

QUARTERLY STATEMENT

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

Trillium Community Health Plan, Inc.

Country of Domicile								
Organized under the Laws of Country of Domicile Country of Domicile Licensed as business type: Life, Accident & Health [] Property(Casualty] [] Hospital, Medical & Dental Service or Indemt Country of Domicile Licensed as business type: Life, Accident & Health [] Property(Casualty] [] Health Maintenance Organization [X] Incorporated/Organized Control [] Vision Service Corporation [] Health Maintenance Organization [X] Is HMO Federally Qualified? Yes [] Not [] 20/14/2006 Statutory Home Office Main Administrative Office Title Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X] Is HMO Federally Qualified? Yes [] Not [] 20/14/2006 Statutory Home Office Title Dental Service of Indemt Service Organization [X] Is HMO Federally Qualified? Yes [] Not [] 20/14/2006 Statutory Home Office Title Dental Service or Indemt Service Organization [X] Is HMO Federally Qualified? Yes [X] Is HMO Federally Qualified? Ye				NAIC Company C	Code 12559	Employer's ID N	umber	42-1694349
Country of Domicile Licensed as business type: Life, Accident & Health [] Property/Causulty [] Health Maintenance Organization [X] Property/Causulty [] Health Maintenance Organization [X] Incorporated/Organized Cheer [] (Vision Service Corporation [] Health Maintenance Organization [X] Incorporated/Organized Cheer [] (Vision Service Corporation [] Health Maintenance Organization [X] Is HMO Federally Qualified? Yes [] No [] 20/14/2006 Commenced Business Cheer and Number (Vision Service Cheer and Number (Vis	THE RESERVE THE RESERVE THE PARTY OF THE PAR		Access to the contract of		State of Domicil	e or Port of Entry	On	egon
Licensed as business type: Life, Accident & Health { Property/Casually { Dental Service or Indemr Office Other { 3 Other { 1 Other 1 Other 2 Other { 2 Other 3 Other 3 Other { 3 Other 4 Other 3 Other 3 Other { 3 Other 4 Other 3 Other 4 Other 3 Other		581 3						
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X] Is HMO Federally Qualified? Yes [] No [] 02/14/2006 Statutory Home Office Troo Foresyth Boulevard Saint Louis, Mo, US 63105 Main Administrative Office Troo Foresyth Boulevard Corporation [] Saint Louis, Mo, US 63105 Troo Foresyth Boulevard Corporation [] Williams of Corporation (Corporation of Books and Records Give and Name Marker [] Corporation (Corporation of Books and Records Give and Name (Corporation of Books and Records Give and Name (Corporation of Books and Records Give and Name (Corporation of Books and Records (Corporatio	distriction of the second second second	Life Assident	O Llealth []	Despert /Casu		Henrital Madical 9 De	ntal Canina	ar Indomnih I. 1
Other 1 1800 Millace Drive 1800 Millace Dri	Licensed as business type:		10 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		ALCOHOL DE SO PERSON	25 D 10 D 15 D 25		504765 P. 10505 P. 10
Commenced Business C0214/2006			e Corporation []	Vision Service	Corporation []			0.000
Statutory Home Office Sienet and Number (Sienet and Number) (City or Town, State), State Country and 2p Cote) (Sienet and Number) (City or Town, State), State Country and 2p Cote) (Sienet and Number) (Sienet and Number) (City or Town, State), Country and 2p Cote) (Area Code) (Response Country and 2p Cote) (Area Code) (Re			14/2000] No []
Main Administrative Office (Street and Number) (City or Town, State, Courty) and Zip Code) (Street and Number) (City or Town, State, Courty) and Zip Code) (Area Code) (Telephore T700 Forsyth Boulevard (Street and Number or P.O. Box) (City or Town, State, Courty) and Zip Code) (Area Code) (Telephore T700 Forsyth Boulevard (Street and Number or P.O. Box) (City or Town, State, Courty) and Zip Code) (Area Code) (Telephore T700 Forsyth Boulevard (Street and Number or P.O. Box) (City or Town, State, Courty) and Zip Code) (Area Code) (Telephore Trimary Location of Books and Records (Street and Number) (City or Town, State, Courty) and Zip Code) (Area Code) (Telephore Trimary Location of Books and Records (Street and Number) (City or Town, State, Courty) and Zip Code) (Area Code) (Telephore Trimary Location of Books and Records) (Street and Number) (City or Town, State, Courty) and Zip Code) (Area Code) (Telephore Trimary Location of Books and Records) (Area Code) (Telephore Trimary Location of Books and Records) (Area Code) (Telephore Trimary Location of Books and Records) (Area Code) (Telephore Trimary Location of Books and Records) (Area Code) (Telephore Trimary Location of Books and Records) (Area Code) (Telephore Trimary Location of Books and Records) (Area Code) (Telephore Trimary Location of Books and Records) (Area Code) (Telephore Trimary Location of Books and Records) (Area Code) (Telephore Trimary Location of Books and Records) (Area Code) (Telephore Trimary Location of Books and Records) (Area Code) (Telephore Trimary Location of Books and Records) (Area Code) (Telephore Trimary Location of Books and Records) (Area Code) (Telephore Trimary Location of Books and Records) (Area Code) (Telephore Trimary Location of Books and Records) (Area Code) (Telephore Trimary Location of Books and Records) (Area Code) (Telephore Trimary Location of Books and Records) (Area Code) (Telephore Trimary Location of Books and Records) (Area Code) (Telephore Trimary Location of Books and Records) (Area Code) (Telephore Trimary Lo		02/1	The second secon	The second secon	ed Business	·	the state of the s	6
Main Administrative Office 7700 Forsyth Boulevard (Givere and Number) (City or Town, State, Country and 25 Code) (Acea Code) (Pelephone (Pelephone Code) (Acea Code) (Pelephone Code) (Pelephone Code) (Acea Code) (Pelepho	Statutory Home Office							
City or Town, State, Country and Zip Code) (Area Code) (Area Code) (City or Town, State, Country and Zip Code) (Area Code) (Telephore Internet Web Site Address Country and Zip Code) (City or Town, State, Country and Zip Code) (Area Code) (Telephore Internet Web Site Address) (City or Town, State, Country and Zip Code) (Area Code) (Telephore Internet Web Site Address) (City or Town, State, Country and Zip Code) (Area Code) (Telephore Internet Web Site Address) (City or Town, State, Country and Zip Code) (Area Code) (Telephore Internet Web Site Address) (City or Town, State, Country and Zip Code) (Area Code) (Telephore Internet Web Site Address) (City or Town, State, Country and Zip Code) (Area Code) (Telephore Internet Web Site Address) (City or Town, State, Country and Zip Code) (Area Code) (Telephore Internet Web Site Address) (City or Town, State, Country and Zip Code) (Area Code) (Telephore Internet Web Site Address) (City or Town, State, Country and Zip Code) (Area Code) (Telephore Internet Web Site Address) (Area Code) (Telephore Inter	Asia Administrativa Office	7700			Caint Lauis			
Mail Address 7700 Forsyth Boulevard (Seret and Number or Pc.0 Boc) (Cry or Toms, State, Country and Zg Code) Primary Location of Books and Records 1700 Forsyth Boulevard Saint Louis, MO, US 63105 314-725-447 (Cry or Toms, State, Country and Zg Code) (Revea Code) (Telephone Internet Web Site Address 1700 Forsyth Boulevard (Cry or Toms, State, Country and Zg Code) (Revea Code) (Telephone Number) (Cry or Toms, State, Country and Zg Code) (Revea Code) (Telephone Number) (Reveal Code)	wain Administrative Office_			u				
Comparison of Books and Records T700 Forsyth Boulevard Saint Louis, MO, US 63105 314-725-447	Mail Address				(Oily Or Town, Oldi			e) (receptions rumber)
Internet Web Site Address	Than 7 Idanood				5/ <u></u>)
Internet Web Site Address	Primary Location of Books a	nd Records	7700 Forsy	th Boulevard	Saint L	ouis, MO, US 63105	31	14-725-4477
Statutory Statement Contact Cortney Marsden (Name) Characterial Cortney Marsden (Name) Name Title Name Treasurer OTHER OFFICERS Karen Gaffney Vice President Vice President Tricia Dinkelman Vice President Chris Bowers Vice President DIRECTORS OR TRUSTEES Thomas Kirt Wuest MD Richard Finkelstein MD Patrick Luedtke MD Mark Meyers MD Gary Brand Patrick Luedtke MD Mark Meyers MD Bruce Abel DSW Melissa Edwards MD Rich Gaffney David Duffey D.O. # Craig Opperman Bruce Abel DSW Melissa Edwards MD Rand O'Leary Chad Campbell Rick Yecny David Mikula # Gustavo Balderas # Matthew Sinnott # State of County of The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting peabove, 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 state his 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 of the sonding on the said reporting entity and that on the reporting pentity in the said reporting entity and that on the reporting pentity in the said reporting entity and that on the reporting pentity in the said reporting entity and that on the reporting pentity in the said reporting entity and that on the reporting pentity in the said reporting entity and that on the reporting pentity in the said reporting entity is entitled exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and of the condition and affairs of the said reporting entity is often and exhibits, or contained an exhibit	same in the same and the same	and a second second second		nd Number)			(Area Cod	e) (Telephone Number)
Comarsden@centene.com (FAMIN Address) CE-Mail Address) OFFICERS Name Title Mark Meyers MD President Treasurer OTHER OFFICERS Karen Gaffney Chris Bowers Vice President Tricia Dinkelman Vice President Tricia Dinkelman Vice President Chris Bowers Vice President Thomas Kirt Wuest MD Patrick Luedtke MD Richard Finkelstein MD Patrick Luedtke MD Richard Finkelstein MD Rick Yeeny David Mikula # Gustavo Balderas # Matthew Sinnott # State of	nternet Web Site Address	4		-2774	trilliumohp.com	1	-30	
OFFICERS Name Name Title Mark Meyers MD President Name Treasurer OTHER OFFICERS Karen Gaffney Vice President Tricia Dinkelman Vice President OTHER OFFICERS Karen Gaffney Vice President Tricia Dinkelman Vice President OTHER OFFICERS Karen Gaffney Vice President Tricia Dinkelman Vice President OTHER OFFICERS Maren Gaffney Vice President DIRECTORS OR TRUSTEES Thomas Kirt Wuest MD Richard Finkelstein MD Patrick Luedtke MD Mark Meyers MD Gary Brandt Fara Da Vee Jody Cline Karen Gaffney David Duffey D.O. # Craig Opperman Bruce Abel DSW Melissa Edwards MD Rand O'Leary Chad Campbell Rick Yecny David Mikula # Gustavo Balderas # Matthew Sinnott # State of Country of The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting penators, and 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 state ene completed in accordance with the NAIC Annual Statement contained, annexed or referred to, is a full and true statement of all the assets an 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 ene completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) stat statiffer, or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their in twowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includers, according to the extent that: (1) stat states or regulations require differences in reporting not related to accounting practices and procedures and statement. The electronic filing may be requested regulators in lieu of or in addition t	Statutory Statement Contact	É	Cortney Mars	sden				
Name Title Name Name Name Name Name Name Name Nam				10.00	(i)		lumber) (Extens	sion)
Name Title Name Title Name Title Name Title Mark Meyers MD President Keith Williamson Assistant Secretary Jeff Schwaneke Treasurer OTHER OFFICERS Karen Gaffney Vice President Tricia Dinkelman Vice President Chris Bowers Vice President Tricia Dinkelman Vice President DIRECTORS OR TRUSTEES Thomas Kirt Wuest MD Richard Finkelstein MD Tod Hayes MD Gary Brandt Tara Da Vee Jody Cline Karen Gaffney David Duffey D.0. # Craig Opperman Bruce Abel DSW Melissa Edwards MD Rand Of Leary Chad Campbell Rick Yecny David Mikula # Gustavo Balderas # Matthew Sinnott # State of	cma		com					
Name Title Nark Meyers MD President Keith Williamson Assistant Secretary Jeff Schwaneke Treasurer OTHER OFFICERS Karen Gaffney Vice President Tricia Dinkelman Vice President Chris Bowers Vice President Tricia Dinkelman Vice President DIRECTORS OR TRUSTEES Thomas Kirt Wuest MD Richard Finkelstein MD Tod Hayes MD Wendy Apland Patrick Luedlike MD Mark Meyers MD Gary Brandt Tara Da Vee Jody Cline Karen Gaffney David Duffey D.O. # Craig Opperman Bruce Abel DSW Melissa Edwards MD Rand O'Leary Chad Campbell Rick Yecny David Mikula # Gustavo Balderas # Matthew Sinnott # State of Ss County of Ss County of Ss 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 peabove, all of the herein described assesse were the absolute property of the said reporting entity, reer and clear from any liens or claims thereon, except as herein state entity to getter with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and of the condition and affairs of the said reporting period stated above, and of its income and deutions therefrom for the period ended been completed in accordance with the NAC Annual Statement Instructions and Accounting Practices and Procedures manual except to the exhert that: (1) stat fifter, or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their in knowledge and belief, respectively. Furthermore, the scoop of this attendent, by the described officer also includes the related corresponding electronic filing may be requested equilators in lieu of or in addition to the enclosed statement. Mark Meyers MD Rark Meyers MD R		(E-Mail Address)		OFFICE	-00	(FAX Number)		
Mark Meyers MD				OFFICE				
State of	Name						Ţ	itle
Note Chris Bowers Vice President Tricia Dinkelman Vice President					Keith Willi	amson,	Assistant	t Secretary
Nice President Nice President Nice President Nice President	Jeff Schwaneke		Treasurer					
Nice President Nice President Nice President Nice President				OTHER OF	FICERS			
DIRECTORS OR TRUSTEES Thomas Kirt Wuest MD Richard Finkelstein MD Gary Brandt Tara Da Vee Jody Cline Karen Gaffney David Duffey D.O. # Craig Opperman Bruce Abel DSW Melissa Edwards MD Rand O'Leary Chad Campbell Rick Yecny David Mikula # Gustavo Balderas # Matthew Sinnott # State of Ss County of Ss County of Ss 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 pe 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 state his statement, together with related exhibits, schedules and explanations therein contained, annexed referred to, is a full and true statement of all the assets an 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 oene completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures, according to the best of their ir nowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filling with when required, that is an exact copy (except for formatting differences due to electronic filling) of the enclosed statement. The electronic filling may be requested egulators in fleu of or in addition to the enclosed statement. Mark Meyers MD Rath Meyers MD Rath Meyers MD Rath Secretary Treasurer a. Is this an original filling? Yes [X] Subscribed and sworn to before me this day of Subscribed and sworn to before me this 2. Date filed	Varon Caffnoy					olmon.	Vice D	roeidont
DIRECTORS OR TRUSTEES Thomas Kirt Wuest MD Richard Finkelstein MD Rod Hayes MD Rod Bay Brandt Rod Down Mark Meyers MD Rod Duffey D.O. # Craig Opperman Bruce Abel DSW Rolissa Edwards MD Rod C'Leary Chad Campbell Rick Yecny David Mikula # Roustavo Balderas # Matthew Sinnott # State of SS County of Search Rod					TIICIA DIIII	Neiman	VICE I	resident
County of	Patrick Luedtke MD Jody Cline Bruce Abel DSW		Mark Meyers Karen Gaffr Melissa Edward	MD ley ds MD	Gary Bra David Duffey Rand O'L	andt / D.O. # eary	Tara D Craig Or Chad C	operman ampbell
County of	State of							
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting peabove, 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 state 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 an 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, been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) stat 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 in knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with 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 regulators in lieu of or in addition to the enclosed statement. Mark Meyers MD President Mark Meyers MD Assistant Secretary Subscribed and sworn to before me this day of 1. State the amendment number 2. Date filed	- 10 MILE 100 MILE 10		SS					
President Assistant Secretary Treasurer a. Is this an original filing? Subscribed and sworn to before me this day of 5. If no: 1. State the amendment number 2. Date filed	The officers of this reporting en above, all of the herein describe his statement, together with rel and of the condition and affairs seen completed in accordance differ; or, (2) that state rules o knowledge and belief, respective when required, that is an exact	tity being duly swo d assets were the a ated exhibits, sche of the said reportir with the NAIC Ann r regulations requi ely. Furthermore, t copy (except for t	rm, each depose an absolute property of dules and explanating entity as of the re- nual Statement Instine differences in re- the scope of this att formatting differences	the said reporting en- ions therein contained eporting period stated ructions and Account porting not related to estation by the description	tity, free and clear front, annexed or referred above, and of its in ting Practices and Properties of accounting practic ribed officers also income.	om any liens or claims thered ed to, is a full and true state come and deductions theref rocedures manual except to es and procedures, accordi cludes the related correspon	on, except as ement of all the from for the po the extent the ing to the bear ding electron	herein stated, and the e assets and liabilitied eriod ended, and have nat: (1) state law most of their information ic filing with the NAI
Subscribed and sworn to before me this b. If no: day of						Je		
Subscribed and sworn to before me this b. If no: 1. State the amendment number 2. Date filed	Preside	nt		Assistant Se	ecretary		reasurer	
Subscribed and swom to before me this b. If no: 1. State the amendment number 2. Date filed						a. Is this an original filing	?	Yes [X] No []
day of,	Subscribed and swom to	hefore me this				b. If no:		
2. Date filed							nt number	
	day 0	- 0						8
o. Hamber of pages attached							ached	-
						o. pageo di	Will.	

