



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2017
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 OR

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

OFFICERS

President William 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 Ken Allen #

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 May 2017 day of May 2017
Dianne M Warren
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





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Subscribed and sworn to before me this _____ day of _____
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STATEMENT AS OF MARCH 31, 2017 OF THE Moda Health Plan, Inc.

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	9,545,610		9,545,610	13,920,140
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	25,019,908		25,019,908	42,600,287
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 (\$(1,026,482)), cash equivalents (\$0) and short-term investments (\$22,039,016)	21,012,534		21,012,534	(2,090,428)
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets	6,078,396		6,078,396	6,182,611
9. Receivables for securities			0	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)	61,656,448	0	61,656,448	60,612,610
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	47,430		47,430	22,210
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	18,642,195	296,301	18,345,894	17,800,913
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 (\$7,678,892)	281,681,347	251,713,775	29,967,572	22,337,284
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	49,702,348		49,702,348	62,652,005
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	36,394,916	66,760	36,328,156	38,245,716
18.1 Current federal and foreign income tax recoverable and interest thereon	144,333		144,333	33,517,565
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software	548,311	548,311	0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	111,028,922		111,028,922	78,624,457
24. Health care (\$5,269,720) and other amounts receivable	8,037,155	2,767,435	5,269,720	5,366,652
25. Aggregate write-ins for other than invested assets	7,049,768	1,300,080	5,749,688	47,198,978
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	574,933,173	256,692,662	318,240,511	366,378,390
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	574,933,173	256,692,662	318,240,511	366,378,390
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	1,300,080	1,300,080	0	0
2502. Other Receivables	5,749,688		5,749,688	47,198,978
2503.			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)	7,049,768	1,300,080	5,749,688	47,198,978

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$1,594,923 reinsurance ceded)	102,000,923	8,665,154	110,666,077	172,516,785
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	5,173,548	439,502	5,613,050	9,162,336
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	34,281,972		34,281,972	33,704,105
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	20,355,224		20,355,224	8,474,260
9. General expenses due or accrued	12,179,824		12,179,824	15,153,037
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	1,513,796		1,513,796	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	487,615		487,615	1,231,235
12. Amounts withheld or retained for the account of others	211,200		211,200	252,936
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	128,929		128,929	692,351
16. Derivatives			0	0
17. Payable for securities			0	1,999,735
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	49,901,546		49,901,546	44,885,827
23. Aggregate write-ins for other liabilities (including \$ current)	629,580	0	629,580	733,227
24. Total liabilities (Lines 1 to 23)	226,864,157	9,104,656	235,968,813	288,805,834
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
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	197,116,862	199,132,906
29. Surplus notes	XXX	XXX	95,950,000	95,950,000
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(213,295,164)	(220,010,350)
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	82,271,698	77,572,556
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	318,240,511	366,378,390
DETAILS OF WRITE-INS				
2301. Unclaimed Property	629,580		629,580	733,227
2302.			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)	629,580	0	629,580	733,227
2501.	XXX	XXX		0
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	0
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	245,778	438,792	1,719,487
2. Net premium income (including \$ non-health premium income).....	XXX	142,619,182	227,511,424	903,914,876
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	142,619,182	227,511,424	903,914,876
Hospital and Medical:				
9. Hospital/medical benefits		88,889,412	162,071,967	603,299,009
10. Other professional services		9,733,570	15,792,151	62,845,169
11. Outside referrals		4,124,251	7,301,669	31,084,669
12. Emergency room and out-of-area		11,543,436	21,695,384	82,735,881
13. Prescription drugs		17,468,161	24,106,992	116,553,076
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)	0	131,758,830	230,968,163	896,517,804
Less:				
17. Net reinsurance recoveries		1,835,405	15,575,175	22,188,369
18. Total hospital and medical (Lines 16 minus 17)	0	129,923,425	215,392,988	874,329,435
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$506,725 cost containment expenses		3,778,151	4,693,954	38,492,066
21. General administrative expenses		4,351,238	39,806,606	44,330,725
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	138,052,814	259,893,548	957,152,226
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	4,566,368	(32,382,124)	(53,237,350)
25. Net investment income earned		79,889	193,484	26,816,483
26. Net realized capital gains (losses) less capital gains tax of \$280,190		13,306,164	(380,177)	6,708,858
27. Net investment gains (losses) (Lines 25 plus 26)	0	13,386,053	(186,693)	33,525,341
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]				
29. Aggregate write-ins for other income or expenses	0	62,538	114,696	168,217
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	18,014,959	(32,454,121)	(19,543,791)
31. Federal and foreign income taxes incurred	XXX	1,394,500	(1,388,230)	(6,639,142)
32. Net income (loss) (Lines 30 minus 31)	XXX	16,620,459	(31,065,891)	(12,904,649)
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 (Expense)		121,662	164,546	281,027
2902. Grants & Donations		(59,124)	(49,850)	(112,810)
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	62,538	114,696	168,217

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.....	77,572,556	67,018,290	67,018,290
34. Net income or (loss) from Line 32.....	16,620,459	(31,065,891)	(12,904,649)
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 171,626.....	(10,374,159)	1,260,698	(21,947,051)
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....	133,601	7,701,524	27,772,219
39. Change in nonadmitted assets.....	335,285	(19,434,402)	(78,870,578)
40. Change in unauthorized and certified reinsurance.....	0	0	0
41. Change in treasury stock.....	0	0	0
42. Change in surplus notes.....	0	(80,000,000)	(57,050,000)
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.....	(2,016,044)	118,000,000	131,954,325
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	21,600,000
48. Net change in capital & surplus (Lines 34 to 47).....	4,699,142	(3,538,071)	10,554,266
49. Capital and surplus end of reporting period (Line 33 plus 48)	82,271,698	63,480,219	77,572,556
DETAILS OF WRITE-INS			
4701. Additional capital from proceeds.....			21,600,000
4702.			0
4703.			
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	21,600,000

