	N							0		
43. Tennessee TN	N							0		
44. Texas TX	I							0		
45. Utah UT	N							0		
46. Vermont VT	N							0		
47. Virginia VA	N							0		
48. Washington WA	I	5,047,013						5,047,013		
49. West Virginia WV	N							0		
50. Wisconsin WI	N							0		
51. Wyoming WY	N							0		
52. American Samoa AS	N							0		
53. Guam GU	N							0		
54. Puerto Rico PR	N							0		
55. U.S. Virgin Islands VI	N							0		
56. Northern Mariana Islands MP	N							0		
57. Canada CAN	N							0		
58. Aggregate Other Aliens OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	196,182,219	33,439,690	0	0	0	0	229,621,909	0	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX							0		
61. Totals (Direct Business)	(a) 6	196,182,219	33,439,690	0	0	0	0	229,621,909	0	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

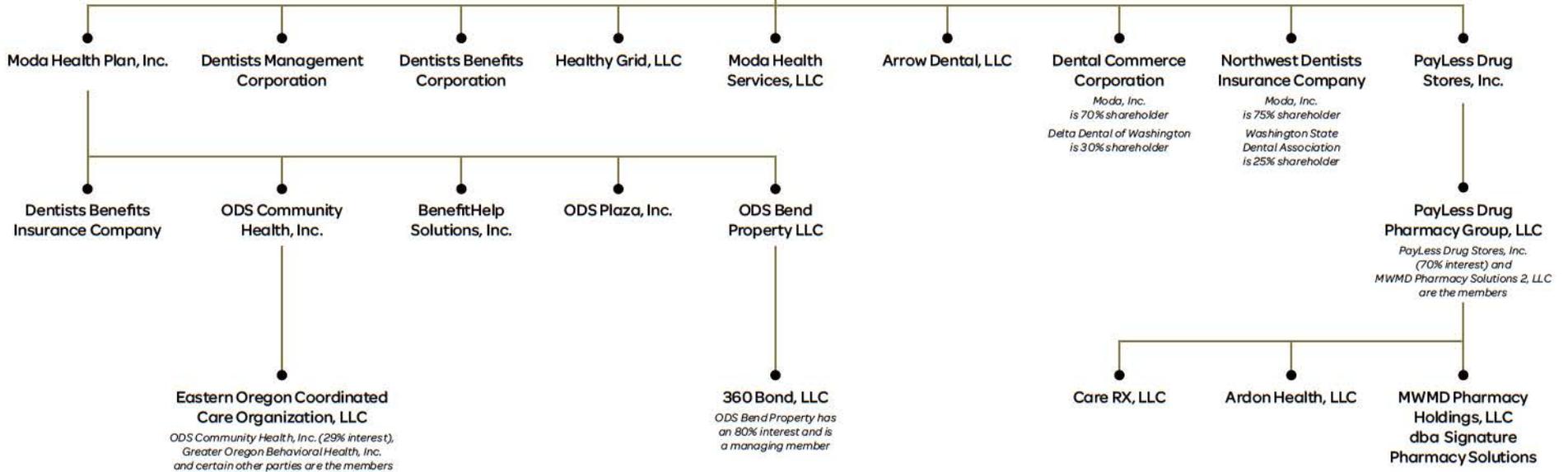
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

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

Oregon Dental Association
An Oregon non-profit corporation
Appoints Board of Directors for Moda, Inc.

Oregon Dental Service dba Delta Dental Plan of Oregon
An Oregon non-profit corporation

Moda, Inc.
An Oregon business corporation



Ownership is 100% unless otherwise noted
(updated 8/2015)