ASSETS

	ASSETS							
	_	100	Current Statement Date		4			
		1	2	3	December 31			
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Prior Year Net Admitted Assets			
1.	Bonds	65,743,560		65,743,560	17,452,254			
	Stocks:							
	2.1 Preferred stocks			0	0			
	2.2 Common stocks		-10 New 1	0	6,806,438			
3.	Mortgage loans on real estate:							
	3.1 First liens			0	0			
	3.2 Other than first liens			0				
4	Real estate:			3000 3000				
	4.1 Properties occupied by the company (less							
	\$ encumbrances)			0	0			
	4.2 Properties held for the production of income							
	(less \$ encumbrances)			0				
	4.3 Properties held for sale (less							
20	\$encumbrances)			0				
5.	Cash (\$71,521,310),							
	cash equivalents (\$0)	77 005 000		77 005 000	405 444 000			
100	and short-term investments (\$							
	Contract loans (including \$premium notes)		**************************************	0				
		0		0	(
8.	Other invested assets	0	2500 74000 S	0				
9.	Receivables for securities	316,136		316,136	1,907,095			
10.	Securities lending reinvested collateral assets			0				
	- [4] [2] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	0	0	0				
		143,964,916	0	143,964,916	131,277,082			
13.	Title plants less \$ charged off (for Title insurers			100				
	only)		SCORE MARKET	0	0			
14.	Investment income due and accrued	540,937		540,937	117,003			
15.	Premiums and considerations:							
	15.1 Uncollected premiums and agents' balances in the course of							
	collection	29,054,108	5,303	29,048,806	18,780,359			
	15.2 Deferred premiums, agents' balances and installments booked but							
	deferred and not yet due (including \$earned							
	but unbilled premiums)			0				
	15.3 Accrued retrospective premiums (\$) and			2000				
	contracts subject to redetermination (\$			0	1,274,602			
16.	Reinsurance:			100				
	16.1 Amounts recoverable from reinsurers	1,022,403		1,022,403				
	16.2 Funds held by or deposited with reinsured companies			0				
	16.3 Other amounts receivable under reinsurance contracts			0				
17.	그걸 하다 그 아이를 좀 수가지 않는데 있는 집에는 그렇게 있는데 하라 하셨습니다. 그리는데 하는데 하는데 되었다고 있는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 되었다.	94,683		94,683	117,296			
	Current federal and foreign income tax recoverable and interest thereon			0				
		2,009,969	128 000	1,881,969	2 . 236 . 000			
	Guaranty funds receivable or on deposit	14,5	1 44	0				
	Electronic data processing equipment and software			0				
	Furniture and equipment, including health care delivery assets							
	(\$)			0				
22	Net adjustment in assets and liabilities due to foreign exchange rates	22000 - 22000 - 3		0	,			
	Receivables from parent, subsidiaries and affiliates			0	1,000,000			
	Health care (\$3,238,154) and other amounts receivable	3,668,162	430,007	3,238,154	1,000,000			
	Aggregate write-ins for other-than-invested assets	50,359	50 ,359					
		00, 005	30,339					
20.	Total assets excluding Separate Accounts, Segregated Accounts and	190 405 500	649.600	170 704 900	154 903 045			
0.7	Protected Cell Accounts (Lines 12 to 25)	180,405,536	613,669	179,791,868	154,802,342			
21.	From Separate Accounts, Segregated Accounts and Protected			128	6			
	Cell Accounts.	100 100 5		0				
28.	Total (Lines 26 and 27)	180,405,536	613,669	179,791,868	154,802,342			
	DETAILS OF WRITE-INS							
1101.	THE DESIGN STREET STREETS STREETS AT A PARK A PARK OF		74444	1011 U-000 U-00	0 0000 000			
1102.	2 - 2005 - 2007 - 2007 - 2007 - 1007 - 1007 - 1 007 - 1007 - 1007 - 1							
1103.				tana tanàn sa				
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0				
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0				
2501.	Prepaid Expenses	50,359	50,359	0				
2502.				l				
2503.	TA NARA INNARE INNARE INNARE INNARE INNARE INNARE IN	- American Strategic Strat	740000	VOV VO				
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0				
	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	50,359	50,359	0	(
	The state of the s							

LIABILITIES, CAPITAL AND SURPLUS

	LIABILITIES, CAP		Current Period		Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1. /	Claims unpaid (less \$ reinsurance ceded)	93,114,523	- CHICAGO	93,114,523	73,011,361
		1,029,864		1,029,864	9,180,934
	즐겁지는 보통하는 사람들이 가득하는 사람들이 하는 사람들이 살아 있다면 하는 것이 없는 사람들이 살아 있다면 하는 것이 없는데 얼마를 하는데 살아 있다면 없다.	971,603		971,603	2,542,030
4.	Aggregate health policy reserves including the liability of				
	\$ for medical loss ratio rebate per the Public Health				
1	Service Act	5,820,886		5,820,886	10,022,080
5.	Aggregate life policy reserves			0	0
6.	Property/casualty unearned premium reserve			0	0
7.	Aggregate health claim reserves			0	0
30,000	and the second s	4,751,420			33,658
	General expenses due or accrued	52,961		52,961	2,540,945
TO A SECURE OF THE PARTY OF THE	Current federal and foreign income tax payable and interest thereon (including			CV-24-01-00-00	200000000000
1000000000	The state of the s	2,524,768		The State of the Control of the Cont	11,332,801
			<u> </u>	0	0
100000-000	진하는 어린 경우를 가게 맞아서 살아가 살아가 있다면 하는데 얼마를 가지하게 하는데 그 그 그를 가면 하는데 그리다면 그 그래요?	1,401		1,401	0
18/7/19	Amounts withheld or retained for the account of others			<u>-</u> -	0
				0	
	Borrowed money (including \$ current) and				
	interest thereon \$ (including \$ current)			0	0
	•	7 504 524		No. of the last of	4.858.083
	Amounts due to parent, subsidiaries and affiliates Derivatives	, , , , , , , , , , , , , , , , ,	0	04,524	4,000,083
COST (0	0
1000000	Payable for securities Payable for securities lending			0	
	Funds held under reinsurance treaties (with \$				
100000	authorized reinsurers, \$ unauthorized reinsurers				
	authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)		anatona.	0	0
	Reinsurance in unauthorized and certified (\$				
100000000	마이크 등 전통하는 것은 경험 전에 가장 하는 것이 되었다. 그는 것이 되었다. 그 전에 가장 보고 있는 것이 되었다. 그런 것이 되었다. 그런 것이 되었다. 그런 것이 되었다. 그런 것이 되었다. 			0	0
1 1000 S				0	0
				0	
100000000000000000000000000000000000000	Aggregate write-ins for other liabilities (including \$	2000 B			
	AND A STATE OF A STATE OF THE S	1,711,653	0	1,711,653	150
	Total liabilities (Lines 1 to 23)	The state of the s	0		113,522,042
			xxx		8,665,090
40,615			XXX		5,000,000
					0
	The state of the s		XXX		15,000,000
1000	[10][This : 10] [This : This		xxx		0
100			XXX	0	0
	757.454117		XXX		12,615,210
2000	Less treasury stock, at cost:				
100000000000000000000000000000000000000	32.1shares common (value included in Line 26				
		xxx	xxx		0
1	32.2shares preferred (value included in Line 27				
1	Kare norder server Albert and server and ser	_xxx	xxx	10 V-1000 10-100	0
33.			xxx	.62 .308 .265	41,280,300
2000	Total liabilities, capital and surplus (Lines 24 and 33)	xxx	xxx	179,791,868	154,802,342
,	- tour west against second to t				
	DETAILS OF WRITE-INS	4 744 050		4 744 650	
000000	State Income Tax Payable	1,711,653		1,711,653	v - v
2302.	Unclaimed Property			0	150
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page		0	0	0
	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	1,711,653	0	1,711,653	150
Some of	2016 Health Insurer Fee Estimate	XXX	XXX	Wall 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8,665,090
	2010 Howellin Hisulet Lee Estimate	150005000	W0000000		
2502.		xxx	XXX	v - v - v - v - v - v - v - v - v - v -	·
2503.		xxx	xxx		· · · · · · · · · · · · · · · · · · ·
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	8,665,090
£	Mark the course of the contract of the contrac	xxx	XXX	200000000000000000000000000000000000000	2000
3001					
3001.		WWW.	Service :	I	
3002.		xxx	xxx		
		xxx	xxx		
3002. 3003.	Summary of remaining write-ins for Line 30 from overflow page			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. N	Member Months	XXX	905,864	903.650	1,204,948
	let premium income (including \$ non-health premium income)	xxx	379,542,999	358,253,408	492,403,518
	Change in unearned premium reserves and reserve for rate credits	xxx		0	0
	ee-for-service (net of \$medical expenses)	xxx		0	0
5. R	tisk revenue	xxx		0	0
6. A	ggregate write-ins for other health care related revenues	xxx	14,982,512	24,242,661	30,478,210
7. A	ggregate write-ins for other non-health revenues	xxx	0	0	0
8. T	otal revenues (Lines 2 to 7)	XXX	394,525,511	382,496, <mark>069</mark>	522,881,728
1773	and Medical:				
	lospital/medical benefits		239,618,033	214,207,244	293,721,070
	Other professional services		41,058,863	29,748,223	45,925,954
	Outside referrals		0	20,000,445	0
	mergency room and out-of-area		24,550,607	29,060,445	37,561,750
	Prescription drugs	0	0	0	0
	ncentive pool, withhold adjustments and bonus amounts		2,511,274	(5,153,378)	4,771,681
	subtotal (Lines 9 to 15)	0	359,334,509	321,296,551	.441,769,292
Less:					
	let reinsurance recoveries	anus - seanso s	1,860,594		7,545,682
	otal hospital and medical (Lines 16 minus 17)	0	357,473,914	313,908,329	434 ,223 ,610
	Ion-health claims (net)			0	0
20. C	claims adjustment expenses, including \$ 118,074cost containment		5,258,117	33,836,090	21,633,005
	eneral administrative expenses		33,575,578	23,629,137	33,966,484
22. In	ncrease in reserves for life and accident and health contracts (including				
\$	increase in reserves for life only)		(3,745,908)	0	5,133,625
	otal underwriting deductions (Lines 18 through 22)	0	392,561,701	371,373,556	494,956,724
24. N	let underwriting gain or (loss) (Lines 8 minus 23)	XXX	1,963,810	11,122,513	27,925,004
	let investment income earned		716,940	438,405	844,940
	let realized capital gains (losses) less capital gains tax of \$(6,012)	-crond Sections	(11,165)	39,959	38,357
	let investment gains (losses) (Lines 25 plus 26)	0	705,775	478,364	883,297
	let gain or (loss) from agents' or premium balances charged off [(amount recovered			(00)	400
				(82)	(82
	aggregate write-ins for other income or expenses	0	0	8,930,794	0
30. N	let income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	xxx	2,669,585	20,531,588	28,808,220
31. F	ederal and foreign income taxes incurred	xxx	460,750	13,774,508	14,686,196
32. N	let income (loss) (Lines 30 minus 31)	XXX	2,208,835	6,757,080	14,122,024
D	DETAILS OF WRITE-INS				
0601. DI	HS Transformation Grant	xxx	14,982,512	24,242,661	30,478,210
0602		xxx		1000	1000
0603	Distriction Distriction District systems specified specifically desirably desirably desirably a	xxx		31400 31400	x 23-300 x 20
0698. S	Summary of remaining write-ins for Line 6 from overflow page	xxx	0	0	0
0699. T	otals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	14,982,512	24,242,661	30,478,210
0701		xxx			
0702		XXX	1000000 1000000	. 12000 12000	0 730000 000
0703		XXX			
	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	
4	otals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401					
					11000 1000
1403					- 1000
	Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
749	otals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	U	8 030 704	0
	rior Year Intercompany Return of Funds			8,930,794	0
2902 2903		-X1113	- XXXXX	TOOL TOOL	
	Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2000. 5	otals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	8,930,794	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year.	41,280,300	43,454,700	43,454,6
34.	Net income or (loss) from Line 32	2,208,835	6,757,080	14,122,0
35.	Change in valuation basis of aggregate policy and claim reserves		0	
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$	11,316	(357,032)	(261,3
37.	Change in net unrealized foreign exchange capital gain or (loss).		0	
38.	Change in net deferred income tax	(354,031)	(21,620)	1,186,0
39.	Change in nonadmitted assets	(138,155)	(418,784)	(41,0
40.	Change in unauthorized and certified reinsurance	0		
41.	Change in treasury stock		0	
42.	Change in surplus notes	0	0	
43.	Cumulative effect of changes in accounting principles		0	
44.	Capital Changes:			
	44.1 Paid in		(10,000,000)	(10,000,0
	44.2 Transferred from surplus (Stock Dividend)			THE PLANT
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in	19,300,000	5,000,000	5,000,0
	45.2 Transferred to capital (Stock Dividend)	0		
	45.3 Transferred from capital		10,000,000	10,000,0
46.	Dividends to stockholders		(22, 179, 995)	(22,179,9
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	
48.	Net change in capital and surplus (Lines 34 to 47)	21,027,965	(11,220,351)	(2,174,3
49.	Capital and surplus end of reporting period (Line 33 plus 48)	62,308,265	32,234,349	41,280,3
	DETAILS OF WRITE-INS	32,133,233	22,221,212	,
701.	DETRIES OF WINTERING		0	
702.				
703.			XXXXX - XXXXXX - XX	
798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	

CASH FLOW

		1	2	3
		Current Year	Prior Year	Prior Year Ended
	721 2786 - 428 - 328	To Date	To Date	December 31
131	Cash from Operations	074 000 504	244 200 040	400 440 444
	Premiums collected net of reinsurance	374,809,501	344,200,940	480,149,416
	Net investment income	575,956 14,982,512	565,751	998,032
	Miscellaneous income			30,478,210
	Total (Lines 1 to 3)	390,367,969	369,009,351	511,625,658
	Benefit and loss related payments	349,989,673	310,936,574	406,618,979
	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	37 .438 .881	0 45,452,153	58 . 207 . 77
	Commissions, expenses paid and aggregate write-ins for deductions	37,430,001	45,452,153	
	Dividends paid to policyholders Federal and foreign income taxes paid (recovered) net of \$tax on capital		u	,
9.	지도 있다면 성도를 하는 이번에 가고 있다면 하는 이번 사람들은 사람들이 되었다면 하는데 보고 있다면 하는데 사람들이 되었다면 하는데	9,262,771	7,348,586	10,693,06
40	gains (losses).	396.691.325	363.737.313	475,519,81
	Total (Lines 5 through 9)			
11.	Net cash from operations (Line 4 minus Line 10)	(6,323,356)	5,272,038	36,105,84
40	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:	11.015.800	2.754.654	4,932,94
	12.1 Bonds	24.532.089	557 .401	
	12.2 Stocks	24,532,009	537,401	511.50%
	12.3 Mortgage loans	0	0	
	12.5 Other invested assets	0	0	
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(96)	0	
	12.7 Miscellaneous proceeds	(30)	0	
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	35.547.793	3,312,055	11,240,80
12	Cost of investments acquired (long-term only):	33,341,133		11,240,00
13.	13.1 Bonds	57 .998 .126	2.016.617	2 258 59
	13.2 Stocks	17,732,387	1,463,444	7.570.92
	13.3 Mortgage loans	17,732,307	0	
	13.4 Real estate	o l	0	
	13.5 Other invested assets	0	0	
	13.6 Miscellaneous applications	0	0	1.907.09
	13.7 Total investments acquired (Lines 13.1 to 13.6)	75,730,513	3,480,061	11,736,61
14	Net increase (or decrease) in contract loans and premium notes	0	0	77,124,12
	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(40.182.720)	(168,006)	(495.81
10.	Cash from Financing and Miscellaneous Sources	(40,102,720)	(100,000)	(405,01
16	Cash provided (applied):			
10.	16.1 Surplus notes, capital notes	0	0	
	16.2 Capital and paid in surplus, less treasury stock	19,300,000	0	5,000.00
	16.3 Borrowed funds	0	0	
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	
	16.5 Dividends to stockholders	0	22,179,995	22,179,99
	16.6 Other cash provided (applied)	0	(7,030,490)	
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	19,300,000	(29,210,485)	(17,179,99
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			in the first
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(27, 206, 075)	(24, 106, 453)	18,430,03
	Cash, cash equivalents and short-term investments:	8, 9, 10, 4		11 552
	19.1 Beginning of year	105,111,295		86,681,25
	19.2 End of period (Line 18 plus Line 19.1)	77,905,220	62,574,806	105, 111, 29

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehe (Hospital & N		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:	NO. PERMIT		CHOSEN CHA	C TYPE SENDER NO SERVE		-370/7		11112860000	3.0000000000000000000000000000000000000	34X
1. Prior Year	101,117	1,338	0	0	0	0		.4,075	95,704	
2. First Quarter	104,960	1,632	0	0	0	0	0	3,712	99,616	
3. Second Quarter	100 ,727	1,516	0	0	0	0	0	.3,592	95,619	2002
Third Quarter Current Year	95,405	1,396							90 ,482	
6. Current Year Member Months	905,864	13,850						33,081	858,933	
Total Member Ambulatory Encounters for Period: 7. Physician	388,832	1,214						75,874	311,744	57-595-
8. Non-Physician	468,372	27						8,278	460,067	
9. Total	857,204	1,241	0	0	0	0	0	84,152	771,811	
10. Hospital Patient Days Incurred	27,448	18						2,349	25,081	
11. Number of Inpatient Admissions	6,028	1						601	5,426	
Health Premiums Written (a) Life Premiums Direct.	381,528,934	339, 134						35,217,844	345,971,955	0000 0000
14. Property/Casualty Premiums Written	0									0.000
15. Health Premiums Earned	345,615,317	339, 134		20-02			ALI BERNOON BERNOON	35,217,844	310,058,338	V-595
16. Property/Casualty Premiums Earned	0					namenta emperante				101026
17. Amount Paid for Provision of Health Care Services	345 , 521 ,822	351,792						35,111,692	310,058,338	ii-iiii
18. Amount Incurred for Provision of Health Care Services	359, 334, 509	344,474						35,656,037	323,333,998	

⁽a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

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

	Aging Analysis of Unpaid C	laims	250			
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) Optum Pharmacy Claims Payable	7,675,955	1,480,240				9, 156, 195
0199999 Individually listed claims unpaid.	7,675,955	1,480,240	0	0	0	9, 156 , 195
029999 Aggregate accounts not individually listed-uncovered	22,454,612	1,830,713	941,072	360,980	1,002,406	26,589,783
0499999 Subtotals	30,130,568	3,310,953	941,072	360,980	1,002,406	35,745,978
0599999 Unreported claims and other claim reserves	XXX	XXX	XXX	XXX	XXX	45,940,662
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX	11,427,882
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	93, 114, 523
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	1,029,864

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

	IMS UNPAID-PRIOR YEAR-NET OF RI Clai Paid Yea	ms	Liab End of Curr		5	6
Line of Business	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
Comprehensive (hospital and medical)		309,189	10	35, 285	42,613	42,61
2. Medicare Supplement					0	
3. Dental only					0	
4. Vision only					0	
Federal Employees Health Benefits Plan					0	
6. Title XVIII - Medicare		25, 178 ,486	117,926	9,830,531	10,146,940	9,404,11
7. Title XIX - Medicaid	59,735,311	245, 197,123	4,864,160	78,266,611	64,599,471	63,564,63
8. Other health					0	
9. Health subtotal (Lines 1 to 8).	69,806,928	270,684,799	4,982,097	88 , 132 ,426	74,789,025	73,011,36
10. Health care receivables (a)		2,036,773	0		0	
11. Other non-health					0	
12. Medical incentive pools and bonus amounts	6,847,715	219,153	57,991	971,873	6,905,706	9,180,93
13. Totals (Lines 9-10+11+12)	76,654,643	268,867,179	5,040,088	89,104,299	81,694,731	82,192,29

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

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying financial statements of Trillium Community Health Plan, Inc. (the Company) have been prepared in conformity with accounting practices prescribed or permitted by the Oregon Department of Consumer & Business Services (ODCBS) - Division of Financial Regulation for determining and reporting the financial condition and results of operations of an insurance company for determining its solvency under Oregon Insurance Law

The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Oregon.