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	145,894,488	213,913,070	538,457,731
2. Net investment income	65,456	386,520	27,157,210
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	145,959,944	214,299,590	565,614,941
5. Benefit and loss related payments	178,268,980	191,689,858	504,007,213
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	7,656,071	5,378,870	104,423,915
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	(704,712)	(69,229,082)	(6,048,334)
10. Total (Lines 5 through 9)	185,220,339	127,839,646	602,382,794
11. Net cash from operations (Line 4 minus Line 10)	(39,260,395)	86,459,944	(36,767,852)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	6,841,401	28,348,071	49,765,299
12.2 Stocks	18,228,387	9,711,036	20,864,892
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	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	25,069,788	38,059,107	70,630,191
13. Cost of investments acquired (long-term only):			
13.1 Bonds	2,475,278	9,650,971	22,926,058
13.2 Stocks	1,164	5,300,365	5,847,267
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	1,999,735	1,840,434	53,233
13.7 Total investments acquired (Lines 13.1 to 13.6)	4,476,177	16,791,770	28,826,558
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)	20,593,611	21,267,337	41,803,633
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	22,950,000	(80,000,000)	0
16.2 Capital and paid in surplus, less treasury stock	0	118,000,000	30,000,000
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)	18,819,746	(77,533,853)	(4,209,272)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	41,769,746	(39,533,853)	25,790,728
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)	23,102,962	68,193,428	30,826,509
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	(2,090,428)	(32,916,937)	(32,916,937)
19.2 End of period (Line 18 plus Line 19.1)	21,012,534	35,276,491	(2,090,428)

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

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STATEMENT AS OF MARCH 31, 2017 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	129,793	62,215	51,291	0	0	0	0	16,287	0	0
2. First Quarter	81,150	23,206	40,504					17,440		
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	245,778	71,068	122,479					52,231		
Total Member Ambulatory Encounters for Period:										
7. Physician	89,025	45,236	32,019					11,770		
8. Non-Physician	69,989	39,037	23,403					7,549		
9. Total	159,014	84,273	55,422	0	0	0	0	19,319	0	0
10. Hospital Patient Days Incurred	12,180	5,441	3,020					3,719		
11. Number of Inpatient Admissions	2,220	1,044	700					476		
12. Health Premiums Written (a)	143,539,415	44,357,790	57,588,379					40,323,267		1,269,979
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	143,539,415	44,357,790	57,588,379					40,323,267		1,269,979
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	202,744,531	98,848,777	62,500,619					37,486,240		3,908,895
18. Amount Incurred for Provision of Health Care Services	131,758,830	34,967,579	51,172,685					41,709,671		3,908,895

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 40,323,267

STATEMENT AS OF MARCH 31, 2017 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)						
0199999, Individually listed claims unpaid	15,766,327	20,308,251	10,646,144	8,455,442	9,043,149	64,219,313
	15,766,327	20,308,251	10,646,144	8,455,442	9,043,149	64,219,313
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered						0
0499999 Subtotals	15,766,327	20,308,251	10,646,144	8,455,442	9,043,149	64,219,313
0599999 Unreported claims and other claim reserves						48,041,687
0699999 Total amounts withheld						
0799999 Total claims unpaid						112,261,000
0899999 Accrued medical incentive pool and bonus amounts						

oo

STATEMENT AS OF MARCH 31, 2017 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	2	3	4		
	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		
1. Comprehensive (hospital and medical)	128,026,621	22,352,378	20,628,551	67,334,633	148,655,172	154,037,324
2. Medicare Supplement0	.0
3. Dental Only0	.0
4. Vision Only0	.0
5. Federal Employees Health Benefits Plan0	.0
6. Title XVIII - Medicare	17,085,517	20,400,722	1,253,484	20,449,409	18,339,001	17,479,461
7. Title XIX - Medicaid0	.0
8. Other health		3,908,895		1,000,000	.0	1,000,000
9. Health subtotal (Lines 1 to 8)	145,112,138	46,661,995	21,882,035	88,784,042	166,994,173	172,516,785
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)	145,112,138	46,661,995	21,882,035	88,784,042	166,994,173	172,516,785

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

STATEMENT AS OF MARCH 31, 2017 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 2017 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	2017	2016
(1) Moda Health Plan, Inc. state basis (Page 4, Line 32, Columns 2 & 3)	OR	\$ 16,620,459	\$ (12,904,649)
(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>\$ 16,620,459</u>	<u>\$ (12,904,649)</u>
<u>SURPLUS</u>			
(5) Moda Health Plan, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	OR	\$ 82,271,698	\$ 77,572,556
(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>\$ 82,271,698</u>	<u>\$ 77,572,556</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) BenefitHelp Solutions, Inc., ODS Community Health, Inc., and PayLess Drug Stores, Inc. are carried at GAAP equity. Dentists Benefits Insurance Company (DBIC) was sold to an unrelated party on February 28, 2017. In addition to DBIC, two other entities were sold as part of this transaction, Dentists Benefits Corporation and Northwest Dentists Insurance Company. As of December 31, 2016, the estimated gain from this transaction was reflected on MHP's financial statements as gross paid in and contributed surplus. The March 31, 2017 financial statements reflect that DBIC is no longer a subsidiary of MHP, and the associated impact of the disposition of DBIC results in an increase to net realized capital gains and a decrease to net unrealized capital gains. The final purchase price accounting will occur subsequently in 2017, consistent with the terms of the sales agreement. This may result in a reallocation between realized gains and changes in contributed capital in future filings.
- 8) The Company has an ownership interest in a limited liability corporation, ODS Bend Property LLC. The Company's ownership interest is valued based on the GAAP equity basis as described in SSAP No. 48 and is 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) Not applicable.
 - 2) Not applicable.
 - 3) Not applicable.