STATEMENT AS OF MARCH 31, 2016 OF THE Moda Health Plan, Inc.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
1313	OREGON DENTAL GRP	54941	93-0438772				Oregon Dental Service	OR	UIP	Oregon Dental Association	Board of Directors		Oregon Dental Association	
1313	OREGON DENTAL GRP	47098	93-0999307				Moda Health Plan, Inc.	OR		Moda, Inc.	Ownership	100.000	Oregon Dental Association	
1313	OREGON DENTAL GRP	18813	93-0890424				Dentists Benefits Insurance Company	OR	DS	Moda Health Plan, Inc.	Ownership	100.000	Oregon Dental Association	
1313	OREGON DENTAL GRP	32417	91-1444206				Northwest Dentists Insurance Company	WA	IA	Moda, Inc.	Ownership	75.000	Oregon Dental Association	
			93-0787508				Dentists Benefits Corporation	OR	NIA	Moda, Inc.	Ownership	100.000	Oregon Dental Association	
			93-0792340				Dentists Management Corporation	OR	NIA	Moda, Inc.	Ownership	100.000	Oregon Dental Association	
			93-113521				BenefitHelp Solutions, Inc.	OR	DS	Moda Health Plan, Inc.	Ownership	100.000	Oregon Dental Association	
			93-1083363				Moda, Inc.	OR	UDP	Oregon Dental Service	Ownership	100.000	Oregon Dental Association	
			45-0528457				ODS Community Health, Inc.	OR	DS	Moda Health Plan, Inc.	Ownership	100.000	Oregon Dental Association	
			83-0453200				ODS Plaza, Inc.	OR	DS	Moda Health Plan, Inc.	Ownership	100.000	Oregon Dental Association	
			26-0233981				380 Bond, LLC	OR	DS	ODS Bond Property LLC	Ownership	80.000	Oregon Dental Association	
			26-0772139				ODS Bend Property LLC	OR	DS	Moda Health Plan, Inc.	Ownership	100.000	Oregon Dental Association	
			35-2410053				Dental Commerce Corporation	OR	NIA	Moda, Inc.	Ownership	70.000	Oregon Dental Association	
			80-0835179				Eastern Oregon Coordinated Care Organization, LLC	OR	DS	ODS Community Health, Inc.	Ownership	29.000	Oregon Dental Association	
			93-1278451				PayLess Drug Stores, Inc.	OR	NIA	Moda, Inc.	Ownership	100.000	Oregon Dental Association	
			94-3382598				CareRX, LLC	OR	NIA	PayLess Drug Pharmacy Group, LLC	Ownership	100.000	Oregon Dental Association	
			46-1495608				Healthy Grid, LLC	OR	NIA	Moda, Inc.	Ownership	100.000	Oregon Dental Association	
			46-3003497				Ardon Health, LLC	OR	NIA	PayLess Drug Pharmacy Group, LLC	Ownership	100.000	Oregon Dental Association	
			46-3132078				Moda Health Services, LLC	OR	NIA	Moda, Inc.	Ownership	100.000	Oregon Dental Association	
			46-3324446				PayLess Drug Pharmacy Group, LLC	OR	NIA	PayLess Drug Stores, Inc.	Ownership	70.000	Oregon Dental Association	
			45-2901744				MIND Pharmacy Holdings, LLC	WA	NIA	PayLess Drug Pharmacy Group, LLC	Ownership	100.000	Oregon Dental Association	
			46-3887256				Arrow Dental, LLC	OR	NIA	Moda, Inc.	Ownership	100.000	Oregon Dental Association	

Asterisk	Explanation
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? NO

Explanation:

1. Not applicable

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF MARCH 31, 2016 OF THE Moda Health Plan, Inc.

SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	7,455,502	7,366,193
2. Cost of acquired:		
2.1 Actual cost at time of acquisition0
2.2 Additional investment made after acquisition		1,334,000
3. Capitalized deferred interest and other0
4. Accrual of discount		
5. Unrealized valuation increase (decrease)	(101,323)	(1,244,691)
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value0
10. Deduct current year's other than temporary impairment recognized0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	7,354,179	7,455,502
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	7,354,179	7,455,502

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	91,625,003	115,820,201
2. Cost of bonds and stocks acquired	14,951,336	60,252,436
3. Accrual of discount	6,480	42,790
4. Unrealized valuation increase (decrease)	1,592,384	11,389,718
5. Total gain (loss) on disposals	(406,230)	2,284,775
6. Deduct consideration for bonds and stocks disposed of	38,059,107	97,769,820
7. Deduct amortization of premium	54,444	395,097
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	69,655,422	91,625,003
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	69,655,422	91,625,003

STATEMENT AS OF MARCH 31, 2016 OF THE Moda Health Plan, Inc.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	35,659,336	24,685,665	39,694,367	60,506	20,711,140	0	0	35,659,336
2. NAIC 2 (a)	4,428,520	327,947	2,556,676	(106,506)	2,093,285	0	0	4,428,520
3. NAIC 3 (a)	201,327	0	101,010	(261)	100,056	0	0	201,327
4. NAIC 4 (a)	0				0			
5. NAIC 5 (a)	0				0			
6. NAIC 6 (a)	0				0			
7. Total Bonds	40,289,183	25,013,612	42,352,053	(46,261)	22,904,481	0	0	40,289,183
PREFERRED STOCK								
8. NAIC 1	0				0			
9. NAIC 2	0				0			
10. NAIC 3	0				0			
11. NAIC 4	0				0			
12. NAIC 5	0				0			
13. NAIC 6	0				0			
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	40,289,183	25,013,612	42,352,053	(46,261)	22,904,481	0	0	40,289,183

(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 \$ _____ ;
NAIC 4 \$ _____ ; NAIC 5 \$ _____ ; NAIC 6 \$ _____ .