NET INCOME	State of Domicile	_	2016	78	2015
(1) Trillium Community Health Plan state basis (Page 4, Line 32, Columns 2 & 4)	Oregon	\$	2,208,835	\$	14,122,024
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:					
e.g., Depreciation of fixed assets	Oregon		(#)		<u> 6:</u> 3
(3) State Permitted Practices that increase/(decrease) NAIC SAP:					
e.g., Depreciation of fixed assets, home office property	Oregon		(4)	-	<u> </u>
(4) NAIC SAP (1-2-3=4)	Oregon	\$	2,208,835	\$	14,122,024
SURPLUS					
5) Trillium Community Health Plan state basis (Page 3, Line 33, Columns 3 & 4)	Oregon	\$	62,308,265	\$	41,280,300
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:					
	Oregon	-			
(7) State Permitted Practices that increase/(decrease) NAIC SAP:					
e.g., Home Office Property	Oregon	<u> </u>	(40)	4	= 30
(8) NAIC SAP (5-6-7=8)	Oregon	\$	62,308,265	\$	41,280,300

B. Use of Estimates in the Preparation of the Financial Statements.

No Change

- C. Accounting Policy
 - 1-5. No Change
 - 6. Loan-backed securities are carried at amortized cost. Adjustments are applied prospectively.
 - 7-13. No Change
- D. Going Concern The Company's management has not identified any conditions or events that raise substantial doubt about its ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

No Change

- 3. Business Combinations and Goodwill
 - A. Statutory Purchase Method No Change
 - B. Statutory Merger No Change
 - C. Assumption Reinsurance No Change
 - D. Impairment Loss No Change
- 4. Discontinued Operations

No Change

- 5. Investments
 - A. Mortgage Loans, including Mezzanine Real Estate Loans No Change
 - B. Debt Restructuring No Change
 - C. Reverse Mortgages No Change
 - D. Loan-Backed Securities
 - 1. Prepayment assumptions for loan-backed securities were obtained from Bloomberg.
 - 2. None
 - 3. None
 - 4. All impaired securities (fair value is less than cost or amortized cost) for which an other-thantemporary 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 \$7,536 2. 12 Months or Longer \$0

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

1. Less than 12 Months \$1,533,000 2. 12 Months or Longer \$0

- 5. For any security in an unrealized loss position, the Company assesses whether it intends to sell the security or if it is more likely than not that the Company will be required to sell the security before recovery of the amortized cost basis for reasons such as liquidity, contractual or regulatory purposes. If the security meets this criterion, the decline in fair value is other-than-temporary and is recorded in earnings. The Company does not intend to sell these securities prior to maturity; therefore, there is no indication of other than temporary impairment of these securities.
- E. Repurchase Agreements and/or Securities Lending Transactions No Change
- F. Real Estate No Change
- G. Investments in low-income housing tax credits (LIHTC) No Change
- H. Restricted Assets No Change
- I. Working Capital Finance Investments No Change
- J. Offsetting and Netting of Assets and Liabilities No Change
- K. Structured Notes No Change
- 6. Joint Ventures, Partnerships and Limited Liability Companies

	NOTES TO THIANGIAE STATEMENTS
	No Change
7.	Investment Income
	No Change
8.	Derivative Instruments
	No Change
9.	Income Taxes
	No Change
10.	Information Concerning Parent, Subsidiaries and Affiliates
	AL No Change
11.	Debt
	A. Capital Notes - None
	B. FHLB (Federal Home Loan Bank) agreements - None
12.	Retirement Plans, Deferred Compensation, Post-Employment Benefits, Compensated Absences and Other Postretirement Benefit Plans.
	AI. – None
13.	Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
	No Change
14.	Liabilities, Contingencies, and Assessments
	No Change
15.	Leases
	No Change
16.	Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk
	No Change
17.	Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities.
	A. Transfers of Receivables reported as Sales - None
	B. Transfers and Servicing of Financial Assets - None
	C. Wash Sales - None
18.	Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans.
	No Change
19.	Direct Premium Written/Produced by Managing General Agents/Third Party Administrators.
	No change
20.	Fair Value Measurements
	A Assets and liabilities recorded at fair value in the statutory statement of admitted assets liabilities and capital and

Level inputs are as follows:

unobservable inputs.

surplus are categorized based upon the extent to which the fair value estimates are based upon observable or

Level input	Input definition
Level 1	Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.
Level 2	Inputs other than quoted prices included in Level I that are observable for the asset or liability through corroboration with market data at the measurement date.
Level 3	Unobservable inputs that reflect management's best estimate of w hat market participants w ould use in pricing the asset or liability at the measurement date.

The following table summarizes fair value measurements by level at September 30, 2016 for assets and liabilities measured at fair value on a recurring basis:

Description for each class of asset or liability	10	(Level 1)	(Level 2)	(Le	evel 3)		Total
a. Assets at fair value								
Cash, Cash Equivalents and Short-Term Investments	\$	74,769,774	\$	386,639	\$	20,	\$	75,156,412
Perpetual Preferred stock			2		0.			
Industrial and Misc	\$	H	\$	1000	\$	8	\$	-
Parent, Subsidiaries and Affiliates	10	:4	12	\$ <u>2</u> \$	**	일	20 20	2
Total Perpetual Preferred Stocks	\$:=	\$	575	\$	B	\$	55
Bonds								
U.S. Governments	\$	12	\$	<u> 22</u> 2	\$	2	\$	2
Industrial and Misc		:=		678		5		5
Hybrid Securities		(8		1991		-		~
Parent, Subsidiaries and Affiliates	10	12	22	92	10	2	01 02	할 .
Total Bonds	\$:=	\$	676	\$	8	\$	55
Common Stock								
Mutual Funds	\$	2	\$	523	\$	25	\$	은
Money Market Mutual Funds		:=		878		5		5
Total Common Stocks	\$	E 2	\$	199	\$	8	\$	¥
Derivative assets								
Interest rate contracts	\$	155	\$	853	\$	50	\$	
Foreign exchange contracts		:2		929		20		12
Credit contracts		- 2		523		8		8
Commodity futures contracts		15		888		50		
Commodity forward contracts	338	:9	92	343	505	Ψ.	ar 1 <u></u>	2
Total Derivatives	\$		\$		\$		\$	5
Separate account assets	\$	W	\$	- 3	\$	8	\$	
Total assets at fair value	\$	74,769,774	\$	386,639	\$	¥	\$	75,156,412
b. Liabilities at fair value								
Derivative liabilities	\$		\$	-	\$		\$	-
Total liabilities at fair value	\$		\$		\$	8	\$	-

The following table summarizes fair value measurements by level at December 31, 2015 for assets and liabilities measured at fair value on a recurring basis:

Description for each class of asset or liability	 (Level 1)	(Le	evel 2)	(Le	evel 3)		Total
a. Assets at fair value							
Cash, Cash Equivalents and Short-Term Investments	\$ 102,110,747	\$	15	\$	-	\$	102,110,747
Perpetual Preferred stock	\.	Co.		9 32	170	48	
Industrial and Misc	\$ 50	\$	12	\$	929	\$	2
Parent, Subsidiaries and Affiliates	5		15				5
Total Perpetual Preferred Stocks	\$ 	\$	7-	\$		\$	9
Bonds							
U.S. Governments	\$ 5	\$	15	\$	270	\$	-5.
Industrial and Misc	=		1-				8
Hybrid Securities	9		12		929		2
Parent, Subsidiaries and Affiliates	a		10		-		35.
Total Bonds	\$ 	\$	1-	\$	- 100	\$	8
Common Stock							
Mutual funds	\$ 106,570	\$	J=	\$	0-0	\$	106,570
Money Market Mutual Funds	6,699,868		9-		100		6,699,868
Total Common Stocks	\$ 6,806,438	\$	72	\$	929	\$	6,806,438
Derivative assets							
Interest rate contracts	\$ 9	\$	1-	\$	1.00	\$	-
Foreign exchange contracts	일		72		828		2
Credit contracts	8		-		353		=
Commodity futures contracts	-		-				
Commodity forward contracts	2.		- 12		S#3		2
Total Derivatives	\$ 2 0	\$		\$		\$	- 5
Separate account assets	\$ 	\$	1-	S		\$	-
Total assets at fair value	\$ 108,917,185	\$	- 4	\$	- 383	\$	108,917,185
b. Liabilities at fair value							
Derivative liabilities	\$ 8	\$	12	\$	828	\$	8
Total liabilities at fair value	\$ 	\$	15	\$		\$	

B. None

C. Fair Value Disclosures Under Other Pronouncements

The following table summarizes the aggregate fair value measurements by level at September 30, 2016 for all financial instruments. The table includes \$2,748,808 of bonds classified as short-term.

	A	gregate Fair							Not Pr	acticable
Type of Financial Instrument		Value	Adı	mitted Assets	Level I	 Level II	Le	vel III	(Carryi	ng Value)
Cash and cash equivalents	\$	71,521,310	\$	71,521,310	\$ 71,521,310	\$ 128	\$	(2)	\$	128
Short-term investments - at fair value	\$	3,635,103	\$	3,635,103	\$ 3,248,464	\$ 386,639	\$	(20)	\$	0.750
Short-term investments - at amortized cost	\$	2,749,450	\$	2,748,808	\$ 2,749,450	\$ 180	\$	1-0	\$	1-0
Common Stock	5	=	\$	120	\$ 528					
Bonds	\$	66,565,062	\$	65,743,560	\$ (523)	\$ 66,565,062	\$	(52)	\$	(52)

The following table summarizes the aggregate fair value measurements by level at December 31, 2015 for all financial instruments. The table includes \$3,000,549 of bonds classified as short-term.

Type of Financial Instrument	A	ggregate Fair Value	Ad	mitted Assets		Level I		Level II	Le	vel III	5-9-35-76	racticable ing Value)
Cash and cash equivalents	\$	102,110,747	\$	102,110,747	\$	102,110,747	5		5	17	\$	(2)
Short-term investments - at amortized cost	5	3,009,979	\$	3,000,549	\$	3,009,979	\$	-	5		\$	153
Common Stock	5	6,806,438	\$	6,806,438	\$	6,806,438						
Bonds	5	17,502,965	\$	17,452,254	5	4,576,701	5	12,926,264	5	14	5	(4)

D. None

21. Other Items

- A. Extraordinary Items No Change
- B. Troubled Debt Restructuring: Debtors No Change
- C. Other Disclosures No Change
- D. Business Interruption Insurance Recoveries No Change
- E. State Transferable Tax Credits No Change
- F. Subprime Mortgage Related Risk Exposure No Change
- G. Retained Assets No Change

22. Events Subsequent

No Change

23. Reinsurance

No Change

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

A-D. - No Change

E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

Risk Sharing Provisions of the Affordat					-						Voc	
1) Did the reporting entity write acc	ident and	nearth insur	ance premium	that is	subject t	to the A	mordabi	e Care Act	risk-snaring	prov	res	
2) Impact of Risk Sharing Provision	s of the Af	fordable Car	e Act on Admit	ted Ass	ets, Liat	oilities	nd Rev	enue for the	Current Ye	ar		
a) Permanent ACA Risk Adjustme	nt Progran	1										
Assets		DA Diete Adies										
Premium adjustments receivable Liabilities	e due to At	A RISK Adjus	ument							- 3	\$	5
Risk adjustment user fees paya	ble for ACA	Risk Adjustr	nent								\$	
3) Premium adjustments payable											\$	
Operations (Revenue & Expense)												
4) Reported as revenue in premiun				n/collec	ted) due	to ACA	Risk adj	ustment		- 5		(40,737)
5) Reported in expenses as ACA i	nsk adjustn	nent user fees	(incurred/paid)	_						- 4	\$	
b) Transitional ACA Reinsurance	Drogram		-	-								_
Assets	riogram		-	-		_						_
Amounts recoverable for claims	paid due to	ACA Reinsu	rance	-							\$	-
2) Amounts recoverable for claims	unpaid due	to ACA Rein	surance (Contra	Liability	()						\$	- 2
Amounts receivable relating to u	uninsured p	lans for contri	butions for ACA	Reinsur	ance						\$	35
Liabilities												
Liabilities for contributions paya			The state of the s	ed as ce	ded pren	niums					\$	239
Ceded reinsurance premiums page Liabilities for amounts held under	and the second second second			Doingue	anco						\$	956
6) Liabilities for amounts held under Operations (Revenue & Expense)	er uninsured	a pians contin	JULIONS IOI ACA	Remsura	ance	_					\$	
Ceded reinsurance premiums di	ue to ACA	Reinsurance									\$	956
Reinsurance recoveries (income			Reinsurance pa	yments (or expec	ted payr	nents			- 3	\$	2
9) ACA Reinsurance contributions											\$	239
			and the second s									
c) Temporary ACA Risk Corridors	Program											
Assets											10000	
Accrued retrospective premium	due to ACA	A Risk Comdo	rs	- 1							\$	- 2
Liabilities	v ovnorione	o roting rofi in	to due to ACA E	lick Corr	ridom					-	S	13,920
Reserve for rate credits or policy Operations (Revenue & Expense)	у ехрепенс	e rating return	IS due to ACA P	dsk Coll	luois	-	-				4	13,920
Effect of ACA Risk Corridors on	net premii	m income	_	-						-	S	(13.920)
4) Effect of ACA Risk Corridors on	and the second s	a trade and a fact that the same of the fact	ite credits	-					-	- 3	\$	-
i-forward of prior year ACA risk-eharing provisions for t				y balances,	along with ti							
	Accused Durin	g the Prior Year on	Received or Paid as of t	ne Current	Prior Year Ac	Difference	r Year Accrue		djustments	Н	Unsettled Balances a Cumulative Balance	
	Business Writte	n Before December	Year on Business Writt December 31 of the P	en Before	Less Paymen		(Col. 2-4)		To Prior Year Balances		from Prior Years (Col 1-3+7)	from Prior Yes
	1	2	3	4	5		6	7	8	l t	9	10
manent ACA Risk Adjustment Program	Receivable	(Payable)	Receivable (F	Payable)	Receivab	ole e	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payabi
remium adjustments receivable remium adjustments (payable)	\$ -	5 -	\$ - \$ \$ - \$	- 1	5	- 5				-	5 -	<
ibtotal ACA Permanent Risk Adjustment Program	5 -	5	5 - 5	12.1		- 5	1.2	5	5		5	5
sitional ACA Reinsurance Program nounts recoverable for claims paid					\$	- 5	- 1	S -	5 - 5 -	В	\$ - \$ -	\$
	5 -	5 -	s - s		\$	- 5		\$. \$.	\$ - \$ -	В	\$ - \$ -	\$
	5 - 5 -	\$ - \$ - \$	\$ - \$ \$ - \$	-	\$ \$ \$ \$	- S - S - S		S - S - S -	5 -	C D		5 5 5 5 5
nounts receivable relating to uninsured plans abilities for contributions payable due to ACA Reinsurance	5 -	\$ -	s - s	1-1	\$	- 5		\$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ -	C D E	\$ - \$ - \$ -	\$
nounts receivable relating to uninsured plans obtilies for contributions payable due to ACA Reinsurance- portied as coded premium ded reinsurance premiums payable	\$ \$ \$	\$ -	\$ - \$ \$ - \$ \$ - \$ \$ - \$	1-1	\$ \$ \$ \$ \$ \$			\$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ -	B C D E F G	\$ - \$ - \$ - \$ -	
nounts receivable relating to uninsured plans abilities for contributions payable due to ACA Reinsurance eported as ceded premium ded reinsurance premiums payable ability for amounts held under uninsured plans	\$ - \$ - \$ - \$ - \$ - \$ -	\$ -	s - s	1-1	\$	- 5		\$ - \$ - \$ - \$ - \$ - \$ - \$ -	5 - 5 - 5 - 5 - 5 - 5 -	B C D E F G H	\$ - \$ - \$ -	\$
nounts receivable relating to uninsured plans abilities for conflutions payable due to ACA Reinsurance eported as ceded premium deder reinsurance premiums payable ability for amounts held under uninsured plans ability for amounts in Reinsurance Program porary ACA Risk Corridors Program	5 - 5 - 5 - 5 - 5 - 5	\$ - \$ - \$ - \$ - \$ -	s - s	1-1	\$	- 5	12	5 - 5 - 5 - 5 - 5 - 5 -	5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	B C D E F G H	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ \$ \$ \$ \$
mounts receivable relating to uninsured plans abulities for conflictions payable due to ACA Reinsurance sportled as ceded premium deed reinsurance premiums payable ability for amounts held under uninsured plans about ACA Transitional Reinsurance Program proyar ACA Plans Confloss Program couled retrospective premium couled retrospective premium seeme for rate orests or prolife yeapperlence rating refunds seeme for rate orests or prolife yeapperlence rating refunds	5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	\$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$	-	\$ \$ \$ \$ \$ \$	- 5	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	\$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ -	B C D E F G H	\$ - \$ - \$ 5	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
nounts receleable relating to uninsured plans abilities for conflictions payable due to AAA Reinsurance- sported as ceded premium debid reinsurance premiums payable publity for amounts held under uninsured plans bottol AACA Tractional Reinsurance Program porary AAA Risk Conflotos Program cousel retrospective premium seene for rade credits or policy experience rating refunds bottol AACA Risk Conflotos Program	5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	\$ - \$ - \$ - \$ - \$ -	\$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$	-	\$	- 5 - 5 - 5 - 5 - 5	12 12 12 13 14 14 15 16 16 17	\$ - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	B C D E F G H	\$	\$ \$ \$ \$ \$ \$
nounts receivable relating to uninsured plans biblies for conflictors payable due to ACR Reinsurance- oporties as ceded premium control delle derinsurance premiums payable biblity for amounts held under uninsured plans biblity for amounts held under uninsured plans biblity ACR Traditional Reinsurance Program country ACR Risk Controls Program auserie tronger che premium under the traditional productions biblity ACR Risk Controls Program at other ACR Risk Controls Program at other ACR Risk Strating Provisions	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ \$ - \$	-	\$ \$ \$ \$ \$ \$	- 5 - 5 - 5 - 5 - 5		\$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ -	B C D E F G H	\$ - \$ - \$ 5	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
nounts receivable relating to uninsured plans biblies for conflictors payable due to ACR Reinsurance- oporties as ceded premium control delle derinsurance premiums payable biblity for amounts held under uninsured plans biblity for amounts held under uninsured plans biblity ACR Traditional Reinsurance Program country ACR Risk Controls Program auserie tronger che premium under the traditional productions biblity ACR Risk Controls Program at other ACR Risk Controls Program at other ACR Risk Strating Provisions	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ \$ - \$	-	\$ \$ \$ \$ \$ \$ \$ \$	- S - S - S - S - S - S - S - S		\$ - \$ - \$ - \$ -	5 - 5 - 5 - 5 - 5 - 5 - 5 -	C D E F G H	5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
nounts recelable relating to uninsured plans abilities the conflictions payable due to AGA Reinsurance sported as escled premium older derisurance premiums payable ability for amounts held under uninsured plans stotal AGA Transloran Reinsurance Program porary AGA Risk Confidors Program outsel refrospective premium outsel refrospective premium serve for rate cretic or policy experience rating refunds total AGA Risk Confidors Program to the AGA Risk Confidors Program to the AGA Risk Ashing Provisions	S - S - S - S - S - S - S - S - S - S -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ \$ - \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	as of	5 - 5 - 5 - 5 - 5 - 5 -	\$	B C D E F G H	\$ - \$ - \$ 5	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
nounts receleable relating to uninsured plans abilities for conflictions payable due to ACA Reinsurance- sported as ceded premium doed reinsurance premiums payable biblity for amounts held under uninsured plans botto	S - S - S - S - S - S - S - S - S - S -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ \$ - \$		\$ \$ \$ \$ \$ \$ \$ \$	- S - S - S - S - S - S - S - S	as of	\$ - \$ - \$ - \$ -	\$	B C D E F G H	\$ - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
nounts receleable relating to uninsured plans abilities for conflictions payable due to ACA Reinsurance- sported as ceded premium doed reinsurance premiums payable biblity for amounts held under uninsured plans botto	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ \$ - \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	as of	5 - 5 - 5 - 5 - 5 - 5 -	\$	B C D E F G H	\$ - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
nounts receleable relating to uninsured plans abilities for conflictions payagic due to ACR Reinsurance- sportled as existed premium payable biblity for amounts held under uninsured plans biblity for amounts held under plans porary ACR relat Conflicts Perogram under etitorisectory permium serve for late credits or policy experience rating refunds biblity and acredit permium tall for ACR flats Chanting Flowlands liftonward of Risk Corridors Assert and Liabill Risk Corridor Receivable Risk Corridor Payable Risk Corridor Receivable	s - s - s - s - s - s - s - s - s - s -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ \$ - \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	as of	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$	C D E F G H I J J	\$ - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
nounts receivable relating to uninsured plans billites the conflictions pupilité due to ACA Reinsurance- ported as ceded premium control de des reinsurance permium payable billity for amounts held under uninsured plans totola ACA Tractional Reinsurance Program porary ACA reak Corridors Program cuted retrospector permium serve for tale credits or policy experience rating refunds totola ACA Reak Corridors Program cuted a CAPA Reak Corridors Acquain la for ACA Reak Chanting Provisions (Ifforward of Risk Corridors Asset and Liabil) Risk Corridor Receivable Risk Corridor Receivable Risk Corridor Receivable	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ \$ - \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	as of /16 C	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$	C D E F G H I J J	\$ - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
nounts receivable relating to uninsured plans billines to conflictions payable due to ACA Reinsurance- ported as exided premium payable billy for amounts held under uninsured plans billy for amounts held under uninsured plans billy for amounts held under uninsured plans billing to a control of the control	\$ - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ \$ - \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	as of	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	B C D E F F G H I J J	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
nounts receivable relating to uninsured plans billites to contributors payable due to ACA Reinsuranoe- ported as exided premium payable billity for amounts held under uninsured plans billity for the Contribute Program sories for fall or exiting profusions lifter and of Risk Corridors Program tal for ACA Risk Staning Provisions lifter and the Contribute Program tal for ACA Risk Staning Provisions lifter ward of Risk Corridors Asset and Liabil Risk Corridor Receivable Risk Corridor Payable Risk Corridor Receivable Risk Corridor Receivable Risk Corridor Receivable Risk Corridor Receivable	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ \$ - \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	as of //16 C	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	C D E F G H I J J	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
nounts receivable relating to uninsured plans billites the conflictories payable due to ACA Reinsurance- ported as ceded premium control of the desire strate premium payable billity for amounts held under uninsured plans biblity ACA flest Corridors Program ourced entropected premium under entropected premium under entropected premium biblity ACA flest Corridors Program ourced entropected premium biblity and flest premium biblity and flest plans biblity and fles	\$ - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ \$ - \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	as of //16 C	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	C C D E F G H I J J I I I I I I I I I I I I I I I I	\$ - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
nounts receivable relating to uninsured plans billises to conflictions payable due to ACA Reinsurance- ported as exided premium control and activation activation and activation and activation and activation activation and activation activation and activation activation activation and activation ac		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ \$ - \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	as of //16 C	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	B C D E F F G H I J J	\$ - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
nounts receleable relating to uninsured plans abilities for conflictions payable due to ACR Reinsurance- ported as exided premium payable ability for amounts held under uninsured plans ability for the confliction of the plans ability for the confliction of the c		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ \$ - \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	as of //16 C	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	C C D E F G H I J J I I I I I I I I I I I I I I I I	\$ - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
mounts recoverable for claims unpaid (contra lability) mounts recovable relating to uninverse plans abilities for contributions payable due to ACA Reinsurance- epotred as ceded premium eded reinsurance premiums payable abilities for contributions payable due to ACA Reinsurance epotred as ceded for the contribution of Reinsurance Program council retrospector permium contribution and Program council retrospector permium sesens to rade credits or policy experience rating retunds subtical ACA Risk Cornidors Program total for ACA Risk Sharing Provisions Oliforward of Risk Cornidors Asset and Liabili Risk Cornidor Receivable Risk Cornidor Payable Risk Cornidor Receivable		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ \$ - \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	as of //16 C	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	C C D E F G H I J J I I I I I I I I I I I I I I I I	\$ - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
mounts receivable relating to uninsured plans abilities for contributions payable but on ACA Reinsurance-eported as ceded premium payable ability for amounts held under uninsured plans ability and a relational Reinsurance Program porary ACA Risk Contidors Program seems for rate credits or policy experience rating refunds abilities and ACA Risk Contidors Program abilitional ACA Risk Contidors Program and the ACA Risk staning flewishins in the ACA Risk staning flewishins in the ACA Risk staning flewishins Risk Corridor Receivable Risk Corridor Receivable Risk Corridor Receivable Risk Corridor Payable Risk Corridor Payable Risk Corridor Receivable Risk Corridor Payable Risk Corridor Receivable Risk Corridor Receivable Risk Corridor Receivable Risk Corridor Receivable		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ \$ - \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	as of //16 C	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	C C D E F G H I J J I I I I I I I I I I I I I I I I	\$ - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
mounts receivable relating to uninsured plans abilities for contributions payable but on ACA Reinsurance-eported as ceded premium payable ability for amounts held under uninsured plans ability and a relational Reinsurance Program porary ACA Risk Contidors Program seems for rate credits or policy experience rating refunds abilities and ACA Risk Contidors Program abilitional ACA Risk Contidors Program and the ACA Risk staning flewishins in the ACA Risk staning flewishins in the ACA Risk staning flewishins Risk Corridor Receivable Risk Corridor Receivable Risk Corridor Receivable Risk Corridor Payable Risk Corridor Payable Risk Corridor Receivable Risk Corridor Payable Risk Corridor Receivable Risk Corridor Receivable Risk Corridor Receivable Risk Corridor Receivable		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ \$ - \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	as of //16 C	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	C C D E F G H I J J I I I I I I I I I I I I I I I I	\$ - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
munits revelabile relating to uninsured plans abilities for contributions payable due to ACR Reinsurance- eported as existed premium payable ability to amounts held under uninsured plans ability and a held to a contribution of the ability and the ability and the ability and		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ \$ - \$	Q2 Est Adjust	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	as of /16 C	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	C C D E F G H I J J I I I I I I I I I I I I I I I I	\$ - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
mounts receivable relating to uninsured plans abilities for contributions payable but NaCA Reinsurance-eported as ceded premium payable ability for amounts held under uninsured plans porary AcA Risk Corridors Program concel retrospective premium seems to rate credits or policy experience rating refunds about a AcA Risk corridors Program tall forward of Risk Corridors Recognition and the AcA Risk chaning housians. Risk Corridor Receivable Risk Corridor Payable Risk Corridor Receivable Risk Corridor Payable Risk Corridor Receivable		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ \$ - \$	Q2 Ess Adjust	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	as of C	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	B C C D E F G H H	\$ - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
mounts receivable relating to uninsured plans abilities for contributions payable but ho ACA Reinsurance-eported as ceded premium payable ability for amounts held under uninsured plans ability and a Reinsurance Program corary ACA Rein Condons Program seems for rade certific or policy experience rating refunds abilitional ACA Rein Condons Program into the ACA Rein Condons Program into the ACA Rein Staning Provisions Illiforward of Risk Corridors Asset and Liabili Risk Corridor Receivable		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ \$ - \$	Q2 Ess Adjust	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- \$ 5 - \$ 5	as of C	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	B C C D E F G H H I J J (13,92	\$ - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
nounts revelable relating to uninsured plans abilities for conflictors payable due to ACR Reinsurance- ported as existed premium payable ability for amounts held under uninsured plans bitotal ACR Tractional Reinsurance Program porary ACR reis. Comitions Program part for ACR reis. Comitions Program part for ACR reis. Comition Program Pr		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ \$ - \$	Q2 Ess Adjust	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	as of C	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	B C C D E F G H H I J J (13,92	\$ - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