STATEMENT AS OF MARCH 31, 2017 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):

a. The aggregate amount of unrealized losses:		1. Less than 12 Months	\$ 1,849
		2. 12 Months or Longer	\$ -
b. The aggregate related fair value of securities with unrealized losses:		1. Less than 12 Months	\$ 204,253
		2. 12 Months or Longer	\$ -

- 5) Not applicable. 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, 2017.

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

1) 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
a. Subject to contractual obligation for which liability is not shown	-	-	-	-	-	-
b. Collateral held under security lending agreements	-	-	-	-	-	-
c. Subject to repurchase agreements	-	-	-	-	-	-
d. Subject to reverse repurchase agreements	-	-	-	-	-	-
e. Subject to dollar repurchase agreements	-	-	-	-	-	-
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-
g. Placed under option contracts	-	-	-	-	-	-
h. Letter stock or securities restricted as to sale	-	-	-	-	-	-
i. FHLB capital stock	-	-	-	-	-	-
j. On deposit with states	16,444,112	17,396,555	(952,443)	16,444,112	2.86%	5.17%
k. On deposit with other regulatory bodies	-	-	-	-	-	-
l. Pledged collateral to FHLB	-	-	-	-	-	-
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-
n. Other restricted assets	-	-	-	-	-	-
o. Total Restricted Assets	16,444,112	17,396,555	(952,443)	16,444,112	2.86%	5.17%

The Company has \$15 million on deposit with the State of Alaska, \$1.29 million on deposit with the State of Oregon, and an additional \$157K on deposit with the State of Washington.

2) Not applicable.

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

STATEMENT AS OF MARCH 31, 2017 OF THE Moda Health Plan, Inc.

NOTES TO FINANCIAL STATEMENTS

- 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. The Company is a co-borrower on the US Bank credit facility with parent company Moda, Inc. and affiliated entity Oregon Dental Service. Refer to Note 11A for further details on this credit facility.
- B. Not applicable.
- C. Not applicable.

D. Receivables for related parties at March 31, 2017:

Moda, Inc.	\$ 110,015,524
Eastern Oregon Coordinated Care Organization, LLC	\$ 1,013,398

Payables for related parties at March 31, 2017:

Oregon Dental Service	\$ 124,229
Moda Health Services, LLC	\$ 4,335
BenefitHelp Solutions, Inc.	\$ 365

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

- 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 BenefitHelp Solutions, Inc., a third party administrator, and is reported using the equity method for a value of \$881,945. The Company owns 100% of the outstanding shares of ODS Community Health, Inc. and is reported using the equity method for a value of \$3,524,787. The Company owns 100% of the outstanding shares of PayLess Drug Stores, Inc., a long term care and specialty pharmacy company, and is reported using the equity method for a value of \$20,613,176. The Company owns 100% of ODS Bend Property LLC and is reported in other invested assets with a value of \$4,471,947.
- H. Not applicable.
- I. Not applicable.
- J. Not applicable.
- K. Not applicable.
- L. Not applicable.
- M. SCA investments are disclosed above in G.
- N. Insurance SCA investments are disclosed above in G.
11. Debt
- A.
- 1) In September 2011, Moda, Inc., ODS and MHP (co-borrowers) entered into a Credit Agreement with US Bank. This revolving credit facility note has been extended to December 31, 2017.
 - 2) This is a line of credit.
 - 3) The face amount of the line of credit is \$18,500,000.
 - 4) As of March 31, 2017, the line of credit had an outstanding balance of \$13.2 million, plus accrued and unpaid interest of \$50,246.
 - 5) Interest accrues based on the monthly reset LIBOR rate plus 397 basis points.
 - 6) The effective interest rate is LIBOR rate plus 397 basis points.
 - 7) The obligations of the joint borrowers are secured by ODS' property in LaGrande, Oregon.
 - 8) There has been \$146,322 interest paid on the new facility note in the current year.
 - 9) Not applicable.
 - 10) Not applicable.
 - 11) Not applicable.
 - 12) Not applicable.
- B. 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.

STATEMENT AS OF MARCH 31, 2017 OF THE Moda Health Plan, Inc.
NOTES TO FINANCIAL STATEMENTS

- 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, 2017 and 2016 was \$480,255 and \$543,310 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 (\$10,374,159).
 - 11) Surplus Notes
 The Company issued the following surplus debenture or similar obligation in 2017 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	675,000	6/30/2017
12/15/2014	4.000%	50,000,000	50,000,000	-	1,500,000	3,083,333	12/15/2024
12/31/2015	4.000%	13,000,000	13,000,000	-	-	650,000	-
2/28/2017	0.000%	22,950,000	22,950,000	-	-	-	-
1311999 Total		95,950,000	95,950,000	-	2,962,500	4,408,333	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.

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 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.

In 2016, \$80 million of surplus notes from parent company were converted to contributed capital. There is \$922,222 unapproved and unpaid interest associated with these forgiven notes.

On February 28, 2017, the Company issued a surplus note to Healthy Living Alliance, LLC for \$22,950,000 with no interest and no specific maturity date; this note was reflected in the 2016 financial statements.

The above surplus notes have the following repayment conditions and restrictions: Each payment of interest on and principal of the surplus note may be made only with prior approval of the Director of the Department of Consumer and Business Services of the State of Oregon and only to the extent the Company has sufficient surplus earnings to make such payments.

In the event of the liquidation or dissolution of the Company, payment of the principal balance and all accrued interest is subordinated to the claims of: 1) Policyholders; 2) Beneficiaries and other claimants; and 3) The debts and liabilities owed to all creditors of the company other than holders of Other Surplus Notes.