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 Totals	1,400,596	XXX	1,400,596	31	388

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	364,150	506,464
2. Cost of short-term investments acquired	14,012,443	39,972,320
3. Accrual of discount	13	362
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		191
6. Deduct consideration received on disposals	12,976,010	40,114,951
7. Deduct amortization of premium		236
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	1,400,596	364,150
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	1,400,596	364,150

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

NONE

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

NONE

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives

NONE

SCHEDULE E - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of cash equivalents acquired	2,150,199	8,399,797
3. Accrual of discount69	.38
4. Unrealized valuation increase (decrease)0
5. Total gain (loss) on disposals	(7)	(24)
6. Deduct consideration received on disposals	2,149,935	8,399,811
7. Deduct amortization of premium	326	.0
8. Total foreign exchange change in book/adjusted carrying value0
9. Deduct current year's other than temporary impairment recognized0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	0
11. Deduct total nonadmitted amounts0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule A - Part 2 - Real Estate Acquired and Additions Made

NONE

Schedule A - Part 3 - Real Estate Disposed

NONE

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

NONE

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

NONE

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

NONE

STATEMENT AS OF MARCH 31, 2016 OF THE Moda Health Plan, Inc.

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
912828-B5-3	US TREASURY N/B		02/16/2016	TRANSFER		260,885	260,000	234	U
912828-K3-3	US TREASURY INFL IX NB		02/16/2016	TRANSFER		303,631	303,504	129	U
912828-H0-2	US TREASURY N/B		02/16/2016	TRANSFER		427,860	400,000	3,194	U
912828-L3-2	US TREASURY N/B		02/16/2016	TRANSFER		504,980	500,000	3,157	U
912828-S4-9	US TREASURY INFL IX NB		02/16/2016	TRANSFER		207,058	209,350	23	U
912828-V5-6	US TREASURY N/B		02/16/2016	TRANSFER		422,050	395,000	27	U
99M007-60-7	GNMA TBA		01/06/2016	US BANK		1,060,469	1,000,000	0	U
99M007-62-3	GNMA TBA		02/01/2016	US BANK		1,015,156	1,000,000	0	U
0599999 Subtotal - Bonds - U.S. Governments						4,201,789	4,057,854	6,784	XXX
91069M-AA-5	KOPEX LIND & HOUSING C	R	02/16/2016	TRANSFER		200,934	200,000	146	IFE
1099999 Subtotal - Bonds - All Other Governments						200,934	200,000	146	XXX
040580-Q0-8	ARIZONA SCH FACs BRD CITS PARTN		02/16/2016	TRANSFER		151,704	150,000	329	IFE
31294J-W0-0	FHLBC 606622		01/27/2016	CANTOR FITZGERALD & CO		246,832	246,747	576	U
313370-L5-5	FHLB		03/31/2016	KEY WOODNALL		106,870	100,000	160	U
313370-J7-7	FHLB		02/16/2016	KEY WOODNALL		102,664	100,000	848	U
313601-W4-9	FINA		02/16/2016	TRANSFER		112,781	110,000	0	U
31364J-B5-4	FINA 2014-NA A2		02/16/2016	TRANSFER		172,059	160,000	223	U