25. Change in Incurred Claims and Claims Adjustment Expenses

Reserves for incurred claims and claim adjustment expenses as of December 31, 2015 were \$82.2 million. As of September 30, 2016, \$76.7 million has been paid for incurred claims and claims adjustment expense attributable to insured events of prior years. Reserves remaining for prior years are now \$5.0 million for incurred claims as a result of reestimation of unpaid claims and claim adjustment expenses. Therefore there has been \$0.5 million of favorable prior-year development since December 31, 2015. This is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements

No Change

27. Structured Settlements

No Change

28. Health Care Receivables

No Change

29. Participating Policies

No Change

30. Premium Deficiency Reserves

Liability carried for premium deficiency reserves \$1,387,716

Date of the most recent evaluation of this liability 10/31/2016

Was anticipated investment income utilized in this calculation No

31. Anticipated Salvage and Subrogation

No Change

PART 1 - COMMON INTERROGATORIES GENERAL

1.1	Did the reporting entity experience any material t Domicile, as required by the Model Act?						Yes	[]	No [X]
1.2	If yes, has the report been filed with the domicilia	rry state?		011410 01			Yes	[]	No []
2.1	Has any change been made during the year of the reporting entity?						Yes	[]	No [X]
2.2	If yes, date of change:				1085 <u> </u>				
3.1	Is the reporting entity a member of an Insurance which is an insurer?		wo or more affiliated p	ersons, one or	more of		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 quart	er end?				Yes	[]	No [X]
3.3	If the response to 3.2 is yes, provide a brief desc	ription of those changes.							
4.1	Has the reporting entity been a party to a merger	or consolidation during the period cover	ed by this statement?	2000-07			Yes	[]	No [X]
	If yes, provide the name of entity, NAIC Compan ceased to exist as a result of the merger or cons	y Code, and state of domicile (use two le							
		1, 1,	2						
		Name of Entity	NAIC Company Co	de State of	Domicile				
	State as of what date the latest financial examina State the as of date that the latest financial exam This date should be the date of the examined ba State as of what date the latest financial examina	nination report became available from eith lance sheet and not the date the report w ation report became available to other sta	ner the state of domicile as completed or releas	or the reporting	g entity.				
	or the reporting entity. This is the release date or sheet date).	completion date of the examination repo	ort and not the date of t	ne examination				04/0	08/2015
6.4	By what department or departments? Oregon Department of Consumer & Business Ser Division of Financial Regulation		***************************************		27772				
6.5	Have all financial statement adjustments within the statement filed with Departments?		n accounted for in a su			Yes [X]	No	[]	NA []
6.6	Have all of the recommendations within the lates	t financial examination report been comp	lied with?			Yes [X]	No	[]	NA []
7.1	Has this reporting entity had any Certificates of A suspended or revoked by any governmental entit						Yes		No [X]
7.2	If yes, give full information:								
8.1	Is the company a subsidiary of a bank holding co	ompany regulated by the Federal Reserve			35.00		Yes	[]	No [X]
8.2	If response to 8.1 is yes, please identify the name	e of the bank holding company.							
8.3	Is the company affiliated with one or more banks	thrifts or securities firms?			2000 - 10		Yes	[]	No [X]
8.4	If response to 8.3 is yes, please provide below th federal regulatory services agency [i.e. the Feder Deposit Insurance Corporation (FDIC) and the Sregulator.]	ne names and location (city and state of t ral Reserve Board (FRB), the Office of th	e Comptroller of the Cu	rrency (OCC),	the Federal		0.20%		**************************************
	1	2	3	4	5	6			
	Affiliate Name	Location (City, State)	FRB	occ	FDIC	SEC			
	The state of the s						110		

3.1	are the senior oncers (mices) principal executive oncer, principal matrical oncer, principal accounting oncer or cultioner, or persons perioriting similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	Yes [X]	No []
	(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships.		
	(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;	re:	
	(c) Compliance with applicable governmental laws, rules and regulations;		
	(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and		
	(e) Accountability for adherence to the code.		
9.11	If the response to 9.1 is No, please explain:		
9.2	Has the code of ethics for senior managers been amended?	Yes []	No [X]
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).		
9.3	Have any provisions of the code of ethics been waived for any of the specified officers?	Yes []	No [X]
9.31	If the response to 9.3 is Yes, provide the nature of any waiver(s).		
	FINANCIAL		
10.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?	Yes []	No [X]
10.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$		0
	INVESTMENT		
	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.) If yes, give full and complete information relating thereto:	Yes []	No [X]
12.			0
13.	Amount of real estate and mortgages held in short-term investments:	5.00	0
14.1	Does the reporting entity have any investments in parent, subsidiaries and affiliates?	Yes [] No [X]
14.2	If yes, please complete the following:		
	1 2 Prior Year-End Current Quarter Book/Adjusted Book/Adjusted Carrying Value Carrying Value		
	14.21 Bonds		
	14.23 Common Stock S S S		
	14.24 Short-Term Investments \$ \$		
	14.25 Mortgage Loans on Real Estate\$\$		
	14.26 All Other		
	(Subtotal Lines 14.21 to 14.26)		
	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 [X1
	CONTROL OF THE CONTRO		
15.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	Yes []	No []

If no, attach a description with this statement.

16	For the reporting e	entity's security lending progra	m, state the amount of	the follow	ing as of the current	statement date:			
	16.1 Total fair v	alue of reinvested collateral a	ssets reported on Sche	edule DL, I	Parts 1 and 2		\$		
	16.2 Total book	adjusted/carrying value of re	invested collateral asse	ts reporte	d on Schedule DL. I	Parts 1 and 2	S		
		ble for securities lending repo						300000	
17.	Excluding items in entity's offices, varue pursuant to a cust Considerations, F. Handbook?	Schedule E – Part 3 – Specia ults or safety deposit boxes, wodial agreement with a qualific Outsourcing of Critical Funct sthat comply with the requirer Name of US Bank.	al Deposits, real estate, erere all stocks, bonds a set bank or trust compaions, Custodial or Safel ments of the NAIC Fina 1 of Custodian(s)	mortgage nd other s ny in acco keeping A	ecurities, owned thr rdance with Section greements of the N/ dition Examiners Ha	AC Financial Condition Examination andbook, complete the following: 2 Custodian Address Port Land, 0R 97204	ers	Yes [X]	
		Wells Fargo	00000000000000000000000000000000000000		09024				
		s that do not comply with the r nplete explanation:	equirements of the NAI	IC Financi	al Condition Examin	ers Handbook, provide the nam	e,		
		1	T .	2	T T	3			
		Name(s)	L	ocation(s)		Complete Explanation(s)			
		any changes, including name of complete information relating			tified in 17.1 during 3 Date of Change	the current quarter?4 Reason		Yes []	No [X]
	ļ					\$100,000 mg			
		nent advisors, broker/dealers securities and have authority to Central Registration	o make investments or		the reporting entity:	ave access to the investment 3 Address			
18.2	Have all the filing If no, list exception	18:	and Procedures Manu			alysis Office been followed?		Yes [X] No [

PART 2 - HEALTH

Operating Percentages:	
1.1 A&H loss percent.	93.2 %
1.2 A&H cost containment percent	0.0 %
1.3 A&H expense percent excluding cost containment expenses	10.2 %
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	s
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 SEPTEMBER 30, 2016 OF THE Trillium Community Health Plan, Inc.

SCHEDULE S - CEDED REINSURANCE

9 Effective Date of Certified	Reinsurer Rating															
8 Certified Reinsurer Rating	(1 through 6)															
	Type of Reinsurer	Authorized	Authorized Authorized													
6 Type of Reinsurance	Ceded	38L/1/L	SSL/1/L OTH/1/A													
ies - Current Year to Date 5 Domiciliary	Jurisdiction	-	9 8													
Showing All New Reinsurance Treaties - Current Year to Date 4 5 Domiciliary	Name of Reinsurer	LITE & ANNUTY — NON-AFFILIATES ACCIDENT & HEALTH — AFFILIATES BANKERS RESERVE LIFE INS 00 OF WI	ACCIDENT & HEALTH - NON-AFFILIATES PARTNERRE AMER INS CO. US Dept of Hith & Human Serv	PROPERTY CASUALTY — AFFILIATES PROPERTY CASUALTY — NON-AFFILIATES												
3 Effective	Date	01/01/2016	01/01/201													
2	ID Number	39-0993433	04-1590940. AA-9990032.													
1 NAIC	Company Code	71013														