- 12) Not applicable.
 - 13) Not applicable.
14. Liabilities, Contingencies and Assessments
- A. Contingency Commitments
- 1) As referenced in Note 10A and 11A, the Company is a co-borrower on the US Bank credit facility, which has a \$13.2 million outstanding balance as of March 31, 2017.
 - 2a-b) Moda Health Plan, Inc. is a co-borrower on a line of credit with its affiliates, Moda, Inc. and ODS. The line of credit is secured by certain assets and in the event of a default those assets would be utilized to satisfy and outstanding balances. In the event the security did not satisfy the outstanding balance the three above mentioned entities would be responsible to satisfy the obligation. As a result, if there was a default on the line of credit all three entities could be responsible for repayment.
 - 2c) Not applicable.
 - 2d) Not applicable.
- B. Assessments
 Not applicable.

STATEMENT AS OF MARCH 31, 2017 OF THE Moda Health Plan, Inc.
NOTES TO FINANCIAL STATEMENTS

- 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
Not applicable.
- 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. Lessee Operating Leases
Not applicable.
- B. Lessor Leases
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. Not applicable
2. Not applicable.
3. Not applicable.
4. Not applicable.
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 | 22,039,016 | 22,039,016 | - | 22,039,016 | - | - |
| Bonds | 9,560,337 | 9,545,610 | - | 9,560,337 | - | - |
| Common Stocks | - | - | - | - | - | - |
| Total | \$ 31,599,353 | \$ 31,584,626 | \$ - | \$ 31,599,353 | \$ - | \$ - |
- 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

Subsequent events have been considered through the filing date for the first quarter 2017 statutory statements.

Type II – Nonrecognized Subsequent Events:

STATEMENT AS OF MARCH 31, 2017 OF THE Moda Health Plan, Inc.
NOTES TO FINANCIAL STATEMENTS

On May 5, 2017, a subsidiary of the Company (360 Bond, LLC) sold its building in Bend, Oregon to an unrelated party.

23. Reinsurance

- A. Ceded Reinsurance Report
 Section 1 – General Interrogatories
 1. No
 2. No
 Section 2 – Ceded Reinsurance Report – Part A
 1. No
 2. No

 Section 3 – Ceded Reinsurance Report – Part B
 1. Not applicable.
 2. No
- B. Uncollectible Reinsurance
 Not applicable.
- C. Commutation of Ceded Reinsurance
 Not applicable.
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation
 Not applicable.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Not applicable.
 B. Not applicable.
 C. Not applicable.
 D. As of March 31, 2017, 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:

Permanent ACA Risk Adjustment Program

Assets		
1. Premium adjustments receivable due to ACA Risk Adjustment		\$ 7,678,892
Liabilities		
2. Risk adjustment user fees payable for ACA Risk Adjustment		\$ 316,956
3. Premium adjustments payable due to ACA Risk Adjustment		\$ 348,415
Operations (Revenue & Expense)		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment		\$ 7,330,477
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)		\$ 15,553
Transitional ACA Reinsurance Program		
Assets		
1. Amounts recoverable for claims paid due to ACA Reinsurance		\$ -
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)		\$ -
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		\$ 798,353
5. Ceded reinsurance premiums payable due to ACA Reinsurance		\$ 487,615
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance		\$ 177,791
Operations (Revenue & Expense)		
7. Ceded reinsurance premiums due to ACA Reinsurance		\$ -
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments		\$ -
9. ACA Reinsurance contributions - not reported as ceded premium		\$ -
Temporary ACA Risk Corridors Program		
Assets		
1. Accrued retrospective premium due to ACA Risk Corridors		\$ -
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors		\$ -
Operations (Revenue & Expense)		
3. Effect of ACA Risk Corridors on net premium income (paid/received)		\$ -
4. Effect of ACA Risk Corridors on change in reserves for rate credits		\$ -
3. Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance:		

STATEMENT AS OF MARCH 31, 2017 OF THE Moda Health Plan, Inc.
NOTES TO FINANCIAL STATEMENTS

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
	1	2	3	4	5	6	7	8	9	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable	\$ 21,618,716		\$ 35,618		\$ 21,583,099	\$ -			A	\$ 21,583,099	\$ -
2. Policy adjustments (payable)		\$ (19,461,990)		\$ -	\$ -	\$ (19,461,990)			B	\$ -	\$ (19,461,990)
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 21,618,716	\$ (19,461,990)	\$ 35,618	\$ -	\$ 21,583,099	\$ (19,461,990)	\$ -			\$ 21,583,099	\$ (19,461,990)
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$ 43,278,437		\$ 4,941,490		\$ 38,337,948	\$ -	\$ 646,125		C	\$ 38,984,073	\$ -
2. Amounts recoverable for claims unpaid (contra liability)	\$ 10,729,915		\$ 10,729,915		\$ -	\$ -			D	\$ -	\$ -
3. Amounts receivable relating to unincurred claims					\$ -	\$ -			E	\$ -	\$ -
4. Liabilities for contributions payable due to ACA Reinsurance—not reported as code premium					\$ -	\$ -			F	\$ -	\$ -
5. Code/reinsurance premium payable	\$ 1,331,235		\$ 743,620		\$ -	\$ 487,615	\$ (487,615.43)		G	\$ -	\$ -
6. Liability for amounts held under unincurred plans	\$ 2,132,711		\$ 2,254,838		\$ -	\$ -	\$ (122,128)		H	\$ -	\$ (122,128)
7. Subtotal ACA Transitional Reinsurance Program	\$ 54,009,352	\$ 3,363,946	\$ 15,671,405	\$ 2,998,458	\$ 38,337,948	\$ 365,488	\$ 646,125	\$ (487,615)		\$ 38,984,073	\$ (122,128)
c. Temporary ACA Risk Corridors Program											
1. Accrued retroactive premium	\$ 252,268,850		\$ 242,436		\$ 252,026,414	\$ -	\$ 392,942		I	\$ 252,419,356	\$ -
2. Reserve for rate credits or policy experience rating refunds					\$ -	\$ -			J	\$ -	\$ -
3. Subtotal ACA Risk Corridors Program	\$ 252,268,850	\$ -	\$ 242,436	\$ -	\$ 252,026,414	\$ -	\$ 392,942	\$ -		\$ 252,419,356	\$ -
d. Total for ACA Risk Sharing Provisions	\$ 327,896,918	\$ (16,098,044)	\$ 15,945,458	\$ 2,998,458	\$ 311,947,460	\$ (19,096,502)	\$ 1,039,067	\$ (487,615)		\$ 312,986,527	\$ (19,584,118)