31384A-4L-9	FINA #47126		02/16/2016	TRANSFER		660,831	641,110	668	U
31407M-2K-0	FINA #835178		02/16/2016	TRANSFER		558,861	494,361	1,133	U
31419H-YB-2	FINA #47005		02/16/2016	TRANSFER		389,191	363,394	606	U
99M007-59-9	FINA TBA		01/06/2016	US BANK		1,001,406	1,000,000	0	U
3199999 Subtotal - Bonds - U.S. Special Revenues						3,506,199	3,365,612	4,637	XXX
035242-LJ-5	WHELSER-BUSCH INBEV		01/13/2016	US BANK		49,844	50,000	0	IFE
38148L-AB-2	GOLDMAN Sachs GROUP INC		02/16/2016	TRANSFER		123,865	125,000	148	IFE
464287-22-6	ISHARES CORE US AGGREGATE BD ETF		01/11/2016	US BANK		12,050	0	0	U
46629H-H0-4	JPMORGAN CHASE & CO		02/16/2016	TRANSFER		296,830	300,000	2,274	IFE
61747F-D0-0	MORGAN STANLEY		02/16/2016	TRANSFER		148,305	150,000	147	IFE
61738F-AA-0	MSRF 2009-09 10 AAA		02/16/2016	TRANSFER		171,102	166,522	402	IFE
68267F-AA-8	CMFIT 2014-1A A		02/16/2016	TRANSFER		99,677	100,000	159	IFE
92343V-BR-4	VERIZON COMMUNICATIONS		01/04/2016	US BANK		219,944	200,000	3,204	2FE
92343V-CH-5	VERIZON COMMUNICATIONS		02/16/2016	TRANSFER		108,003	107,000	1,365	2FE
92937E-AB-0	WFRES 2013-C11 A2		02/16/2016	TRANSFER		100,183	100,000	65	IFM
929780-CB-1	WEICHT 2007-C30 A5		02/16/2016	TRANSFER		102,595	100,000	223	IFM
949748-FJ-4	WELLS FARGO & COMPANY		02/16/2016	TRANSFER		150,228	150,000	43	IFE
21685M-DD-6	WABCBANK NEDERLAND UTR	R	02/16/2016	TRANSFER		157,223	150,000	129	IFE
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						1,746,049	1,688,502	8,209	XXX
8399997 Total - Bonds - Part 3						9,650,971	9,321,968	19,756	XXX
8399998 Total - Bonds - Part 5						XXX	XXX	XXX	XXX
8399999 Total - Bonds						9,650,971	9,321,968	19,756	XXX
8999997 Total - Preferred Stocks - Part 3						0	XXX	0	XXX
8999998 Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
8999999 Total - Preferred Stocks						0	XXX	0	XXX
00796C-7J-5	WESTWOOD INCOME OPPORTUNITY		03/31/2016	VARIOUS		56,942,750	759,444	0	U
00784D-40-5	CHAMPLAIN SMALL CO FD - ADV		02/12/2016	TRANSFER		268,002	268,002	0	U
09251T-50-9	BLACKROCK GLOBAL ALLOCATION		03/16/2016	US BANK		115,855,378	2,035,274	0	U
28675E-10-0	AMERICAN EUROPA PACIFIC GRTH - F2		02/12/2016	TRANSFER		10,718,000	428,506	0	U
464287-20-0	ISHARES CORE S&P 500 INDEX FUND		02/12/2016	VARIOUS		4,133,000	770,171	0	U
464289-24-0	ISHARES MSCI ACWI EX US INDI		01/11/2016	US BANK		680,000	25,065	0	U
722005-62-6	PIMCO ALL ASSET FUND - INSTITU		02/12/2016	TRANSFER		61,943,000	605,183	0	U
921919-81-8	VANGUARD TOT INT ST IDX-ADM		03/15/2016	VARIOUS		17,899,627	388,720	0	U
9299999 Subtotal - Common Stocks - Mutual Funds						5,300,365	XXX	0	XXX
9799997 Total - Common Stocks - Part 3						5,300,365	XXX	0	XXX
9799998 Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
9799999 Total - Common Stocks						5,300,365	XXX	0	XXX
9899999 Total - Preferred and Common Stocks						5,300,365	XXX	0	XXX
9999999 - Totals						14,951,336	XXX	19,756	XXX

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

STATEMENT AS OF MARCH 31, 2016 OF THE Moda Health Plan, Inc.