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

2. Al 3. Ar 4. Ar 5. Cr 6. Cr 7. Cr 8. Dr 10. Fi 11. Gr 11. Hr 15. In 16. Io 17. Kr 18. Kr 20. M 21. M 22. M 25. M 26. M 27. M 28. Nr 29. Nr 31. Nr 32. Nr 33. Nr 34. Nr 35. Nr 36. Or 37. Or 37. Or 37. Or 38. Ar 38. Nr 39. Nr 31. Nr 31. Nr 32. Nr 33. Nr 33. Nr 33. Nr 33. Nr 34. Nr 35. Nr 36. Or 37. Or 37. Or 37. Or 37. Or 37. Or 38. Ar 4. Ar	States, Etc. Alabama	Active	Accident & Health Premiums	Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	Total Columns 2 Through 7	9 Deposit-Type Contracts
2. Al 3. Ar 4. Ar 5. Cr 6. Cr 7. Cr 8. Dr 9. Dr 11. Gr 11. Hr 15. In 16. Io 17. Kr 18. Kr 20. M 21. M 22. M 22. M 25. M 26. M 27. M 28. Nr 29. Nr 31. Nr 32. Nr 33. Nr 33. Nr 33. Nr 33. Nr 34. Nr 35. Nr 36. Or 37.	Alaska AK Arzona AZ Arkansas AR California CA Colorado CO Connecticut CT Delaware DE Dist. Columbia DC Florida FL Seorgia GA Alawaii HI daho ID linois IL ndiana IN owa IA Lansas KS Sentucky KY								0	
3. Ar 4. Ad 5. Cc 6. Cc 7. Cc 8. Do 9. Di 11. Gc 11. Hi 13. Id 14. IIII 15. In 16. Io 17. Kc 18. Kc 20. M 21. M 22. M 22. M 22. M 22. M 23. M 24. M 25. M 26. M 27. M 30. N 31. N 32. N 33. N 33. N 33. N 33. N 33. N 33. N 33. N	Az Arkansas AR Aldfornia CA Colorado CO Connecticut CT Delaware DE Dist. Columbia DC Florida FL Georgia GA datawaii HI daho ID linois IL ndiana IN wa IA Gansas KS Gentucky KY								0	
4. Ad 5. Ci 6. Ci 7. Ci 8. Di 9. Di 10. Fi 11. Gi 12. Hi 15. In 16. Io 17. Ki 18. Ki 19. Li 20. M 21. M 22. M 22. M 24. M 25. M 26. M 27. M 28. Ni 29. Ni 31. Ni 31. Ni 32. Ni 33. Ni 34. Ni 35. Ni 36. Oi 37. Oi 37. Oi	arkansas AR California CA Colorado CO Connecticut CT Delaware DE Dist. Columbia DC Clorida FL Georgia GA dawaii HI daho ID linois IL ndiana IN lowa IA Lansas KS Centucky KY								1 CONTRACTOR (71)	
5. Ci 6. Ci 7. Ci 8. Di 9. Di 10. Fi 11. Gi 12. Hi 14. IIII 15. In 16. Io 17. Ki 19. Lo 20. M 21. M 22. M 22. M 23. M 24. M 25. M 26. M 27. M 28. Ni 29. Ni 30. Ni 31. Ni 33. Ni 33. Ni 35. Ni 36. Oi 37. Oi 37. Oi 37. Oi	California CA Colorado CO Connecticut CT Delaware DE Dist. Columbia DC Clorida FL Georgia GA dawaii HI daho ID linois IL ndiana IN nowa IA Cansas KS Centucky KY								<u>u</u>	
6. Cc 7. Cc 8. Dc 9. Di 10. Fi 11. Gc 12. Hi 13. Id 14. IIII 15. In 16. Ic 17. Kc 18. Kc 19. Lc 20. M 21. M 22. M 22. M 24. M 25. M 27. M 28. Nc 29. Nc 31. Nc 31. Nc 33. Nc 34. Nc 35. Nc 36. Oc 37. Oc 37. Oc	Colorado CO Connecticut CT Connecticut CT Delaware DE District DC Islorida FL Seorgia GA Islama HI Idaho ID Ilinois IL Indiana IN IN In In								0	
8. Do 9. Di 10. Fi 11. Gi 11. Gi 13. Id 14. IIII 15. In 16. Io 17. Ka 18. Ka 20. M 21. M 22. M 22. M 25. M 25. M 26. M 27. M 28. Na 29. Na 31. Na 32. Na 33. Na 34. Na 35. Na 36. Oi 37. Oi	Delaware DE Dist. Columbia DC Florida FL Beorgia GA Hawaii HI daho ID linois IL didiana IN bowa IA cansas KS centucky KY						06/03/03/2 15/0		0	
9. Di 10. Fi 11. G 11. G 13. Id 14. IIII 15. In 16. Io 17. K 18. K 20. M 21. M 22. M 22. M 24. M 25. M 26. M 27. M 28. N 29. N 30. N 31. N 32. N 33. N 34. N 35. N 36. O 37. O	Dist. Columbia DC Florida FL Georgia GA Jawaii HI Jaho ID Jinois IL Jinois IN Jamai IN Jamai IA Jansas KS Jentucky KY					ļ—			0	ļ
10. FI 11. G 12. H 13. Id 14. IIII 15. In 16. Io 17. K 18. K 19. L 20. M 21. M 22. M 22. M 24. M 25. M 26. M 27. M 28. N 29. N 30. N 31. N 32. N 33. N 34. N 35. N 36. O 37. O	FL Georgia		745.55.5						0	
11. Gi 12. Hi 13. Id 14. IIII 15. In 16. Io 17. Ki 18. Ki 19. Lc 20. M 21. M 22. M 22. M 24. M 25. M 26. M 27. M 30. Ni 31. Ni 32. Ni 33. Ni 34. Ni 35. Ni 36. Oi 37. Oi	Georgia GA dawaii HI daho ID linois IL ndiana IN wwa IA Cansas KS Centucky KY					i - 100i -			0	
12. Hz 13. Id 14. IIII 15. In 16. Io 17. Kz 18. Kc 19. Lc 20. M 21. M 22. M 24. M 25. M 26. M 27. M 30. Nc 31. Nc 32. Nc 33. Nc 34. Nc 35. Nc 36. Oc 37. Oc	HI HI HI HI HI HI HI HI		7.000	[0	
13. Id 14. Illi 15. In 16. Io 17. Ka 18. Kc 19. Lc 20. M 21. M 22. M 23. M 25. M 26. M 27. M 28. No 29. No 31. No 32. No 33. No 34. No 35. No 36. Oo 37. Oo	daho ID linois IL ndiana IN owa IA tansas KS tentucky KY			7200		A 7884			0	
15. In 16. Io 17. Kr 18. Kr 19. Lc 20. M 21. M 22. M 24. M 25. M 26. M 27. M 28. Nr 30. Nr 31. Nr 32. Nr 33. Nr 34. Nr 35. Nr 36. Ol 37. Ol	owa IA Sansas KS								0	
16. lo 17. Ka 18. Ka 19. Lc 20. M 21. M 22. M 23. M 24. M 25. M 26. M 27. M 30. Na 31. Na 32. Na 33. Na 34. Na 35. Na 36. Ob 37. Ob	DWA IA Kansas KS Centucky KY	- × -							0	
17. Ka 18. Ka 19. Lc 20. M 21. M 22. M 22. M 25. M 26. M 27. M 30. Na 31. Na 32. Na 33. Na 34. Na 35. Na 36. Oi 37. Oi	(ansasKS (entucky KY		13/200000	12-000					0	
18. Ke 19. Le 20. M 21. M 22. M 23. M 24. M 25. M 26. M 27. M 30. N 31. N 32. N 33. N 34. N 635. N 36. O 37.	CentuckyKY	- 11 - 1	7388892	7200 7200		N 7580		- WWW.	0	
19. Lc 20. M 21. M 22. M 23. M 24. M 25. M 26. M 27. M 28. N 29. N 30. N 31. N 32. N 33. N 34. N 35. N 36. O 37. O					-01 0 01000000	·			0	
20. M 21. M 22. M 23. M 24. M 25. M 26. M 27. M 28. N 29. N 30. N 31. N 32. N 33. N 34. N 35. N 36. O 37. O	Constitution LA			-100					0	
21. M 22. M 23. M 24. M 25. M 26. M 27. M 28. N 30. N 31. N 32. N 33. N 34. N 35. N 36. O 37. O	Maine ME		15/2513	15000 1500		N NOTE	195010512 1950	200000	0	40H - 5H0508
22. M 23. M 24. M 25. M 26. M 27. M 28. N 30. N 31. N 32. N 33. N 34. N 35. N 36. O 37. O	MarylandMD								0	
24. M 25. M 26. M 27. M 28. N 29. N 30. N 31. N 32. N 33. N 34. N 35. N 36. O 37. O	Massachusetts MA	34. 3	7.0000	73-00		2,000		10.000	0	
25. M 26. M 27. M 28. No 29. No 31. No 32. No 33. No 34. No 35. No 36. Oo 37. Oo	MichiganMI								0	
26. M 27. M 28. No 29. No 30. No 31. No 32. No 33. No 34. No 35. No 36. Oo 37. Oo	MinnesotaMN					0 3000			0	<u> </u>
27. M 28. No 29. No 30. No 31. No 32. No 33. No 34. No 35. No 36. Oi 37. Oi	Mississippi MS			13/00		15000			0	
28. No. 29. No. 30. No. 31. No. 32. No. 33. No. 34. No. 35. No. 36. Oi 37. Oi	MissouriMO			off-0x10 111-00		S 11.000			0	
29. No. 30. No. 31. No. 32. No. 33. No. 34. No. 35. No. 36. Oi 37. Oi	MontanaMT					W 21000			0	. 1900
30. No. 31. No. 32. No. 33. No. 34. No. 35. No. 36. Oi 37. Oi	lebraskaNE									
31. No 32. No 33. No 34. No 35. No 36. Oi 37. Oi	lew Hampshire NH								0	
32. No 33. No 34. No 35. No 36. Oi 37. Oi	lew JerseyNJ		7.0000000000000000000000000000000000000	7480E					0	
34. No 35. No 36. Of 37. Of	lew Mexico NM		3,50,000,000				0.000		0	
35. No 36. O	lew YorkNY					0 1000			0	<u></u>
36. O	lorth CarolinaNC	<u> </u>							0	
37. O	lorth Dakota ND	- 11 - 1	720000	75000 TSO	110			- C. C. C. C.	0	
7.0000000000000000000000000000000000000					-010010-010-01	·			0	
	Oklahoma OK Oregon OR		339 , 134	35,217,844	345,971,955	1000			381,528,934	
100	PennsylvaniaPA		355, 154	35,217,044	,545,511,555	N N N N N N N N N N N N N N N N N N N	CESSORIOSE - 1550	231550	0	
	Rhode Island RI								o	
A STATE OF THE STA	outh Carolina SC	- 11 /	73-52-32-5	7200					0	
42. S	South Dakota SD								0	
	ennesseeTN					0 3000			0	<u> </u>
	exasTX		15.0000	15000		N N968	200000000000000000000000000000000000000		0	
45. U				0.10,000 1,100					0	
2000	/ermont VT			H0V0 H0V		0 1000		200000	0	200 000000
4.12	Vashington WA		332535555					0.000	0	
	Vest Virginia WV			1100		15000			0	
	Visconsin WI								00	ļ
51. W	VyomingWY								0	
A 100 Per 1 Per 1	merican SamoaAS			#150.0 					0	
	Guam GU	<u> </u>	11/1/22/2	1100			0.0000000000000000000000000000000000000		0	
	Puerto RicoPR	1 1 7	720000	7200		S 7583		- 101000 c	0	
5.5000000000	J.S. Virgin IslandsVI Iorthern Mariana Islands MP			0.14.00		11.000	VVXXXXII VXX	3,000,000	0	
20 To 100	Canada		20000	100		0.000		-1000-0	0	
X 10 10 10 10 10 10 10 10 10 10 10 10 10	ggregate other alienOT	XXX	0	0	0	0	0	و		0
	Subtotal	XXX	339 , 134	35,217,844	345,971,955	0	0	0	_381,528,934	0
turiotini.		XXX							٥	
	Reporting entity contributions for Employee Benefit Plans	(a) 1	339,134	35,217,844	345,971,955	0	0	0	381,528,934	0
58001	Employee Benefit Plans Total (Direct Business)									1
	Employee Benefit Plans		11/20105	100		N NAME	0.0000000000000000000000000000000000000			200
58002	Employee Benefit Plans Total (Direct Business)	XXX	1	, ,	, 7					
	Employee Benefit Plans Total (Direct Business)	26030		l l	ı l	1	 			
58003	Employee Benefit Plans Total (Direct Business)	XXX								-
	Employee Benefit Plans Total (Direct Business)	26030								
. Li	Employee Benefit Plans Total (Direct Business) DETAILS OF WRITE-INS Summary of remaining write-ins for	xxx								
58999 To	Employee Benefit Plans	XXX	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.

ene Corporation	42-1406317	DE	
Bankers Reserve Life Insurance Company of Wisconsin	39-0993433	WI	71013
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Peach State Health Plan, Inc	20-3174593	GA	12315
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Iowa Total Care, Inc	46-4829006	IA	15713
Buckeye Community Health Plan, Inc.	32-0045282	OH	11834
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Absolute Total Care, Inc	20-5693998	SC	12959
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Physicians Choice, LLC	59-3807546	SC	
PhyTrust of South Carolina LLC	65-1206841	FL	
Coordinated Care Corporation d/b/a Managed Health Services	39-1821211	IN	95831
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Healthy Washington Holdings, Inc	46-5523218	DE	
Coordinated Care of Washington, Inc	46-2578279	WA	15352
Managed Health Services Insurance Corp	39-1678579	WI	96822
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Hallmark Life Insurance Co	86-0819817	AZ	60078
Superior HealthPlan, Inc	74-2770542	TX	95647
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Healthy Louisiana Holdings LLC	27-0916294	DE	
Louisiana Healthcare Connections, Inc	27-1287287	LA	13970
Magnolia Health Plan Inc	20-8570212	MS	13923
IlliniCare Health Plan, Inc	27-2186150	IL	14053
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Sunshine Health Holding LLC	26-0557093	FL	
Sunshine State Health Plan, Inc	20-8937577	FL	13148
Access Health Solutions LLC	56-2384404	FL	
Sunshine Consulting Services, Inc.	27-0242132	DE	
Kentucky Spirit Health Plan, Inc	45-1294925	KY	14100
Healthy Missouri Holding, Inc	45-5070230	MO	
Home State Health Plan, Inc	45-2798041	MO	14218
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Sunflower State Health Plan. Inc	45-3276702	KS	14345
Granite State Health Plan, Inc	45-4792498	NH	14226
Bridgeway Advantage Solutions, Inc	46-4195563	AZ	15447
California Health and Wellness Plan	46-0907261	CA	
Fidelis SecureCare of Michigan, Inc.	30-0312489	MI	10769
Agate Resources, Inc.	20-0483299	OR	
Lane Individual Practice Association, Inc.	93-1198219	OR	

Trillium Community Health Plan, Inc.	42-1694349	OR	12559
Trillium Community Health Plan, Inc.	42-1694349	OR	12559
Agate Properties, LLC	26-4475075	OR	
Independent Professional Services, LLC	93-1198376	OR	
Nebraska Total Care, Inc.	47-5123293	NE	15902
Pennsylvania Health & Wellness, Inc.	47-5340613	PA	
Superior HealthPlan Community Solutions, Inc.	47-5664832	TX	15912
Sunshine Health Community Solutions, Inc.	47-5667095	FL	15927
Arkansas Health & Wellness Health Plan, Inc.	81-1282251	AR	
Bridgeway Health Solutions, LLC	20-4980875	DE	
Bridgeway Health Solutions of Arizona Inc.	20-4980818	AZ	
Celtic Group, Inc	36-2979209	DE	
Celtic Insurance Company	06-0641618	IL	80799
Ambetter of Magnolia Inc	35-2525384	MS	15762
Ambetter of Peach State Inc.	36-4802632	GA	15729
Novasys Health, Inc	27-2221367	DE	
CeltiCare Health Plan Holdings LLC	26-4278205	DE	
CeltiCare Health Plan of Massachusetts, Inc.	26-4818440	MA	13632
Centene Management Company LLC	39-1864073	WI	
CMC Real Estate Co. LLC	20-0057283	DE	
Centene Center LLC	26-4094682	DE	
Centene Center II, LLC	47-5156015	DE	
CMC Hanley, LLC	46-4234827	MO	
Forhan, LLC	47-2914561	MO	
Hanley-Forsyth, LLC	37-1766939	MO	
GPT Acquisition LLC	45-5431787	DE	
Clayton Property Investment LLC	45-4372065	DE	
LSM Holdco, Inc.	46-2794037	DE	
Lifeshare Management Group, LLC	46-2798132	NH	
CCTX Holdings, LLC	20-2074217	DE	
Centene Company of Texas, LP	74-2810404	TX	
Centene Holdings, LLC	20-2074277	DE	
Centene Company of Texas, LP	74-2810404	TX	
MHS Travel & Charter, Inc	43-1795436	WI	
Health Care Enterprises, LLC	46-4855483	DE	
Envolve Holdings, Inc.	22-3889471	DE	
Cenpatico Behavioral Health, LLC	68-0461584	CA	
CBHSP Arizona, Inc	86-0782736	AZ	
Cenpatico of California, Inc	47-2595704	CA	
Integrated Mental Health Mgmt, LLC	74-2892993	TX	
Integrated Mental Health Services	74-2785494	TX	

Cenpatico Behavioral Health of Arizona, LLC	20-1624120	AZ	
Cenpatico of Arizona Inc.	80-0879942	AZ	14704
Envolve, Inc.	37-1788565	DE	
AHA Administrative Services, LLC	47-4545413	AL	
Centene Health Systems Group of New York	47-3454898	NY	
Envolve PeopleCare, Inc.	06-1476380	DE	
LiveHealthier, Inc.	47-2516714	DE	
Envolve Benefit Options, Inc.	Pending	DE	
Envolve Vision Benefits, Inc.	20-4730341	DE	
Envolve Captive Insurance Company, Inc.	36-4520004	SC	
Envolve Vision of Texas, Inc.	75-2592153	TX	95302
Envolve Vision, Inc	20-4773088	DE	
Envolve Vision of Florida, Inc	65-0094759	FL	
Envolve Total Vision, Inc.	20-4861241	DE	
Envolve Vision of New York, Inc.	06-1635519	NY	
Envolve Dental, Inc.	46-2783884	DE	
Envolve Dental of Florida, Inc.	81-2969330	FL	
Envolve Dental of Texas, Inc.	81-2796896	TX	
Cenpatico of Louisiana, Inc.	45-2303998	LA	15357
Envolve Pharmacy Solutions, Inc.	77-0578529	DE	
LBB Industries, Inc	76-0511700	TX	
RX Direct, Inc	75-2612875	TX	
US Script IPA, LLC	46-2307356	NY	
Casenet LLC	90-0636938	DE	
Casenet S.R.O.	Foreign	CZE	
Centurion Group, Inc	61-1450727	DE	
Centurion LLC	90-0766502	DE	
Centurion of Virginia, LLC	47-1577742	VA	
Centurion of Vermont, LLC	47-1686283	VT	
Centurion of Mississippi, LLC	47-2967381	MS	
Centurion of Tennessee, LLC	30-0752651	TN	
Massachusetts Partnership for Correctional Healthcare, LLC	61-1696004	MA	
Centurion of Idaho, LLC	46-3590120	ID	
Centurion of Minnesota, LLC	46-2717814	MN	
Centurion Correctional Healthcare of New Mexico, LLC	81-1161492	NM	
Centurion of Florida, LLC	81-0687470	FL	
Specialty Therapeutic Care Holdings, LLC	27-3617766	DE	
Specialty Therapeutic Care, LP	73-1698808	TX	
Specialty Therapeutic Care, GP, LLC	73-1698807	TX	
Specialty Therapeutic Care, LP	73-1698808	TX	
Specialty Therapeutic Care West, LLC	26-2624521	TX	

AcariaHealth Solutions, Inc.	80-0856383	DE
AcariaHealth, Inc.	45-2780334	DE
Acaria Health, Inc. Acaria Health Pharmacy #14, Inc	27-1599047	CA
AcariaHealth Pharmacy #11, Inc	20-8192615	TX
AcariaHealth Pharmacy #12, Inc	27-2765424	NY
AcariaHealth Pharmacy #13, Inc	26-0226900	CA
Acaria Health Pharmacy, Inc	13-4262384	CA
HomeScripts.com, LLC	27-3707698	MI
New York Rx, Inc.	20-8235695	NY
U.S. Medical Management Holdings, Inc	27-0275614	DE
U.S. Medical Management, LLC	38-3153946	DE
U.S. Medical Management, LLC	38-3153946	DE
RMED, LLC	31-1733889	FL
IAH of Florida, LLC	47-2138680	FL
Heritage Home Hospice, LLC	51-0581762	MI
Grace Hospice of Austin, LLC	20-2827613	MI
ComfortBrook Hospice, LLC	20-1530070	ОН
Comfort Hospice of Texas, LLC	20-4996551	MI
Grace Hospice of San Antonio, LLC	20-2827526	MI
Grace Hospice of Grand Rapids, LLC	45-0679248	MI
Grace Hospice of Indiana, LLC	45-0634905	MI
Grace Hospice of Virginia, LLC	45-5080637	MI
Comfort Hospice of Missouri, LLC	45-5080567	MI
Grace Hospice of Colorado, LLC	45-5080675	MI
Grace Hospice of Wisconsin, LLC	46-1708834	MI
Seniorcorps Peninsula, LLC	26-4435532	VA
R&C Healthcare, LLC	33-1179031	TX
ANJ, LLC	20-0927034	TX
Pinnacle Senior Care of Missouri, LLC	46-0861469	MI
Country Style Health Care, LLC	03-0556422	TX
Phoenix Home Health Care, LLC	14-1878333	DE
Traditional Home Health Services, LLC	75-2635025	TX
Family Nurse Care, LLC	38-2751108	MI
Family Nurse Care II, LLC	20-5108540	MI
Family Nurse Care of Ohio, LLC	20-3920947	MI
Pinnacle Senior Care of Wisconsin, LLC	46-4229858	WI
Pinnacle Senior Care of Indiana, LLC	81-1565426	MI
Pinnacle Home Care, LLC	76-0713516	TX
North Florida Health Services, Inc	59-3519060	FL
Pinnacle Sr. Care of Kalamazoo, LLC	47-1742728	MI
Hospice DME Company, LLC	46-1734288	MI

Rapid Respiratory Service	es, LLC	20-4364776	DE	
USMM Accountable Care	Network, LLC	46-5730959	DE	
USMM Accountable Care	Partners, LLC	46-5735993	DE	
USMM Accountable Care	Solutions, LLC	46-5745748	DE	
USMM ACO, LLC		45-4165480	MI	
USMM ACO Florida, LLC		45-4157180	MI	
USMM ACO North Texas	, LLC	45-4154905	MI	
Health Net, Inc.		47-5208076	DE	
Health Net of California, I	nc.	95-4402957	CA	
Health Net Life Ins	surance Company	73-0654885	CA	66141
Health Net Life Re	insurance Company	98-0409907	CYM	
Health Net of Calif	omia Real Estate Holdings, Inc.	54-2174069	CA	
Managed Health Network	c, Inc.	95-4117722	DE	
Catalina Behaviora	al Health Services, Inc.	51-0490598	AZ	
Managed Health N	letwork	95-3817988	CA	
MHN Services		95-4146179	CA	
MHN Se	ervices IPA, Inc.	13-4027559	NY	
MHN Go	overnment Services, Inc.	42-1680916	DE	
М	HN Global Services, Inc.	51-0589404	DE	
M	HN Government Services-Belgium, Inc.	80-0852000	DE	
M	HN Government Services-Djibouti, Inc.	90-0889816	DE	
M	HN Government Services-Germany, Inc.	80-0852008	DE	
M	HN Government Services-Guam, Inc.	90-0889803	DE	
M	HN Government Services-International, Inc.	90-0889825	DE	
M	HN Government Services-Italy, Inc.	80-0852019	DE	
M	HN Government Services-Japan, Inc.	46-1038058	DE	
M	HN Government Services-Puerto Rico, Inc.	90-0889815	DE	
M	HN Government Services-Turkey, Inc.	90-0889824	DE	
M	HN Government Services-United Kingdom, Inc.	90-0889833	DE	
Ne	etwork Providers, LLC	88-0357895	DE	
Health Net Federal Servi	ces, LLC	68-0214809	DE	
Health Net Prefer	ed Providers, LLC	61-1388903	DE	
Health Net Veteral	ns, LLC	35-2490375	DE	
Network Providers	, LLC	88-0357895	DE	
Health N	let of the Northeast, LLC	06-1116976	DE	
Health Net of the Northea	ast, LLC	06-1116976	DE	
QualMed, Inc.		84-1175468	DE	
QualMed Plans for	Health of Colorado, Inc.	84-0975985	CO	
Health Net Health	Plan of Oregon, Inc.	93-1004034	OR	95800
HSI Advantage Health He	oldings, Inc.	23-2867299	DE	
QualMed Plans for	Health of Western Pennsylvania, Inc.	23-2867300	PA	

Pennsylvania Health Care Plan, Inc.	25-1516632	PA	
Health Net Services Inc.	94-3037822	DE	
Health Net Community Solutions, Inc.	54-2174068	CA	
Health Net of Arizona, Inc.	36-3097810	AZ	95206
Health Net One Payment Services, Inc.	54-2153100	DE	
Health Net of Pennsylvania, LLC	n/a	PA	
QualMed Plans for Health of Pennsylvania, Inc.	23-2456130	PA	
FH Surgery Limited, Inc.	68-0390434	CA	
Foundation Health Facilities, Inc.	68-0390438	CA	
FH Assurance Company	98-0150604	CYM	
Health Net Pharmaceutical Services	68-0295375	CA	
Health Net of Arizona Administrative Services, Inc.	86-0660443	AZ	
Health Net Community Solutions of Arizona, Inc.	81-1348826	AZ	15895
National Pharmacy Services Inc.	84-1301249	DE	
Integrated Pharmacy Systems, Inc.	23-2789453	PA	
FH Surgery Centers Inc.	68-0390435	CA	
Greater Sacramento Surgery Center LP	68-0343818	CA	
Health Net Access, Inc.	46-2616037	AZ	
MHS Consulting, International, Inc	20-8630006	DE	
PRIMEROSALUD, S.L.	Foreign	ESP	
Centene UK Limited	Foreign	GBR	
The Practice (Group) Limited	Foreign	GBR	

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

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Trillium Community Health Plan, Inc.