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

4. Roll-forward of Risk Corridors Asset and Liability Balances by Program Benefit Year:

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
	1	2	3	4	5	6	7	8	9	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. 2014											
1. Accrued retroactive premium	\$ 76,236,025		\$ 242,436		\$ 75,993,589	\$ -	\$ -			\$ 75,993,589	\$ -
2. Reserve for rate credits or policy experience rating refunds											
b. 2015											
1. Accrued retroactive premium	\$ 133,951,163		\$ -		\$ 133,951,163	\$ -	\$ -			\$ 133,951,163	\$ -
2. Reserve for rate credits or policy experience rating refunds											
c. 2016											
1. Accrued retroactive premium	\$ 42,081,662		\$ -		\$ 42,081,662	\$ -	\$ 392,942			\$ 42,474,604	\$ -
2. Reserve for rate credits or policy experience rating refunds											
Total for Risk Corridors	\$ 252,268,850	\$ -	\$ 242,436	\$ -	\$ 252,026,414	\$ -	\$ 392,942	\$ -		\$ 252,419,356	\$ -

Explanations of Adjustments
 A Adjustment to reflect the final amounts calculated by CMS

5. ACA Risk Corridors Receivable as of Reporting Date:

	1	2	3	4	5	6
	Estimated Amount to be Filed or Final Amount Filed with CMS	Non-Accrued Amounts for Impairment or Other Reasons	Amounts received from CMS	Asset Balance (Gross of Non-admissions) (1-2-3)	Non-admitted Amount	Net Admitted Asset (4-5)
Risk Corridors Prog						
a. 2014	89,426,430		13,547,147	75,879,283	75,173,702	705,581
b. 2015	133,951,163			133,951,163	133,951,163	-
c. 2016	42,588,910			42,588,910	42,588,910	-
d Total (a+b+c)	265,966,503	-	13,547,147	252,419,356	251,713,775	705,581

25. Change in Incurred Claims and Claims Adjustment Expenses

Unpaid claims as of December 31, 2016 were \$172.5 million. As of March 31, 2017, approximately \$145 million has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$21.9 million as a result of re-estimation of unpaid claims. Therefore, there has been a \$5.6 million favorable prior-year development from December 31, 2016 to March 31, 2017. 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.

STATEMENT AS OF MARCH 31, 2017 OF THE Moda Health Plan, Inc.
NOTES TO FINANCIAL STATEMENTS

- 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.
 - C. 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 [X] No []
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
Dentists Benefits Corporation, Northwest Dentists Insurance Company and Dentists Benefits Insurance Company were sold to an unrelated party on February 28, 2017
- 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). 12/31/2013
- 6.4 By what department or departments?
Oregon Department of Consumer and 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: \$ 110,015,524

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	\$ 36,971,287	\$ 25,019,908
14.24 Short-Term Investments	\$ 0	\$ 0
14.25 Mortgage Loans on Real Estate	\$ 0	\$ 0
14.26 All Other	\$ 6,182,611	\$ 6,078,396
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 43,153,898	\$ 31,098,304
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 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 St, Portland, OR 97204

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes No

- 17.4 If yes, give full information relating thereto:

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

- 17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
R.V. Kuhns & Associates, Inc.	U.....
Pacific Investment Management Company, LLC	U.....
Prime Advisors, Inc.	U.....

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? Yes No

- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes No

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
18005	R.V. Kuhns & Associates, Inc.		U.S. Securities and Exchange Commission	DS.....
104559	Pacific Investment Management Company, LLC ..	549300KGPYQZXGMYN38	U.S. Securities and Exchange Commission	OS.....
107680	Prime Advisors, Inc.		U.S. Securities and Exchange Commission	NO.....

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes No

- 18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

- 1. Operating Percentages:
 - 1.1 A&H loss percent92.7 %
 - 1.2 A&H cost containment percent0.4 %
 - 1.3 A&H expense percent excluding cost containment expenses5.6 %

- 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 MARCH 31, 2017 OF THE Moda Health Plan, Inc.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
82827	06-0838705	01/01/2017	Swiss Re Life and Health America Inc.	CT	SSL/A/S	Authorized		
82827	06-0838705	01/01/2017	Swiss Re Life and Health America Inc.	CT	SSL/A/I	Authorized		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

