



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2016
 OF THE CONDITION AND AFFAIRS OF THE

Trillium Community Health Plan, Inc.

NAIC Group Code 01295 (Current Period) , 01295 (Prior Period) NAIC Company Code 12559 Employer's ID Number 42-1694349

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

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
 Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
 Other [] Is HMO, Federally Qualified? Yes [] No []

Incorporated/Organized 02/14/2006 Commenced Business 02/14/2006

Statutory Home Office 1800 Millrace Drive , Eugene, OR, US 97403
 (Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 7700 Forsyth Boulevard
 (Street and Number)
Saint Louis, MO, US 63105 314-725-4477
 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 7700 Forsyth Boulevard , Saint Louis, MO, US 63105
 (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 7700 Forsyth Boulevard
 (Street and Number)
Saint Louis, MO, US 63105 314-725-4477
 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address trilliumohp.com

Statutory Statement Contact Cortney Marsden , 314-349-3338
 (Name) (Area Code) (Telephone Number) (Extension)
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 (E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>Mark Meyers MD #</u>	<u>President</u>	<u>Keith Williamson</u>	<u>Assistant Secretary</u>
<u>Jeffrey Schwaneke</u>	<u>Treasurer</u>	<u>Chris Ellertson #</u>	<u>Secretary</u>

OTHER OFFICERS

<u>Karen Gaffney</u>	<u>Vice President</u>	<u>Tricia Dinkelman</u>	<u>Vice President</u>
<u>Chris Bowers</u>	<u>Vice President</u>		

DIRECTORS OR TRUSTEES

<u>Thomas Kirt Wuest MD</u>	<u>Richard Finkelstein MD</u>	<u>Gary Brandt</u>	<u>Tara Da Vee</u>
<u>Patrick Luedtke MD</u>	<u>Mark Meyers MD</u>	<u>David Duffey D.O. #</u>	<u>Craig Opperman</u>
<u>Jody Cline</u>	<u>Karen Gaffney</u>	<u>Rand O'Leary</u>	<u>Chad Campbell</u>
<u>Bruce Abel DSW</u>	<u>Melissa Edwards MD</u>	<u>Gustavo Balderas #</u>	<u>Matthew Sinnott #</u>
<u>Rick Yecny</u>	<u>David Mikula #</u>		

State of Oregon ss
 County of Lane

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

<u>Mark Meyers MD #</u> President	<u>Keith Williamson</u> Assistant Secretary	<u>Jeffrey Schwaneke</u> Treasurer
Subscribed and sworn to before me this day of _____, 2016		a. Is this an original filing? Yes [X] No [] b. If no: 1. State the amendment number _____ 2. Date filed _____ 3. Number of pages attached _____