1	2	3 NAIC	4	5	6	7 Name of Securities Exchange if Publicy	8 Name of	9	10 Relationship to	117	Type of Control (Ownership, Board, Management,	13 If Control is Ownership	14 Ultimate Controlling	15
Group Code	Group Name	Company	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent Subsidiaries or Affiliates	Domiciliary Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Provide Percentage	Entity(ies) Person(s)	
01295	Centene Corporation	00000	42-1406317		0001071739	New York Stock Exchange	Centene Corporation Bankers Reserve Life Insurance	DE	UDP	Shareholders/Board of Directors	Shareholders/Boa rd of Directors_		Shareholders/Boa rd of Directors Centene	
01295	Centene Corporation	71013	39-0993433	-			. Company of Wisconsin		IA	Centene Corporation Bankers Reserve Life	Ownership	100.0	Corporat ion	43. 343
01295	Centene Corporation	00000	46 -2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Insurance Company of Wisconsin	Ownership	17.0	Centene Corporation	
01295	Centene Corporation	12315	20-3174593				Peach State Health Plan, Inc Health Plan Real Estate	GA	IA	Centene Corporation	Ownership	100.0	Centene Corporation Centene	N
01295	Centene Corporation	00000	46 -2860967			KK	Holding, Inc.	MO	NIA	Peach State Health Plan, Inc_	Ownership	21.0	Corporat ion	<u> </u>
01295	Centene Corporation	15713	46 -4829006				lowa Total Care, Inc	IA	IA	Centene Corporation	Ownership	100.0	Centene Corporation Centene	J
01295	Centene Corporation	11834	32-0045282				Inc	OH	IA	Centene Corporation	Ownership	100.0	Corporat ion	
01295	Centene Corporation	00000	46 - 2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Buckeye Community Health Plan, Inc	Ownership	13.0	Centene Corporation Centene	45. 365
01295	Centene Corporation	12959	20-5693998			100	Absolute Total Care, Inc Health Plan Real Estate	SC	IA	Centene Corporation	Ownership	100.0	Corporation Centene	11 - 11 - 11 - 11 - 11 - 11 - 11 - 11
01295	Centene Corporation	00000	46 - 2860 967	<u> </u>			Holding, Inc.	MO	NIA	Absolute Total Care, Inc	Ownership	1.0	Corporation Centene	17. 17.3
01295	Centene Corporation	00000	59-3807546				Physicians Choice, LLC	SC	NIA	Absolute Total Care, Inc	Ownership	100.0	Corporation Centene	
01295	Centene Corporation	00000	65-1206841	4			PhyTrust of South Carolina LLC	FL	NIA	Absolute Total Care, Inc	Ownership	100.0	Corporat ion	ne
01295	Centene Corporation	95831	39-1821211				Coordinated Care Corporation d/b/a Managed Health Services	IN	IA	Centene Corporation	Ownership	100.0	Centene Corporation	- X
01295	Centene Corporation	00000	46 -2860967				Health Plan Real Estate Holding, Inc Healthy Washington Holdings,	MO	NIA	Coordinated Care Corporation d/b/a Managed Health Services	Ownership	15.0	Centene Corporation Centene	pr
01295	Centene Corporation	00000	46-5523218			SSSSSS	Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporat ion	22 20
01295	Centene Corporation	15352	46 - 2578279				Coordinated Care of Washington, Inc	WA	IA	Healthy Washington Holdings, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	96822	39-1678579				Insurance Corp	W1	IA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	46 -2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Managed Health Services Insurance Corp	Ownership	2.0	Centene Corporation	
01295	Centene Corporation	60078	86-0819817				. Hallmark Life Insurance Co	AZ	IA	Centene Corporation	Ownership		Centene Corporation Centene	
01295	Centene Corporation	95647	74-2770542	3000 2000			Superior HealthPlan, Inc	TX	IA	Centene Corporation	Ownership	100.0	Corporat ion	
01295	Centene Corporation	00000	46 -2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Superior HealthPlan, Inc	Ownership	21.0	Centene Corporation	
01295	Centene Corporation	00000	27-0916294				. Healthy Louisiana Holdings LLC Louisiana Healthcare	DE	NIA	Centene Corporation Healthy Louisiana Holdings	Ownership	100.0	Centene Corporation Centene	N2 0.7
01295	Centene Corporation	13970	27 -1287287				Connections, Inc	LA	IA	LLC	Ownership	100.0	Corporat ion	ļ <u>.</u>

Group Code	2 Group Name	NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publidy Traded (U.S. or International)	8 Name of Parent Subsidiaries or Affiliates	9 Domiciliary Location	Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) Person(s)	15
01295	Centene Corporation	13923	20-8570212				Magnolia Health Plan Inc	MS	IA	Centene Corporation	Ownership	100.0	Centene Corporation Centene	· ·
01295	Centene Corporation	14053	27 -2186150				. IlliniCare Health Plan, Inc	IL	IA	Centene Corporation	Ownership	100.0	Corporat ion	
01295	Centene Corporation	00000	46 -2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	IlliniCare Health Plan, Inc	Ownership	5.0	Centene Corporation	ļ
01295	Centene Corporation	00000	26-0557093				. Sunshine Health Holding LLC	FL	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	13148	20-8937577				Sunshine State Health Plan, Inc.	FL	IA	Sunshine Health Holding LLC.	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	56-2384404				Access Health Solutions LLC	FL	NIA	Sunshine Health Holding LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	27-0242132				Sunshine Consulting Services, Inc.	DE	NIA	Sunshine Health Holding LLC.	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	14100	45-1294925				Kentucky Spirit Health Plan, Inc	КҮ	IA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	45-5070230			2000	. Healthy Missouri Holding, Inc	MO	NIA	Centene Corporation	Ownership	95.0	Centene Corporation	
01295	Centene Corporation	14218	45-2798041			.	. Home State Health Plan, Inc	MO	IA	Healthy Missouri Holding, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	46 -2860967				Health Plan Real Estate Holding, Inc	MO	NIA	Home State Health Plan, Inc	Ownership	5.0	Centene Corporation	
01295	Centene Corporation	14345	45-3276702		2_2000		Sunflower State Health Plan, Inc	KS	IA	Centene Corporation	Ownership	100.0	Centene Corporation	ara x
01295	Centene Corporation	14226	45-4792498				Granite State Health Plan, Inc	NH	IA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	15447	46 -4195563	2000	2000		Bridgeway Advantage Solutions, Inc	AZ	IA	Centene Corporation	Ownership	100.0	Centene Corporation	2 N
01295	Centene Corporation	00000	46-0907261			<u> </u>	California Health and Wellness Plan	CA	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	10769	30-0312489				Fidelis SecureCare of Michigan, Inc	M1	IA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	20-0483299		·		. Agate Resources, Inc	OR	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	93-1198219				Lane Individual Practice Association, Inc.	OR	NIA	Agate Resources, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	12559	42-1694349				Trillium Community Health Plan, Inc.	OR	IA	Lane Individual Practice Association, Inc.	Ownership	60.0	Centene Corporation	
01295	Centene Corporation	12559	42-1694349				Trillium Community Health Plan, Inc	OR	IA	Agate Resources, Inc	Ownership	40.0	Centene Corporation	
01295	Centene Corporation	00000	26-4475075			100	Agate Properties, LLC	OR	NIA	Agate Resources, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	93-1198376				Independent Professional Services, LLC	OR	NIA	Agate Resources, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	15902	47 -5123293				Nebraska Total Care, Inc	NE	IA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	47 -5340613				Pennsylvania Health & Wellness, Inc	PA	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	

Group Code	2 Group Name	NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publidy Traded (U.S. or International)	8 Name of Parent Subsidiaries or Affiliates	9 Domiciliary Location	Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) Person(s)	15
01295	Centene Corporation	15912	47 - 5664832				Superior HealthPlan Community Solutions, Inc	TX	IA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	15927	47 -5667095				Sunshine Health Community Solutions, Inc.	FL	IA	Centene Corporation	0wnership	100.0	Centene Corporation	
01295	Centene Corporation	00000	81-1282251				Arkansas Health & Wellness Health Plan, Inc	AR	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	20-4980875				Bridgeway Health Solutions, LLC_	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	20-4980818				Bridgeway Health Solutions of Arizona Inc.	AZ	NIA	Bridgeway Health Solutions, LLC	Ownership	100.0	Centene Corporation	
	Centene Corporation	00000	36-2979209				Celtic Group, Inc.	DE	NIA	Centene Corporation	Ownership		Centene Corporation	1011
	Centene Corporation	80799	06-0641618				Celtic Insurance Company	11.	IA	Celtic Group, Inc.	Ownership		Centene Corporation	
	Centene Corporation	15762	35-2525384		3 5000		Ambetter of Magnolia Inc	MS	IA.	Celtic Insurance Company	Ownership		Centene Corporation	86 726
243000000000000000000000000000000000000	Centene Corporation	15729	36-4802632				Ambetter of Peach State Inc.	GA	IA.	Celtic Insurance Company	Ownership	Appropriate Communication Comm	Centene Corporation	100
	Centene Corporation	00000	27 -2221367			1	Novasys Health, Inc.	DE.		Celtic Group, Inc	Ownership		Centene Corporation	
							CeltiCare Health Plan Holdings		* ************************************		100000000000 M		Centene	450 20
01295	Centene Corporation	00000	26 -4278205			100	CeltiCare Health Plan of	DE	NIA	Celtic Group, Inc	Ownership	100.0	Corporation Centene	ļ
01295	Centene Corporation	13632	26-4818440		2 2000		. Massachusetts, Inc.	MA	IA	Holdings LLC	Ownership	100.0	Corporation	3 42 3
01295	Centene Corporation	00000	39-1864073				Centene Management Company LLC	W1	NIA	Centene Corporation	Ownership	100.0	Corporat ion	ļ
01295	Centene Corporation	00000	20-0057283	2000		2005	CMC Real Estate Co. LLC	DE	NIA	Centene Management Company LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	26-4094682				Centene Center LLC.	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	47-5156015				Centene Center II, LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	46-4234827				. CMC Hanley, LLC	MO	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	47 -2914561	J			Forhan, LLC	MO	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	J
01295	Centene Corporation	00000	37-1766939				Hanley-Forsyth, LLC	MO	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	
	Centene Corporation	00000	45-5431787				GPT Acquisition LLC.	DE	NIA	CMC Real Estate Co. LLC	Ownership	5347754	Centene Corporation	
	Centene Corporation	00000	45-4372065				Clayton Property Investment LLC	DE	NIA	GPT Acquisition LLC	Ownership	a management and	Centene Corporation	1013
	Centene Corporation	00000	46-2794037				LSM Holdco. Inc	DE DE	NIA	Centene Corporation	Ownership	STEELS AND ADDRESS OF THE PARTY	Centene Corporation	
											- 2		Centene	1
01295	Centene Corporation	00000	46 - 2798132	ļ		-	.Lifeshare Management Group, LLC_	NH	NIA	LSM Holdco, Inc.	Ownership	100.0	Corporation Centene	
01295	Centene Corporation	00000	20-2074217	2000		100 0000	CCTX Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Corporat ion	

Group Code	2 Group Name	NAIC Company Code	ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publidy Traded (U.S. or International)	8 Name of Parent Subsidiaries or Affiliates	9 Domiciliary Location	Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) Person(s)	15
01295	Centene Corporation	00000	74-2810404				Centene Company of Texas, LP	TX	NIA	CCTX Holdings, LLC.	Ownership	1.0	Centene Corporation	
01295	Centene Corporation	00000	20-2074277				Centene Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	74-2810404				Centene Company of Texas, LP	TX	NIA	Centene Holdings, LLC	Ownership	99.0	Centene Corporation	ļ
01295	Centene Corporation	00000	43-1795436		- 2000		MHS Travel & Charter, Inc	W1	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	s 10 0
01295	Centene Corporation	00000	46 -4855483				Health Care Enterprises, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	<u> </u>
01295	Centene Corporation	00000	22-3889471				Envolve Holdings, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	68-0461584				Cenpatico Behavioral Health, LLC	CA	NIA	Envolve Holdings, Inc	Ownership	100.0	Centene Corporation	
	Centene Corporation	00000	86-0782736				OBHSP Arizona, Inc	AZ	NIA	Cenpatico Behavioral Health, LLC	Ownership	- ARCHARTER	Centene Corporation	841 8
	Centene Corporation	00000	47 -2595704				Cempatico of California, Inc.	CA	NIA	Cempatico Behavioral Health,	Ownership	ANGES (1971)	Centene Corporation	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Centene Corporation	00000	74-2892993				Integrated Mental Health Mgmt,	TX	NIA	Cempatico Behavioral Health,	Ownership		Centene Corporation	
	Centene Corporation	00000	74-2785494	25000	2		Integrated Mental Health Services	TX	NIA	Integrated Mental Health	Ownership		Centene Corporation	(II)
	50 05 500 000 000 000 000 000 000 000 0	and the state of t	Delation of the Atlanta				Cenpatico Behavioral Health of	1X	20000	Cenpatico Behavioral Health,	GSC 7775	WASA ON	Centene	-
	Centene Corporation	00000	20-1624120	1			Arizona, LLC		NIA	Cenpatico Behavioral Health	Ownership	100000	Corporation Centene	
01295	Centene Corporation	14704	80-0879942				Cenpatico of Arizona Inc	AZ	IA	of Arizona, LLC	Ownership	80.0	Corporation Centene	
01295	Centene Corporation	00000	37-1788565				Envolve, Inc	DE	NIA	Envolve Holdings, Inc	Ownership	100.0	Corporation Centene	
01295	Centene Corporation	00000	47 -4545413			<u> </u>	LLC	AL	NIA	Envolve, Inc.	Ownership	100.0	Corporat ion	ļ
01295	Centene Corporation	00000	47 -3454898				Centene Health Systems Group of New York	NY	NIA	Envolve, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	06-1476380				Envolve PeopleCare, Inc	DE	NIA	Envolve Holdings, Inc	Ownership	100.0	Centene Corporation	1 N
01295	Centene Corporation	00000	47-2516714				LiveHealthier, Inc	DE	NIA	Envolve PeopleCare, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000					Envolve Benefit Options, Inc	DE	NIA	Envolve Holdings, Inc	Ownership	100.0	Centene Corporation	
	Centene Corporation	00000	20-4730341				Envolve Vision Benefits, Inc	DE		Envolve Benefit Options, Inc.	Ownership		Centene Corporation	
	Centene Corporation	00000	36-4520004		2 793354	20 XXX	Envolve Captive Insurance Company, Inc.	SC	NIA	Envolve Vision Benefits, Inc.	PREVIOUS NAME OF STREET	a	Centene Corporation	
	Centene Corporation	95302	75-2592153		0 8333		Envolve Vision of Texas, Inc.	TX	1500	Envolve Vision Benefits, Inc.	VIGA INTE	GEOGRAPH AND	Centene Corporation	
	Centene Corporation	00000	20-4773088				Envolve Vision, Inc.	DE		Envolve Vision Benefits, Inc.			Centene Corporation	
01295	Centene Corporation	00000	65-0094759		3 3/10/45		Envolve Vision of Florida, Inc.	FI	NIA	Envolve Vision Benefits, Inc.	And Statement	00000000000000000000000000000000000000	Centene Corporation	

Group Code	2 Group Name	NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Name of Parent Subsidiaries or Affiliates	9 Domiciliary Location	Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) Person(s)	15
01295	Centene Corporation	00000	20-4861241		2000		Envolve Total Vision, Inc	DE	NIA	Envolve Vision Benefits, Inc.	Ownershin		Centene Corporation	
01295	Centene Corporation	00000	06-1635519				Envolve Vision of New York,	NY	NIA	Envolve Vision Benefits, Inc.	car mil	0.55,000	Centene Corporation	
01295	Centene Corporation	00000	46-2783884				Envolve Dental, Inc	DE	NIA	Envolve Benefit Options, Inc.	ST. 45.15 89	100.0	Centene Corporation	883 - 8
01295	Centene Corporation	00000	81-2969330			10.00	Envolve Dental of Florida, Inc.	FL	NIA	Envolve Dental, Inc	Ownership	ACAPTAGE COLOR	Centene Corporation	100
	. 2					l							Centene	1
01295	Centene Corporation	00000	81-2796896				Envolve Dental of Texas, Inc	TX	NIA	Envolve Dental, Inc	Ownership	100.0	Corporation Centene	100
01295	Centene Corporation	15357	45-2303998				Cenpatico of Louisiana, Inc	LA	IA	Envolve Holdings, Inc	Ownership	100.0	Corporat ion	
01295	Centene Corporation	00000	77 -0578529				Envolve Pharmacy Solutions, Inc.	DE	NIA	Envolve Holdings, Inc.	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	76-0511700		93339		LBB Industries, Inc.	TX	NIA	Envolve Pharmacy Solutions,	Ownership_	100.0	Centene Corporation	844 - 38
	**************************************	- March 2012 (1970)		·		100	TOTAL STORES OF THE STORE STOR	4/4/4/10/2009	-2000/01/2000/03/20	Envolve Pharmacy Solutions,	CONTROL CONTRO	ADVINCTOR NO. 10 (1994)	Centene	100
01295	Centene Corporation		75-2612875			ļ	RX Direct, Inc.	TX	NIA	Inc Envolve Pharmacy Solutions,	Ownership	100.0	Corporation Centene	
01295	Centene Corporation	00000	46-2307356	.			US Script IPA, LLC	NY	NIA	Inc	Ownership	100.0	Corporat ion	ļ
01295	Centene Corporation	00000	90-0636938				Casenet LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000		10.0 0.000	- 2000		Casenet S.R.O.	CZE	NIA	Casenet LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	61-1450727				Centurion Group, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	ļ
01295	Centene Corporation	00000	90-0766502				Centurion LLC	DE	NIA	Centurion Group, Inc	Ownership	51.0	Centene Corporation	
01295	Centene Corporation	00000	47 - 15777 42				Centurion of Virginia, LLC	VA	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	47 -1686283					VT	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	47 - 2967381				Centurion of Mississippi, LLC	MS	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	3 <u>122 </u>
01295	Centene Corporation	00000	30-0752651				Centurion of Tennessee, LLC	TN	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	l
01295	Centene Corporation	00000	61-1696004				Massachusetts Partnership for Correctional Healthcare, LLC	MA	NIA	Centurion LLC	Ownership		Centene Corporation	
	Centene Corporation	00000	46-3590120				Centurion of Idaho, LLC	ID	NIA	Centurion LLC	Ownership	0.000	Centene Corporation	
01295									6		P110785511045 CXC	A	Centene	(1) S
01295	Centene Corporation	00000	46-2717814				Centurion of Minnesota, LLC Centurion Correctional	MN	NIA	Centurion LLC	Ownership	7700.000	Corporation Centene	1
01295	Centene Corporation		81-1161492		<u> </u>		Healthcare of New Mexico, LLC	NM	NIA	Centurion LLC	Ownership	100.0	Corporat ion	100
01295	Centene Corporation	00000	81-0687470			<u> </u>	Centurion of Florida, LLC	FL	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	27-3617766				Specialty Therapeutic Care Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	