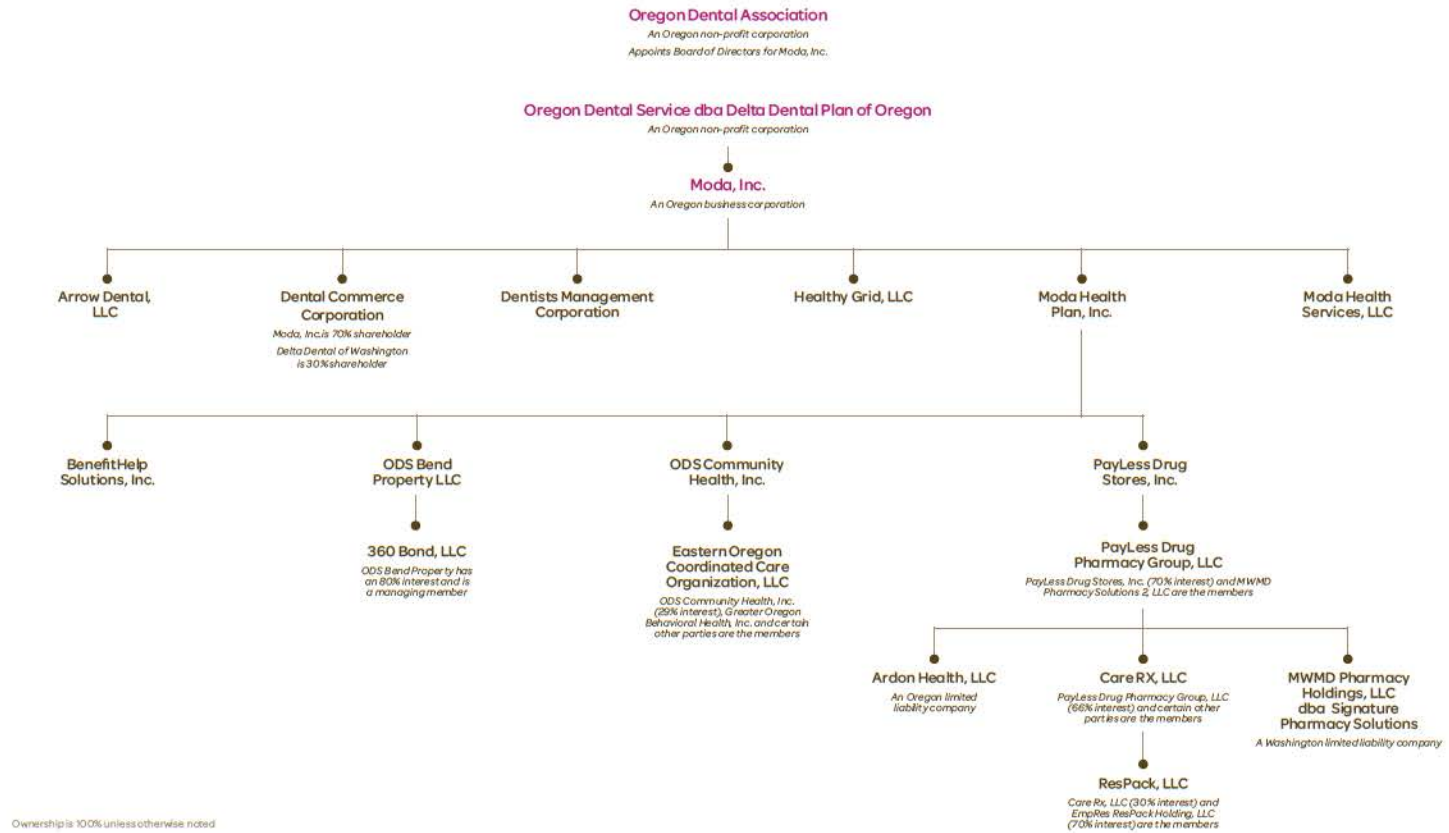
Current Year to Date - Allocated by States and Territories

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	5,084,011							5,084,011	
3. Arizona AZ	N								0	
4. Arkansas AR	N								0	
5. California CA	I	0							0	
6. Colorado CO	N								0	
7. Connecticut CT	N								0	
8. Delaware DE	N								0	
9. District of Columbia DC	N								0	
10. Florida FL	N								0	
11. Georgia GA	N								0	
12. Hawaii HI	N								0	
13. Idaho ID	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	98,437,904	40,323,267						138,761,171	
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	(305,767)							(305,767)	
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	103,216,148	40,323,267	0	0	0	0	143,539,415	0	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX								0	
61. Totals (Direct Business)	(a) 6	103,216,148	40,323,267	0	0	0	0	143,539,415	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.

STATEMENT AS OF MARCH 31, 2017 OF THE Moda Health Plan, Inc.



STATEMENT AS OF MARCH 31, 2017 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	16
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)	Is an SCA Filing Required? (Y/N)	*
..1313 ..	OREGON DENTAL GPP	.54941	98-0438772				Oregon Dental Service	OR	LJIP	Oregon Dental Association	Board of Directors		Oregon Dental Association	N	
			98-1083393				Moda, Inc.	OR	LDP	Oregon Dental Service	Ownership	100.000	Oregon Dental Association	N	
..1313 ..	OREGON DENTAL GPP	.47098	98-0989307				Moda Health Plan, Inc.	OR	DS	Moda, Inc.	Ownership	100.000	Oregon Dental Association	N	
			98-1135521				Benefi Help Solutions, Inc.	OR	DS	Moda Health Plan, Inc.	Ownership	100.000	Oregon Dental Association	Y	
			45-0529457				ODS Community Health, Inc.	OR	DS	Moda Health Plan, Inc.	Ownership	100.000	Oregon Dental Association	Y	
			80-0935179				Eastern Oregon Coordinated Care Organization, LLC	OR	DS	ODS Community Health, Inc.	Ownership	29.000	Oregon Dental Association	N	
			26-0772199				ODS Bend Property LLC	OR	DS	Moda Health Plan, Inc.	Ownership	100.000	Oregon Dental Association	N	
			26-0293981				360 Bond, LLC	OR	DS	ODS Bend Property LLC	Ownership	80.000	Oregon Dental Association	N	
			98-1279451				PayLess Drug Stores, Inc.	OR	DS	Moda Health Plan, Inc.	Ownership	100.000	Oregon Dental Association	Y	
			46-3324446				PayLess Drug Pharmacy Group, LLC	OR	DS	PayLess Drug Stores, Inc.	Ownership	70.000	Oregon Dental Association	N	
			94-3082598				CareRX, LLC	OR	DS	PayLess Drug Pharmacy Group, LLC	Ownership	66.000	Oregon Dental Association	N	
			46-3003497				Ardon Health, LLC	OR	DS	PayLess Drug Pharmacy Group, LLC	Ownership	100.000	Oregon Dental Association	N	
			45-2901744				WIND Pharmacy Holdings, LLC	WA	DS	PayLess Drug Pharmacy Group, LLC	Ownership	100.000	Oregon Dental Association	N	
			46-3887256				Arrow Dental, LLC	OR	NI A	Moda, Inc.	Ownership	100.000	Oregon Dental Association	N	
			35-2410053				Dental Commerce Corporation	OR	NI A	Moda, Inc.	Ownership	70.000	Oregon Dental Association	N	
			98-0792940				Dentists Management Corporation	OR	NI A	Moda, Inc.	Ownership	100.000	Oregon Dental Association	N	
			46-1495608				Healthy Grid, LLC	OR	NI A	Moda, Inc.	Ownership	100.000	Oregon Dental Association	N	
			46-3132078				Moda Health Services, LLC	OR	NI A	Moda, Inc.	Ownership	100.000	Oregon Dental Association	N	
			46-3528542				ResPack, LLC	OR	DS	CareRX, LLC	Ownership	30.000	Oregon Dental Association	N	