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book/Adjusted Carrying Value	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)	
12513-AG-5	CD 2007-04 A1A		02/29/2016			248,777		248,777	248,777	0	0	0	0	0	248,777	0	0	0	0	0	12/11/2049	IFL
19073-AF-3	CMCI 2007-C3 A1A		02/29/2016			354,131		354,131	354,131	0	0	0	0	0	354,131	0	0	0	0	0	06/15/2046	IFL
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					9,259,410	5,419,764	9,254,089	8,916,792	0	(1,968)	0	(1,968)	0	9,184,848	0	74,560	74,560	70,632	XXX	XXX	
39663-3H-4	GENERAL ELEC CAP CORP		02/03/2016	TENDER OFFER		107,875	100,000	106,850	106,346	0	(294)	0	(294)	0	106,051	0	1,824	1,824	1,381	11/15/2067	IFL	
74970-AQ-6	RWBANK NEDERLAND	R	02/09/2016	US BANK		240,500	200,000	265,500	245,651	0	(1,301)	0	(1,301)	0	242,350	0	(1,850)	(1,850)	2,505	12/29/2049	ZFL	
4899999	Subtotal - Bonds - Hybrid Securities					348,375	300,000	372,350	349,997	0	(1,995)	0	(1,995)	0	348,401	0	(26)	(26)	3,887	XXX	XXX	
8399997	Total - Bonds - Part 4					28,348,071	15,911,408	28,209,977	16,399,413	141	(9,518)	0	(9,377)	0	28,019,560	0	328,510	328,510	127,147	XXX	XXX	
8399998	Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999	Total - Bonds					28,348,071	15,911,408	28,209,977	16,399,413	141	(9,518)	0	(9,377)	0	28,019,560	0	328,510	328,510	127,147	XXX	XXX	
8999997	Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
8999998	Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999	Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
00790-77-5	WESTWOOD INCOME OPPORTUNITY		02/05/2016	US BANK		149,378,000	2,034,528	2,183,573	2,106,230	77,343	0	0	77,343	0	2,183,573	0	(149,044)	(149,044)	0			
00764-40-5	CHAMPLAIN SMALL CO FD - ADV		02/05/2016	US BANK		42,827,000	585,445	682,860	678,380	4,481	0	0	4,481	0	682,860	0	(97,415)	(97,415)	0			
46428-20-0	ISHRES CORE S&P 500 INDEX FUND		02/05/2016	US BANK		8,214,000	1,549,214	1,176,337	1,682,802	(506,465)	0	0	(506,465)	0	1,176,337	0	(372,877)	(372,877)	1,562			
46428-24-0	ISHRES MSCI ACWI EX US INDX		02/05/2016	US BANK		48,139,000	1,748,376	2,084,038	1,906,786	177,252	0	0	177,252	0	2,084,038	0	(335,662)	(335,662)	0			
72005-62-6	PIMCO ALL ASSET FUND - INSTITU		03/15/2016	US BANK		371,095,538	3,793,473	4,318,970	3,153,356	560,431	0	0	560,431	0	4,318,970	0	(525,496)	(525,496)	0			
9299999	Subtotal - Common Stocks - Mutual Funds					9,711,036	10,445,778	9,527,554	313,042	0	0	0	313,042	0	10,445,778	0	(734,740)	(734,740)	1,562	XXX	XXX	
9799997	Total - Common Stocks - Part 4					9,711,036	10,445,778	9,527,554	313,042	0	0	0	313,042	0	10,445,778	0	(734,740)	(734,740)	1,562	XXX	XXX	
9799998	Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999	Total - Common Stocks					9,711,036	10,445,778	9,527,554	313,042	0	0	0	313,042	0	10,445,778	0	(734,740)	(734,740)	1,562	XXX	XXX	
9899999	Total - Preferred and Common Stocks					9,711,036	10,445,778	9,527,554	313,042	0	0	0	313,042	0	10,445,778	0	(734,740)	(734,740)	1,562	XXX	XXX	
9999999	Totals					38,059,107	XXX	38,655,735	25,926,967	313,183	(9,518)	0	303,665	0	38,465,338	0	(406,230)	(406,230)	128,709	XXX	XXX	

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

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open
NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
NONE

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open
NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By
NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To
NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
NONE

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SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	6 Book Balance at End of Each Month During Current Quarter			9 *
					6	7	8	
					First Month	Second Month	Third Month	
U.S. Bank of Oregon Portland, OR					(36,380,792)	4,166,874	33,875,895	XXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	(36,380,792)	4,166,874	33,875,895	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	(36,380,792)	4,166,874	33,875,895	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX	0	0	(36,380,792)	4,166,874	33,875,895	XXX

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SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due and Accrued	Amount Received During Year
0599999. Total - U.S. Government Bonds					0	0	0
1099999. Total - All Other Government Bonds					0	0	0
1799999. Total - U.S. States, Territories and Possessions Bonds					0	0	0
2499999. Total - U.S. Political Subdivisions Bonds					0	0	0
3199999. Total - U.S. Special Revenues Bonds					0	0	0
3899999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds					0	0	0
4899999. Total - Hybrid Securities					0	0	0
5599999. Total - Parent, Subsidiaries and Affiliates Bonds					0	0	0
7799999. Total - Issuer Obligations					0	0	0
7899999. Total - Residential Mortgage-Backed Securities					0	0	0
7999999. Total - Commercial Mortgage-Backed Securities					0	0	0
8099999. Total - Other Loan-Backed and Structured Securities					0	0	0
8399999. Total Bonds					0	0	0
8699999. Total Cash Equivalents					0	0	0