1	2	3 NAIC	4	5	6	7 Name of Securities Exchange if Publicly	8 Name of	9	10 Relationship to	11	12 Type of Control (Ownership, Board, Management,	13 If Control is Ownership	14 Ultimate	15
Group	Group Name	Company	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent Subsidiaries or Affiliates	Domiciliary Location	Reporting	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Provide Percentage	Entity(ies)/ Person(s)	1016
01295	Centene Corporation	00000	73-1698808				Specialty Therapeutic Care, LP	TX	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership		Centene Corporation	
01295	Centene Corporation	00000	73-1698807				Specialty Therapeutic Care, GP,	TX	NIA	Specialty Therapeutic Care Holdings, LLC.	Ownership	******	Centene Corporation	
01295	Centene Corporation	00000	73-1698808				Specialty Therapeutic Care, LP	TX	NIA	Specialty Therapeutic Care, GP. LLC	Ownership	0.0	Centene Corporation	
01295	Centene Corporation	00000	26 - 2624521				Specialty Therapeutic Care	TX	NIA	Specialty Therapeutic Care,	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	80-0856383				AcariaHealth Solutions, Inc.	DE	NIA	Specialty Therapeutic Care Holdings, LLC.	Ownership		Centene Corporation	
		15.000 (F.101 (F.101))			2 3/3//-				4 38 0 M C C C C C C C C C C C C C C C C C C	Specialty Therapeutic Care			Centene	955
01295	Centene Corporation	00000	45-2780334				AcariaHealth, Inc	DE	NIA	Holdings, LLC	Ownership	100.0	Corporation Centene	-
01295	Centene Corporation	00000	27 -1599047				AcariaHealth Pharmacy #14, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.0	Corporat ion	
01295	Centene Corporation	00000	20-8192615				AcariaHealth Pharmacy #11, Inc	TX	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	27 - 27 65 4 24				. AcariaHealth Pharmacy #12, Inc	NY.	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	26-0226900				AcariaHealth Pharmacy #13, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	13-4262384				AcariaHealth Pharmacy, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	27-3707698	dea mari	2 2000		. HomeScripts.com, LLC	MI	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	3 HZ
01295	Centene Corporation	00000	20-8235695				New York Rx, Inc	NY	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	27 -0275614		2000		U.S. Medical Management Holdings, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	38-3153946				U.S. Medical Management, LLC	DE	NIA	U.S. Medical Management Holdings, Inc	Ownership	20.0	Centene Corporation	
01295	Centene Corporation	00000	38-3153946			3.00	.U.S. Medical Management, LLC.	DE	NIA	Centene Corporation	Ownership	48.0	Centene Corporation	
01295	Centene Corporation	00000	31-1733889		2 2000		RMED, LLC.	FL	NIA	U.S. Medical Management, LLC.	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	47 -2138680				IAH of Florida, LLC.	FL	NIA	RMED, LLC	. Ownership		Centene Corporation	
01295	Centene Corporation	00000	51-0581762				Heritage Home Hospice, LLC	MI	NIA	U.S. Medical Management, LLC_	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	20-2827613				Grace Hospice of Austin, LLC	м	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	20-1530070				ComfortBrook Hospice, LLC	OH	NIA	U.S. Medical Management, LLC_	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	20-4996551		2 87878		Comfort Hospice of Texas, LLC	MI	NIA	U.S. Medical Management, LLC.	Ownership	2270402000	Centene Corporation	
01295	Centene Corporation	00000	20-2827526				Grace Hospice of San Antonio, LLC	MI	NIA	U.S. Medical Management, LLC			Centene Corporation	
01295	Centene Corporation	00000	45-0679248			1 - 27 27 - 27 - 27 - 27 - 27 - 27 -	Grace Hospice of Grand Rapids, LLC	MI	NIA	U.S. Medical Management, LLC_	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Market 10 300 10 10 10 10 10 10 10 10 10 10 10 10 1	Centene Corporation	

Group Code	2 Group Name	NAIC Company Code	ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publidy Traded (U.S. or International)	8 Name of Parent Subsidiaries or Affilates	9 Domiciliary Location	Relationship to Reporting Entity		11 Directly Controlled by lame of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) Person(s)	15
01295	Centene Corporation	00000	45-0634905	1,,,,,,			Grace Hospice of Indiana, LLC	MI	NIA		Wedical Management, LLC		100.0	Centene Corporation	
01295	Centene Corporation	00000	45-5080637				Grace Hospice of Virginia, LLC	MI	NIA	0.000	Wedical Management, LLC	1409/ MIN	10.5.72	Centene Corporation	1
		(8°00) == (10°00) == 74°			: VIII):		Comfort Hospice of Missouri,		100000000000000000000000000000000000000	1.15	And the second section of the second	ST-755 (S)		Centene	9 5% 18
01295	Centene Corporation	00000	45-5080567				. шс	N1	NIA	0.8.	Wedical Management, LLC	Ownership	100.0	Corporation Centene	3 112
01295	Centene Corporation	00000	45-5080675	-	27,000		. Grace Hospice of Colorado, LLC	M1	NIA	U.S. I	Medical Management, LLC	Ownership	100.0	Corporat ion	4 12 2
01295	Centene Corporation	00000	46-1708834				Grace Hospice of Wisconsin, LLC.	M1	NIA	U.S.	Medical Management, LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	26-4435532				Seniorcorps Peninsula, LLC	VA	NIA	U.S. 1	Medical Management, LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	33-1179031				R&C Healthcare, LLC	тх	NIA	U.S. I	Wedical Management, LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	20-0927034				A N J. LLC	TX	NIA	U.S. I	Wedical Management, LLC	Ownership	100.0	Centene Corporation	3 533 - 33
01295	Centene Corporation	00000	46-0861469				Pinnacle Senior Care of Missouri, LLC	MI	NIA	CONTRACTOR OF	Wedical Management, LLC		ADVINCTOR NO. 10 (1994)	Centene Corporation	
	82													Centene	1
01295	Centene Corporation	00000	03-0556422		3,000		Country Style Health Care, LLC	ТХ	NIA	U.S.	Medical Management, LLC	Ownership	100.0	Corporation Centene	4 22 20
01295	Centene Corporation	00000	14-1878333				Phoenix Home Health Care, LLC Traditional Home Health	DE	NIA	U.S.	Medical Management, LLC	Ownership	100.0	Corporation	-
01295	Centene Corporation	00000	75-2635025		- 2000		Services, LLC	тх	NIA	U.S. I	Medical Management, LLC	Ownership	100.0	Corporat ion	a - 22 - 23
01295	Centene Corporation	00000	38-2751108				Family Nurse Care, LLC	MI	NIA	U.S. 1	Wedical Management, LLC	Ownership	100.0	Centene Corporation	1
01295	Centene Corporation	00000	20-5108540		27000		Family Nurse Care II, LLC	M1	NIA	U.S. I	Medical Management, LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	20-3920947				Family Nurse Care of Ohio. LLC	MI	NIA	11.5	Wedical Management. LLC	Ownership	100.0	Centene Corporation	
	THE REAL PROPERTY OF THE PROPE				3,000		Pinnacle Senior Care of	58 LANS 12	6	10000000		61 M/W/RESSERVEN		Centene	4 513 30
01295	Centene Corporation	00000	46-4229858				Wisconsin, LLC Pinnacle Senior Care of	W1	NIA	0.8.	Wedical Management, LLC	Ownership	100.0	Corporation Centene	1
01295	Centene Corporation		81-1565426		2000		. Indiana, LLC	M1	NIA	U.S.	Medical Management, LLC	Ownership	100.0	Corporat ion	A 422 31
01295	Centene Corporation	00000	76-0713516				Pinnacle Home Care, LLC	ТХ	NIA	U.S. 1	Medical Management, LLC	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	59-3519060	54057 270000			North Florida Health Services, Inc.	FL	NIA	U.S. I	Medical Management, LLC	Ownership	100.0	Centene Corporation	24 55%
01295	Centene Corporation	00000	47 - 1742728				Pinnacle Sr. Care of Kalamazoo,	MI	NIA	-00	Wedical Management, LLC		100.0	Centene Corporation	
01295	Centene Corporation	00000	46-1734288				Hospice DME Company, LLC	MI	NIA	10000000	Wedical Management, LLC	KA DETO PERSONAL DIPER.	100.0	Centene Corporation	691.1
	AND THE REST OF THE PARTY OF TH	2000 D. C.	STANCE OF STANCE			1	76 (78/64/37 AP 177 AR 197 BARNI		1/1/4/1/1	to take	at an increase the territory	22 COA 332-7	7700.000	Centene	1
01295	Centene Corporation	00000	. 20-4364776				 Rapid Respiratory Services, LLC. USMM Accountable Care Network, 	DE	NIA	U.S.	Wedical Management, LLC	Ownership	100.0	Corporation Centene	3 22 2
01295	Centene Corporation	00000	46 - 57 30 9 59				LLC	DE	NIA	U.S. I	Medical Management, LLC	Ownership	100.0	Corporat ion	
01295	Centene Corporation	00000	46-5735993				USMM Accountable Care Partners, LLC	DE	NIA	U.S.	Medical Management, LLC	Ownership	100.0	Centene Corporation	3150

1	2	3 NAIC	4	5	6	7 Name of Securities Exchange if Publicy	8 Name of	9	10 Relationship to	11	12 Type of Control (Ownership, Board, Management,	13 If Control is Ownership	14 Ultimate Controlling	15
Group	Group Name	Company	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent Subsidiaries or Affiliates	Domiciliary Location	Reporting	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Provide Percentage	Entity(ies)/ Person(s)	10 % 3
01295	Centene Corporation	00000	46-5745748				USMM Accountable Care Solutions, LLC	DE	NIA	U.S. Medical Management, LLC_			Centene Corporation	
01295	Centene Corporation	00000	45-4165480				USMM ACO, LLC	N1	NIA	U.S. Medical Management, LLC_	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	45-4157180				USMM ACO Florida, LLC	NI	NIA	U.S. Medical Management, LLC_	Ownership	100.0	Centene Corporation Centene	
01295	Centene Corporation	00000	45-4154905	-			USMM ACO North Texas, LLC	N1	NIA	U.S. Medical Management, LLC_	Ownership	100.0	Corporation Centene	
01295	Centene Corporation	00000	47 -5208076				Health Net, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporation Centene	
01295	Centene Corporation	00000	95-4402957				Health Net of California, Inc Health Net Life Insurance	CA	NIA	Health Net, Inc Health Net of California.	Ownership	100.0	Corporation Centene	ļ
01295	Centene Corporation	66141	73-0654885				Company	CA	IA	Inc	Ownership	100.0	Corporation Centene	
01295	Centene Corporation	00000	98-0409907	- 		100	Company	CYM	NIA	Inc	Ownership	100.0	Corporation Centene	ļ.
01295	Centene Corporation	00000	54-2174069	2000			Estate Holdings, Inc	CA	NIA	Inc.	Ownership	100.0	Corporation Centene	
01295	Centene Corporation	00000	95-4117722				Managed Health Network, Inc Catalina Behavioral Health	DE	NIA	Health Net, Inc	Ownership	100.0	Corporation Centene	
01295	Centene Corporation		51-0490598				Services, Inc	AZ	NIA	Managed Health Network, Inc	Ownership	100.0	Corporation Centene	ļ
01295	Centene Corporation	00000	95-3817988		2000		Managed Health Network	CA	NIA	Managed Health Network, Inc	Ownership	100.0	Corporation	182 X
01295	Centene Corporation	00000	95-4146179				MHN Services	CA	NIA	Managed Health Network, Inc	Ownership	100.0	Corporation Centene	ļ.
01295	Centene Corporation	00000	13-4027559				MHN Services IPA, Inc	NY	NIA	MHN Services	Ownership	100.0	Corporation Centene	
01295	Centene Corporation	00000	42-1680916			I	MHN Government Services, Inc	DE	NIA	MHN Services	Ownership	100.0	Corporation Centene	40 a
01295	Centene Corporation	00000	51-0589404				MHN Global Services, Inc MHN Government Services-	DE	NIA	MHN Government Services, Inc.	Ownership		Corporation Centene	- N
01295	Centene Corporation	00000	80 -0852000		<u> </u>		Belgium, Inc	DE	NIA	MHN Government Services, Inc.	Ownership	100.0	Corporation Centene	<u> </u>
01295	Centene Corporation	00000	90-0889816				Djibouti, Inc	DE	NIA	MHN Government Services, Inc.			Corporation Centene	
01295	Centene Corporation	00000	80-0852008	27000	2/3/2	100000	Germany, Inc. MHN Government Services-Guam,	DE	NIA	MHN Government Services, Inc.		22223	Corporation Centene	<u> </u>
01295	Centene Corporation	00000	90 -0889803			300	MHN Government Services-	DE	NIA	MHN Government Services, Inc.	OFFICE STREET, SOUR		Corporation Centene	ļ r — r
01295	Centene Corporation	00000	90-0889825				International, Inc	DE	NIA	MHN Government Services, Inc.	COA CASE	2270402000	Corporation Centene	·
01295	Centene Corporation	00000	80-0852019		0.000	<u> </u>	MHN Government Services-Japan,	DE	NIA	MHN Government Services, Inc.	Ownership	100.0	Corporation Centene	952 3
01295	Centene Corporation	00000	46 - 1038058				Inc	DE	NIA	MHN Government Services, Inc.	Ownership	100.0	Corporation Centene	ļ
01295	Centene Corporation	00000	90-0889815		27/97		Rico, Inc.	DE	NIA	MHN Government Services, Inc.	Ownership	100.0	Corporat ion	800 0

1	2	3 NAIC	4	5	6	7 Name of Securities Exchange if Publicly	8 Name of	9	10 Relationship to	11	12 Type of Control (Ownership, Board, Management,	13 If Control is Ownership	14 Ultimate Controlling	15
Group	Group Name	Company	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent Subsidiaries or Affiliates	Domiciliary Location	Reporting	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Provide Percentage	Entity(ies)/ Person(s)	17.00
			40000000	ROSD	CIK	international)	MHN Government Services-Turkey,						Centene	
01295	Centene Corporation	00000	90-0889824				MHN Government Services-United	DE	NIA	MHN Government Services, Inc.	Ownership	100.0	Corporation Centene	
01295	Centene Corporation	00000	90 -0889833				Kingdom, Inc.	DE	NIA	MHN Government Services, Inc.	Ownership	100.0	Corporat ion	
01295	Centene Corporation	00000	88-0357895			N	Network Providers, LLC	DE	NIA	MHN Government Services, Inc.	Ownership	10.0	Centene Corporation	
	CONTRACTOR OF THE STATE OF THE	THE CONTRACTOR OF THE		C1 1511111		1000	Health Net Federal Services,		-3000/0000000 x /-		40000000000000000000000000000000000000	ANTERNA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL LA CONTRA DEL LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DEL LA CONTRA DE LA CON	Centene	1011
01295	Centene Corporation	00000	68-0214809			100	Health Net Preferred Providers.	DE	NIA	Health Net, Inc Health Net Federal Services.	Ownership	100.0	Corporation Centene	- 1
01295	Centene Corporation	00000	61-1388903				LLC	DE	NIA	LLC	Ownership	100.0	Corporat ion	ļ
01295	Centene Corporation	00000	35-2490375				Health Net Veterans, LLC	DE	NIA	Health Net Federal Services,	Ownership	100.0	Centene Corporation	
	NY 194 NASC 3455	TOTAL CO.	and selection residence				Place Many 2010 Many Walks	1000	00000	Health Net Federal Services,	279.5		Centene	
01295	Centene Corporation	00000	88-0357895				Network Providers, LLC Health Net of the Northeast.	DE	NIA	LLC	Ownership	90.0	Corporat ion	9 45
01295	Centene Corporation	00000	06-1116976				LLC	DE	NIA	Network Providers, LLC	Ownership	25.0	Centene Corporation	
01205	Centene Corporation	00000	06-1116976			10.00	Health Net of the Northeast, LLC	DE	NIA	Health Net, Inc.	Ownership	75.0	Centene Corporation	
01295	certene corporation	00000		1			LLC		NIA	nearth net, inc	ownership	/5.0	Centene	1
01295	Centene Corporation	00000	84-1175468			300	QualMed, Inc.	DE	NIA	Health Net, Inc	Ownership	100.0	Corporat ion	4 (1)
01295	Centene Corporation	00000	84-0975985				QualMed Plans for Health of Colorado, Inc.	CO	NIA	Qual Med . Inc	Ownership	100.0	Centene Corporation	
	NY 19 NOS 1995	05000	00 4004004				Health Net Health Plan of	OR	NO. 1	STATE OF THE STATE	1097 AVA	11754 68	Centene	
01295	Centene Corporation	95800	93-1004034				Oregon, Inc	UR	IA	QualMed, Inc	Ownership	100.0	Corporation Centene	1
01295	Centene Corporation	00000	23 - 2867 299				Inc.	DE	NIA	Health Net, Inc	Ownership	100.0	Corporat ion	
01295	Centene Corporation	00000	23-2867300	-			QualMed Plans for Health of Western Pennsylvania, Inc.	PA	NIA	HSI Advantage Health Holdings, Inc.	Ownership	100.0	Centene Corporation	
	w 2 3 5	in the same					Pennsylvania Health Care Plan,		1000	HSI Advantage Health		1021710	Centene	
01295	Centene Corporation	00000	25-1516632			2000	Inc.	PA	NIA	Holdings, Inc	Ownership	100.0	Corporation Centene	100
01295	Centene Corporation	00000	94-3037822				Health Net Services Inc	DE	NIA	Health Net, Inc	Ownership	100.0	Corporat ion	
01295	Centene Corporation	00000	54-2174068	ness nessente		2000	Health Net Community Solutions,	CA	NIA	Health Net, Inc.	Ownership	100.0	Centene Corporation	0.00
				1						100			Centene	1
01295	Centene Corporation	95206	36-3097810				Health Net of Arizona, Inc Health Net One Payment	AZ	IA	Health Net, Inc.	Ownership	100.0	Corporation Centene	
01295	Centene Corporation	00000	54-2153100			1000	Services, Inc.	DE	NIA	Health Net, Inc	Ownership	100.0	Corporat ion	
04005	Contana Communica	00000					Marith Nat of Passaulussia 110	D.	NIA	Mod th Mot Inc	O-marab in	100.0	Centene	
01295	Centene Corporation					3000	Health Net of Pennsylvania, LLC_ QualMed Plans for Health of	74 TANKE	NIA	Health Net, Inc	Ownership		Corporation Centene	177
01295	Centene Corporation	00000	23-2456130				Pennsylvania, Inc	PA	NIA	Health Net, Inc.	Ownership	100.0	Corporat ion	
01295	Centene Corporation	00000	68-0390434		c zens		PH Surgery Limited, Inc	CA	NIA	Health Net, Inc	Ownership	100.0	Centene Corporation	2002
							Foundation Health Facilities,			100			Centene	
01295	Centene Corporation	00000	68-0390438		3/06-		Inc	CA	NIA	Health Net, Inc.	Ownership	100.0	Corporation Centene	-
01295	Centene Corporation	00000	98-0150604		27000		FH Assurance Company	CYM.	NIA	Health Net, Inc	Ownership	100.0	Corporat ion	