Asterisk	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. Not applicable

Bar Code:

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



OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF MARCH 31, 2017 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)		

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
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 investment and commitment fees		
9. Total foreign exchange change in book value/recorded investment including 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)		

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	6,182,611	7,455,502
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		0
4. Accrual of discount		
5. Unrealized valuation increase (decrease)	(104,215)	727,109
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		2,000,000
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		0
10. Deduct current year's other than temporary impairment recognized		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	6,078,396	6,182,611
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	6,078,396	6,182,611

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	56,520,403	91,625,003
2. Cost of bonds and stocks acquired	460,423	50,727,635
3. Accrual of discount	4,684	16,959
4. Unrealized valuation increase (decrease)	(10,441,565)	(21,932,016)
5. Total gain (loss) on disposals	33,585,827	6,859,669
6. Deduct consideration for bonds and stocks disposed of	25,548,783	70,630,191
7. Deduct amortization of premium	15,471	146,656
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)	34,565,518	56,520,403
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	34,565,518	56,520,403

STATEMENT AS OF MARCH 31, 2017 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)	31,663,035	36,956,966	38,459,968	(10,081)	30,149,952	0	0	31,663,035
2. NAIC 2 (a)	1,848,528	466,877	880,584	(442)	1,434,379	0	0	1,848,528
3. NAIC 3 (a)	0				0			
4. NAIC 4 (a)	0				0			
5. NAIC 5 (a)	0				0			
6. NAIC 6 (a)	0				0			
7. Total Bonds	33,511,563	37,423,843	39,340,552	(10,523)	31,584,331	0	0	33,511,563
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	33,511,563	37,423,843	39,340,552	(10,523)	31,584,331	0	0	33,511,563

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$ 22,039,016 ; NAIC 2 \$ 0 ; NAIC 3 \$ 0 ; NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

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	22,039,016	XXX	22,039,016	17,564	0

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	17,591,688	364,150
2. Cost of short-term investments acquired	34,948,590	65,266,275
3. Accrual of discount		230
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		418
6. Deduct consideration received on disposals	30,501,262	48,039,385
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	22,039,016	17,591,688
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	22,039,016	17,591,688

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	1,999,735	
2. Cost of cash equivalents acquired		11,747,547
3. Accrual of discount	265	505
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		108
6. Deduct consideration received on disposals	2,000,000	9,748,099
7. Deduct amortization of premium		326
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)	0	1,999,735
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	0	1,999,735

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, 2017 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-B9-0	US TREASURY N/B		02/02/2017	BANK OF AMERICA		157,359	150,000	1,283	I
912828-E-0	US TREASURY N/B		02/02/2017	BANK OF AMERICA		149,355	150,000	889	I
0599999	Subtotal - Bonds - U.S. Governments					300,714	300,000	2,182	XXX
313043-DJ-5	FHLB		03/01/2017	MORGAN STANLEY		100,716	100,000	1,417	I
3199999	Subtotal - Bonds - U.S. Special Revenues					100,716	100,000	1,417	XXX
022624-BE-9	ABBOTT LABS		01/25/2017	US BANK		99,551	100,000	542	2FE
064069-MJ-5	BANK OF NY MELLON		02/02/2017	JANNEY		189,554	200,000	0	IFE
161571-HH-5	CHAUT 2015-A7 A7		01/11/2017	JPM-INTOS		250,430	250,000	23	IFE
17305E-F9-9	CCOIT 2014-A6 A6		01/24/2017	HILLTOP		252,148	250,000	149	IFE
20030N-B0-2	COMCAST CORP		01/11/2017	MIZUHO		204,324	200,000	35	IFE
655664-JP-5	INDROSTRM INC		01/20/2017	ROBERT W BAIRD		154,521	150,000	1,667	2FE
674599-0H-5	OCCIDENTAL PETROLEUM		01/18/2017	HELLSCOPP		96,395	100,000	633	IFE
683891-MJ-9	ORACLE CORP		01/25/2017	DMG		203,390	200,000	416	IFE
760761-AB-2	REPUBLIC SVCS INC		01/11/2017	US BANK		108,928	100,000	1,864	2FE
863667-WK-7	STRIPPER CORP		01/11/2017	MIZUHO		200,704	200,000	1,433	IFE
89638L-HE-4	TRUSTEES OF BOSTON CLD		01/24/2017	BARCLAYS AMERICAN		200,000	200,000	0	IFE
90131H-MJ-3	21ST CENTURY FGI JMER		01/25/2017	CITIGROUP/ELECTRONIC		104,077	100,000	1,322	2FE
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					2,073,622	2,050,000	8,194	XXX
8399997	Total - Bonds - Part 3					2,475,252	2,450,000	11,783	XXX
8399998	Total - Bonds - Part 5					XXX	XXX	XXX	XXX
8399999	Total - Bonds					2,475,252	2,450,000	11,783	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
90002-35-1	PAINLESS DRUG STORES, INKE		09/30/2016	US BANK	100,000	(2,015,044)			
9199999	Subtotal - Common Stocks - Parent, Subsidiaries and Affiliates					(2,015,044)	XXX	0	XXX
921909-81-8	VANGUARD TOT INT ST IDI-ADM		03/24/2017	US BANK	44,774	1,189			
9299999	Subtotal - Common Stocks - Mutual Funds					1,189	XXX	0	XXX
9799997	Total - Common Stocks - Part 3					(2,014,855)	XXX	0	XXX
9799998	Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX
9799999	Total - Common Stocks					(2,014,855)	XXX	0	XXX
9899999	Total - Preferred and Common Stocks					(2,014,855)	XXX	0	XXX
9999999	Totals					460,387	XXX	11,783	XXX