Group Code	2 Group Name	NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicy Traded (U.S. or International)	8 Name of Parent Subsidiaries or Affiliates	9 Domiciliary Location	Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	15
01295	Centene Corporation	00000	68-0295375				Health Net Pharmaceutical Services	CA	NIA	Health Net, Inc.	Ownership	100.0	Centene Corporation	
Carrows Set	Centene Corporation	00000	86-0660443				Health Net of Arizona Administrative Services, Inc	AZ		Health Net, Inc.	Ownership	10-5-5	Centene Corporation	
01295	Centene Corporation	15895	81-1348826				Health Net Community Solutions of Arizona, Inc	AZ	IA	Health Net, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	84-1301249			200	National Pharmacy Services Inc.	DE		Health Net, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000	23-2789453	ļ <u>.</u>			Integrated Pharmacy Systems, Inc	PA	NIA	National Pharmacy Services Inc	Ownership	90.0	Centene Corporation	
01295	Centene Corporation	00000	. 68-0390435				FH Surgery Centers Inc Greater Sacramento Surgery	CA	NIA	Health Net, Inc	Ownership	100.0	Centene Corporation Centene	
01295	Centene Corporation	00000	68-0343818				Center LP	CA	NIA	FH Surgery Centers Inc	Ownership	66.0	Corporat ion	
01295	Centene Corporation	00000	46 - 26 16 0 37				Health Net Access, Inc	AZ	NIA	Health Net, Inc	Ownership	100.0	Centene Corporation	ļ
01295	Centene Corporation	00000	20-8630006				MHS Consulting, International, Inc	DE		Centene Corporation	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000					PRIMEROSALUD, S.L	ESP	NIA	MHS Consulting, International, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000					Centene UK Limited	GBR	NIA	MHS Consulting, International, Inc	Ownership	100.0	Centene Corporation	
01295	Centene Corporation	00000			2_0000		. The Practice (Group) Limited	GBR	NIA	Centene UK Limited	Ownership	75.0	Centene Corporation	
														-
			1	1		1					1			1

Asterisk										Ex	planation									
	OF AND SE	PARTIES N			2000	30.0332	986-3	586538	586648			3376413				200000	37007	37077	PARTIES.	

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?	N0
Explanation:	
C.	
Bar Code:	

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION

Real Estate		
	1 Year To Date	Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
Total foreign exchange change in book/adjusted carrying value		
Deduct current year's other-than-temporary impairment recognized	50 - Name - Name - 1000 - 1	
Deduct current year's depreciation		
Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	0	
10. Deduct total nonadmitted amounts	0	
11. Statement value at end of current period (Line 9 minus Line 10)	0	

SCHEDULE B - VERIFICATION

Mortgage Loans		
500 A 60 A 60 C 70 A 60 C	1 Year To Date	2 Prior Year Ended December 31
Book value/recorded investment excluding accrued interest, December 31 of prior year	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals.		
7. Deduct amounts received on disposals.		
Deduct amortization of premium and mortgage interest points and commitment fees		
Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other-than-temporary impairment recognized		, , , , , , , , , , , , , , , , , , ,
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)	0	
14. Deduct total nonadmitted amounts	0	
15. Statement value at end of current period (Line 13 minus Line 14)	0	The second second

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets		
•	1 Year To Date	2 Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	0	
Cost of acquired:	V	
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition	Para Barana anna anna a	
Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
Deduct amortization of premium and depreciation		
Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	
12. Deduct total nonadmitted amounts	0	
13. Statement value at end of current period (Line 11 minus Line 12)	0	(

SCHEDULE D - VERIFICATION

	1	2 Prior Year Ended
	Year To Date	December 31
Book/adjusted carrying value of bonds and stocks, December 31 of prior year	.24,258,691	26,024,31
Cost of bonds and stocks acquired		9,829,522
Accrual of discount		19,761
Unrealized valuation increase (decrease)	11,316	(261,342
Total gain (loss) on disposals		54,024
Deduct consideration for bonds and stocks disposed of	33,956,930	11,240,80
7. Deduct amortization of premium.		166,784
Total foreign exchange change in book/adjusted carrying value		
Deduct current year's other-than-temporary impairment recognized		1
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)		24,258,69
11. Deduct total nonadmitted amounts	0	- (
12. Statement value at end of current period (Line 10 minus Line 11)	65,743,560	24,258,69

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity

			ter for all Bonds and Prefe	rred Stock by NAIC Design				
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)	55,868,034	1,049,994	296,954	(66,237)	27,175,249	55,868,034	56,554,837	20,303,62
2. NAIC 2 (a)			328,168	(97,559)	1,871,192	12,749,897	12,324,170	149,188
3. NAIC 3 (a)	0				0	0	0	
4. NAIC 4 (a)			0000 0		0	0	0	
5. NAIC 5 (a)	0		2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 -		0	0	0	
6. NAIC 6 (a)	0				0	0	0	
7. Total Bonds	68,617,931	1,049,994	625,122	(163,796)	29,046,441	68,617,931	68,879,006	20,452,80
PREFERRED STOCK								
8. NAIC1	0			- 300	0	0	0	
9. NAIC 2	0		vans same man		0	0	0	nany samua yan
0, NAIC 3	0				0	0	0	
11. NAIC 4					0	0		
12. NAIC 5	0				0	0	0	
13. NAIC 6	0				0	0	0	-
4. Total Preferred Stock	0	0	0	0	0	0	0	
15. Total Bonds & Preferred Stock	68,617,931	1,049,994	625,122	(163,796)	29,046,441	68,617,931	68,879,006	20,452,809

(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 1	IC 2 \$
NAIC 3 ; NAIC 4 ; NAIC 5 ; NAIC 6 ; NAI	

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	6,383,910	xxx	6,374,288	30	

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	3,000,549	6,033,296
Cost of short-term investments acquired		4,258,857
3. Accrual of discount	8,271	5,206
Unrealized valuation increase (decrease)	<u> </u>	
5. Total gain (loss) on disposals	(96)	0
Deduct consideration received on disposals	59,160,984	7,296,810
7. Deduct amortization of premium	8,760	0
Total foreign exchange change in book/adjusted carrying value		0
Deduct current year's other-than-temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	6,383,910	3,000,549
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	6,383,910	3,000,549

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

SCHEDULE E - VERIFICATION (Cash Equivalents)

		1 Year To Date	2 Prior Year Ended December 31
1. E	Book/adjusted carrying value, December 31 of prior year	0	250,556
2. (Cost of cash equivalents acquired		6,040,082
	Accrual of discount		2,000
	Unrealized valuation increase (decrease)		
	Total gain (loss) on disposals		0
	Deduct consideration received on disposals		6,292,638
7. [Deduct amortization of premium		0
8. 7	Total foreign exchange change in book/adjusted carrying value		0
9. [Deduct current year's other than temporary impairment recognized		0
10. E	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 amounts		0
12. 5	Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

SCHEDULE D - PART 3

1 1	2	3	4	v All Long-Term Bonds and Stock Acquired During th	6	7	8	9	10
CUSIP	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued	NAIC Designation of Market Indicator (a)
Bonds - U.S. Special		Toroign	Date Acquired	INDITIO OF VEHICO	Chales of Olock	COST	rai value	Intelest and Dividends	mulcator
594698-NR-9	VICHIGAN ST STRATEGIC FD LTD OBLIG REV	sail a	08/18/2016	KEYBANC CAPITAL MARKETS INC.	nesse Inc. sesson nessel	175,000	175,000		III.
		and all Non-Guarant		gencies and Authorities of Governments and Their Politic	al Subdivisions	175,000	175,000	0	XXX
	Miscellaneous (Unaffiliated)	and an Horr Gaaran	oca obligations of r	goneros ana rationas or covernmente and mon rouge	ar odbatriololis	110,000	110,000	*	1
	CMBS - JPMCC 11C5 B	45 K	07/13/2016	KGS ALPHA CAPITAL MARKETS	oresa Bros. accordo recordo o	342,094	300,000	754	I/E
	- Industrial and Miscellaneous (Unaffiliated)					342,094	300,000	754	
	tals - Bonds - Part 3					517,094	475,000	754	
8399999 - Subto						517,094	475,000	754	
Common Stocks - Mo	oney Market Mutual Funds					(100,000,000			
94975H-43-7	MelisFargo:CI MM;I MF GOVT MM FUND-SELECT #3802		08/12/2016	Direct		427,968	0.0 0.0		
VP7001-21-8	NF GOVT NM FUND-SELECT #3802		08/25/2016	Direct	1,380,239.220	1,380,239			V
9399999 - Comm	on Stocks - Money Market Mutual Funds	300000	375 7 SECOND SEC			1,808,207	XXX	0	XXX
9799997 - Subto	tals - Common Stocks - Part 3				9	1,808,207	XXX	0	XXX
	tals - Common Stocks				3	1,808,207	XXX	0	XXX
9899999 - Subto	tals- Preferred and Common Stocks	%	8	35	3	1,808,207	XXX	0	XXX
									100000
			50 2400000 260						0 300000
	·— ······	·							
									1000
									1
0000000 T-4-1-	· · · · · · · · · · · · · · · · · · ·					0.005.004	VVV	70.	VVV
9999999 Totals	THE THE STATE OF T	wo 90 5000 100				2,325,301	XXX	754	XXX

⁹⁹⁹⁹⁹⁹⁹ Totals
(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues _____

SCHEDULE D - PART 4

								Date of the second of the	ALCOHOLD VALUE OF THE PARTY OF	D - P										
	1	Let a		0.40	Sho	w All Long-	Term Bonds		old, Redeeme			f During the C	urrent Quarte			224	220		1 122	1
1	2	3 4	5	6	7	8	9	10		Change in i	Book/Adjusted Ca	arrying value	ř	16	17	18	19	20	21	22
		100				l			11	12	13	14	15							20120333
		F				l			ALC:NO.	2,20	0.00	and the same of th	5105							NAIC Desig-
		r				l		17075 DOM:	201 202 200		Current Year's		AND AND THE	Book/				Bond	650000000	nation
		е				l		Prior Year	Unrealized		Other Than		Total Foreign	Adjusted	Foreign	Carrier Company of the Company of th		Interest/Stock	Stated	or
CUSIP Identi-		d Disposal		Number of Shares of		l		Book/Adjusted Carrying	Valuation Increase/	Current Year's (Amortization)/	Temporary Impairment	Total Change in B./A.C.V.	Exchange Change in	Carrying Value	Exchange Gain		Total Gain (Loss) on	Dividends Received	Contractual Maturity	Market Indicator
fication	Description	n Date	Name of Purchaser	Stock	Consideration	Par Value	Actual Cost	Value	(Decrease)	Accretion	Recognized	(11+12-13)	B/A.C.V.	Disposal Date	(Loss) on Disposal	(Loss) on Disposal	Disposal	During Year	Date	(a)
Bonds - U.S	S. Special Revenue and S	pecial Assessme	nt and all Non-Guaranteed		Agencies and Au	uthorities of Go	vemments and	Their Political S		9 - 20				S - F - Land				0) 785		
	RNBS - FN BC2521				.10,904	10 ,904	11,406			(502)		(502)		10,904		0	0	169	_01/01/2046.	1
3199999			al Assessment and all Non- s of Governments and Thei										*		· ·			*		
	Subdivisions	es and Authoritie	s or Governments and The	ir Posticai	10,904	10,904	11,406	0	0	(502)	0	(502)		10,904	0	0	0	169	XXX	XXX
Bonds - Ind	ustrial and Miscellaneous	(Unaffiliated)						50.			147.			1000					9.000	-
0.54500 110 0	DEUTSCHE BANK AG (LONDON		MERRILL LYNCH PROF CLRING	4	211 521	005 000	000 000	202 455	Ö	1000		10001	ý.	200 400		140 000	(40 007)	0.000	2014010040	000
25152R-VS-9_ 68268B-AA-7	ABS - ONFIT 142 A	R. 09/30/2016 09/19/2016	Direct		314,561 64,789	325,000 64,789	330,903	329,155		(988)		(988)		328,168 64,789		(13,607)	(13,607)	9,299	_02/ 13/2019 _09/ 18/2024	2FE
693476-BN-4	PNC FUNDING CORP	08/22/2016	Redemption		75,000	75,000	78,062	75,281		(281)		(281)		75,000			0	1,873	_09/19/2016.	1FE
	 Bonds - Industrial and M 		affiliated)	10	454,350	464 ,789	473 ,744		0	(1,258)	0	(1,258)	0	467,957	0	(13,607)	(13,607)	11,610		XXX
	- Subtotals - Bonds - Part	4			465,254	475 ,693	485 , 150	404,436	0	(1,760)	0	(1,760)	0	478,861	0		(13,607)	11,779		XXX
	 Subtotals - Bonds tocks - Money Market Mu 	ted Funds			465,254	475 ,693	485 , 150	404,436	0	(1,760)	0	(1,760)	0	478,861	0	(13,607)	(13,607)	11,779	XXX	XXX
94975H-43-7	. Wellsfargo: CINN; I	09/01/2016_	Direct	.L3.051,417.790	3,051,418	YYY	L3.051.418	P	NV	I am	lace on the second	Ι 0	S nexa	3.051,418	la weeks and	Deeper S	0	953	XXX	1 1
	WF GOVT IN FUND-SELECT			2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			DOMESTIC STREET, STREE													
VP7001-21-8		09/01/2016		.992,983.410	1,380,239	XXX	1,380,239		0					1,380,239	0		0	000	XXX	2000
	 Common Stocks - Mone Subtotals - Common Sto 		runds		4,431,657 4,431,657	XXX	4,431,657 4,431,657	0	0		0	0	0	4,431,657 4,431,657	0	0	0	953 953		XXX
	- Subtotals - Common Sto				4,431,657	XXX	4,431,657	0	0	0	0	0	0	4,431,657	0		0	953		XXX
	- Subtotals - Preferred an		S	LT.	4,431,657	XXX	4,431,657	Ö	ő	0	ő	0	0	4,431,657	ő		0	953		XXX
									7		2000		7,000		4 1000			1000		
50000000 V	2 /2004 /2004			7240000	3 33 33 33		2000000		10 9000	9000	- W	0.000	S 40000	10000		75000	240 H. 7.840	9700	0.000	95000
																			1000	100000
													2 20000		3 3 3 3 3 3 3 3			1000	10000	2000
		100			1000	1000 See 3	200000000000000000000000000000000000000			1 1111		- 3777			(S. 1770)	- 11111	100	(27)	(2007	5-35
2.000.00																275,000				-
												3111						9.00		
																				1000000
301000 T	S 2000 2000	4.0	511/4 HV3VV4 HV3	3 2000000	11000	319 939	120000000000000000000000000000000000000	4 3000000	St. 30.000	10000	WWW 500	7 XXXX	8 XXXX	100 to 10	Fr 3333450	2000	250 A 250	98899	V88892	2000
		1		+					2,000				35		3 3 3 3 3 3 3				100000	27722
					1000				3 33.5							1000			200	7000
					1,000							<u> </u>		t						
9999999	Totals				4.896.911	XXX	4.916.807	404.436	0	(1.760)	0	(1.760)	0	4.910.518	0	(13,607)	(13.607)	12.732	XXX	XXX

9999999 Totals 4,896,911 XXX
(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2
NONE

SCHEDULE E - PART 1 - CASH

	Mon	th End Dep	ository Balance	8				
.1	2	3	4	5		Balance at End of During Current Q		9
	200121721	Rate of	Amount of Interest Received During Current	Amount of Interest Accrued at Current Statement	6	7	8	
Depository	Code	Interest	Quarter	Date	First Month	Second Month	Third Month	*
Open Depositories US Bank	SD	300000	S accessor ad	Because second	260,000	260,000	260,000	XXX
Citi Bank					260,000 25,223,421	36,439,799	260,000	XXX
Pacific Contintental - Chng -Medicare			>xxxxx					
H6951Eugene, OR					366,487 822,928	377,584 1,003,084	387,847	XXX
Pacific Contintental - Chng - TOHP Claims Eugene, OR Pacific Contintental - Chng - TOHP APEugene, OR					41,352	31,648	76,517	XXX
Umpqua Bank - Checking - ClaimsRoseburg, OR Umpqua Bank - Checking - APRoseburg, OR					2,073,636 18,739	2,076,837 8,205	2,101,648 5,377	XXX
Ubpqua Bank - Checking - Caims Roseburg, GR. Uppqua Bank - Checking - AP Roseburg, GR. Pacific Continental - Chong - Exchange Eugene, GR. Stone Castle Cash Management LLC New York, NY.					35.233	34.219	36.951	XXX
Stone Castle Cash Management LLCNew York, NY					45,011,281	45,028,484	45,045,138	XXX
019998 Deposits in depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX	3	0,000	\$0.89550B80-18	735108-0000-1989-		XXX
0199999 Total Open Depositories	XXX	XXX	0	0	73,853,077	85,259,860	71,521,310	XXX
						10 10 10 10 10		1
		2000				3 3333		1
								#
						2 200		1
								4
		20000				A		t
								1
								1
								.]
		- 900000						1
								1
								4
								1
								1
								1
								1
								+
								1
								4
	1000	3883				S S S S S S S S S S S S S S S S S S S	37773	1
								1
			- 307000 3					-
		2000						
	- 0.0000					70 - 70 NOV 70 - 1		-
								1
								1
								1
	2 2000	90000					200000000000000000000000000000000000000	1
								1
								4
								1
								1
								1
								1
						UN UNIVERSE		-
								1
								1
0200000 Total Cook on Dancoit	XXX	XXX	0		73,853,077	85,259,860	71,521,310	VVV
0399999 Total Cash on Deposit 0499999 Cash in Company's Office	XXX	XXX	XXX	XXX	13,000,011	00,209,000		XXX
0500000 Total	YYY	YYY	ortn A	040	73 853 077	85 250 860	74 504 040	YYY

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter												
1 Description	2 3 Date Code Acquire		4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year					
		900 190		 		 	1100000 110000 200					
					· · · · · · · · · · · · · · · · · · ·							
					· -	·						
					<u> </u>	1						
			$\mathbf{A} + \mathbf{O} + \mathbf{A}$	4								
			 									
				<u> </u>								
				 	· · · · · · · · · · · · · · · · · · ·							
		1888 ASS			1 100 1000 1000 1000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(45 0 kg) (45 0 kg					
						<u> </u>						
	·····	ļ		_	4	4						
				+	+	1						
		200										

8699999 Total Cash Equivalents