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

STATEMENT AS OF MARCH 31, 2017 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)		
..94974B-FC-9	NELLS FARGO & CO		03/17/2017	HILLTOP		103,197	100,000	102,335	102,344	0	(92)	0	(92)	0	102,252	0	945	945	1,886	03/06/2022	IFE		
..822382-BI-9	SHELL INTL FIN	C	03/21/2017			93,224	100,000	92,606	92,624	0	149	0	149	0	92,774	0	454	454	1,336	09/12/2026	IFE		
8999999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						3,684,831	3,675,422	3,667,328	2,735,969	0	268	0	268	0	3,668,687	0	16,145	16,145	37,944	XXX	XXX		
8399997 Total - Bonds - Part 4						6,841,401	6,864,379	6,849,745	5,725,146	0	346	0	346	0	6,838,995	0	2,405	2,405	67,113	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						6,841,401	6,864,379	6,849,745	5,725,146	0	346	0	346	0	6,838,995	0	2,405	2,405	67,113	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	XXX
8999999 Total - Preferred Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
..246761-10-1	DENTIST BENEFITS INS CO		02/28/2017	THE DENTIST INSURANCE COMPANY	1,000,000	12,762,266			12,283,271	(12,762,266)	0		(12,762,266)		12,762,266		12,762,266	12,762,266			K		
9199999 Subtotal - Common Stocks - Parent, Subsidiaries and Affiliates						12,762,266	XXX	0	12,283,271	(12,762,266)	0	0	(12,762,266)	0	12,762,266	0	12,762,266	12,762,266	0	0	XXX	XXX	
..00790-77-5	NESTWOOD INC OPPINTY		03/29/2017	US BANK	95,038,774	1,457,544		1,313,963	1,401,822	(87,890)	0		(87,890)	0	1,313,963	0	143,581	143,581	0				
..007640-40-5	CHAMPLAIN SMALL CO FD-ADV		03/29/2017	US BANK	17,195,054	346,347		235,360	339,602	(104,242)	0		(104,242)	0	235,360	0	10,987	10,987	0				
..296751-50-9	BLACKROCK GLOBAL ALLOCATION		03/29/2017	US BANK	76,321,205	1,462,673		1,358,562	1,398,808	(40,246)	0		(40,246)	0	1,358,562	0	104,111	104,111	0				
..29675E-10-0	AMERON EUROPACIFIC GRTH - F2		03/29/2017	US BANK	15,377,373	757,042		640,950	691,520	(50,571)	0		(50,571)	0	640,950	0	116,093	116,093	0				
..464287-20-0	ISHARES CORE S&P 500 INDEX FD		03/27/2017	US BANK	4,898,000	1,164,827		930,221	1,102,001	(171,780)	0		(171,780)	0	930,221	0	234,606	234,606	2,201				
..921909-81-8	VANGUARD TOT INT ST IDX-ADM		03/29/2017	US BANK	8,272,423	756,683		644,904	695,247	(51,322)	0		(51,322)	0	644,904	0	111,778	111,778	1,189				
9299999 Subtotal - Common Stocks - Mutual Funds						5,945,116	XXX	5,123,960	5,629,000	(506,230)	0	0	(506,230)	0	5,123,960	0	821,156	821,156	3,390	XXX	XXX		
9799997 Total - Common Stocks - Part 4						18,707,382	XXX	5,123,960	17,912,271	(13,268,496)	0	0	(13,268,496)	0	17,896,226	0	13,583,422	13,583,422	3,390	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						18,707,382	XXX	5,123,960	17,912,271	(13,268,496)	0	0	(13,268,496)	0	17,896,226	0	13,583,422	13,583,422	3,390	XXX	XXX		
9899999 Total - Preferred and Common Stocks						18,707,382	XXX	5,123,960	17,912,271	(13,268,496)	0	0	(13,268,496)	0	17,896,226	0	13,583,422	13,583,422	3,390	XXX	XXX		
9999999 Totals						25,548,783	XXX	11,973,705	23,637,417	(13,268,496)	346	0	(13,268,150)	0	24,725,221	0	13,585,827	13,585,827	70,503	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

STATEMENT AS OF MARCH 31, 2017 OF THE Moda Health Plan, Inc.

SCHEDULE E - PART 1 - CASH

1 Depository	2 Code	Month End Depository Balances				Book Balance at End of Each Month During Current Quarter			9 *
		3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	6	7	8		
					First Month	Second Month	Third Month		
INTEREST RECEIVED DURING QTR									
ON DISPOSED HOLDINGS		0.000	0	0	0	0	0	0	XXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX			3,368,489	18,695,831	(1,026,482)		XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	3,368,489	18,695,831	(1,026,482)		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	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	3,368,489	18,695,831	(1,026,482)		XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX					XXX
0599999. Total - Cash	XXX	XXX	0	0	3,368,489	18,695,831	(1,026,482)		XXX

Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter

NONE