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	95,402,409		95,402,409	17,452,254
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	0		0	6,806,438
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$24,309,884 , Schedule E-Part 1), cash equivalents (\$0 , Schedule E-Part 2) and short-term investments (\$28,237,041 , Schedule DA).....	52,546,925		52,546,925	105,111,295
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA)	0		0	0
9. Receivables for securities				1,907,095
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	147,949,335	0	147,949,335	131,277,082
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	682,657		682,657	117,003
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	22,109,876		22,109,876	18,780,359
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$1,537,495) and contracts subject to redetermination (\$)	1,537,495		1,537,495	1,274,602
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	57,280		57,280	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans				117,296
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset	2,441,329	56,315	2,385,014	2,236,000
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates				1,000,000
24. Health care (\$0) and other amounts receivable	1,617,768	1,617,768	0	0
25. Aggregate write-ins for other-than-invested assets	16,532	16,532	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	176,412,273	1,690,616	174,721,657	154,802,342
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	176,412,273	1,690,616	174,721,657	154,802,342
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaid Expenses.....	16,532	16,532	0	0
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	16,532	16,532	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$792,000 reinsurance ceded)	89,926,035		89,926,035	73,011,361
2. Accrued medical incentive pool and bonus amounts	1,032,302		1,032,302	9,180,934
3. Unpaid claims adjustment expenses	921,982		921,982	2,542,030
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	6,483,063		6,483,063	10,022,080
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	33,658
9. General expenses due or accrued	676,698		676,698	2,540,945
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))	1,696,231		1,696,231	11,332,801
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	7,507,106		7,507,106	4,858,083
16. Derivatives		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	316,017		316,017	0
23. Aggregate write-ins for other liabilities (including \$ current)	1,685,880	0	1,685,880	150
24. Total liabilities (Lines 1 to 23)	110,245,314	0	110,245,314	113,522,042
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	8,665,090
26. Common capital stock	XXX	XXX	5,000,000	5,000,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	34,300,000	15,000,000
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	25,176,343	12,615,212
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	64,476,343	41,280,302
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	174,721,657	154,802,344
DETAILS OF WRITE-INS				
2301. Unclaimed Property			0	150
2302. State Income Tax Payable	1,685,880		1,685,880	0
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	1,685,880	0	1,685,880	150
2501. 2016 Health Insurer Fee Estimate	XXX	XXX	0	8,665,090
2502.	XXX	XXX		
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
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	.XXX	1,188,256	1,204,948
2. Net premium income (including \$0 non-health premium income)	.XXX	499,888,764	492,403,518
3. Change in unearned premium reserves and reserve for rate credits .....	.XXX		.0
4. Fee-for-service (net of \$ medical expenses)	.XXX		.0
5. Risk revenue .....	.XXX		.0
6. Aggregate write-ins for other health care related revenues .....	.XXX	19,848,299	30,478,210
7. Aggregate write-ins for other non-health revenues .....	.XXX	.0	.0
8. Total revenues (Lines 2 to 7) .....	.XXX	519,737,063	522,881,728
Hospital and Medical:			
9. Hospital/medical benefits		324,935,012	293,721,070
10. Other professional services		51,017,452	45,925,954
11. Outside referrals .....			.0
12. Emergency room and out-of-area		32,317,241	37,561,750
13. Prescription drugs		69,132,767	59,788,837
14. Aggregate write-ins for other hospital and medical .....	.0	.0	.0
15. Incentive pool, withhold adjustments and bonus amounts		(5,390,186)	4,771,681
16. Subtotal (Lines 9 to 15) .....	.0	472,012,286	441,769,292
Less:			
17. Net reinsurance recoveries		2,148,065	7,545,682
18. Total hospital and medical (Lines 16 minus 17) .....	.0	469,864,221	434,223,610
19. Non-health claims (net).....			.0
20. Claims adjustment expenses, including \$232,980 cost containment expenses		4,395,676	21,633,005
21. General administrative expenses.....		42,952,194	33,966,484
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		(3,105,092)	5,133,625
23. Total underwriting deductions (Lines 18 through 22) .....	.0	514,107,000	494,956,724
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	.XXX	5,630,063	27,925,004
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		1,144,013	844,940
26. Net realized capital gains (losses) less capital gains tax of \$17,431		32,371	38,357
27. Net investment gains (losses) (Lines 25 plus 26) .....	.0	1,176,384	883,297
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]		.0	(.82)
29. Aggregate write-ins for other income or expenses .....	.0	.0	.0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	.XXX	6,806,447	28,808,219
31. Federal and foreign income taxes incurred .....	.XXX	1,783,944	14,686,196
32. Net income (loss) (Lines 30 minus 31) .....	.XXX	5,022,503	14,122,023
DETAILS OF WRITE-INS			
0601. DHS Transformation Grant.....	.XXX	19,848,299	30,478,210
0602. ....	.XXX		
0603. ....	.XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.XXX	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	.XXX	19,848,299	30,478,210
0701. ....	.XXX		
0702. ....	.XXX		
0703. ....	.XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	.XXX	.0	.0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	.XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page .....	.0	.0	.0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	.0	.0	.0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	41,280,300	43,454,699
34. Net income or (loss) from Line 32	5,022,503	14,122,024
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 \$	11,315	(261,342)
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax	77,327	1,186,000
39. Change in nonadmitted assets	(1,215,102)	(41,086)
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in	0	(10,000,000)
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in	19,300,000	5,000,000
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		10,000,000
46. Dividends to stockholders		(22,179,995)
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	23,196,043	(2,174,399)
49. Capital and surplus end of reporting year (Line 33 plus 48)	64,476,343	41,280,300
DETAILS OF WRITE-INS		
4701.		0
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance.....	495,830,543	480,149,416
2. Net investment income	1,103,876	998,032
3. Miscellaneous income	19,848,299	30,478,210
4. Total (Lines 1 through 3)	516,782,718	511,625,658
5. Benefit and loss related payments	462,550,513	406,618,979
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	44,957,603	58,207,771
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	11,437,947	10,693,061
10. Total (Lines 5 through 9)	518,946,064	475,519,811
11. Net cash from operations (Line 4 minus Line 10)	(2,163,345)	36,105,847
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	12,198,758	4,932,940
12.2 Stocks	24,532,089	6,307,862
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(96)	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	36,730,751	11,240,802
13. Cost of investments acquired (long-term only):		
13.1 Bonds	88,699,386	2,258,599
13.2 Stocks	17,732,388	7,570,923
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	1	1,907,096
13.7 Total investments acquired (Lines 13.1 to 13.6)	106,431,775	11,736,618
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(69,701,025)	(495,816)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	19,300,000	5,000,000
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	22,179,995
16.6 Other cash provided (applied)	0	0
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	19,300,000	(17,179,995)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(52,564,370)	18,430,036
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	105,111,294	86,681,258
19.2 End of year (Line 18 plus Line 19.1)	52,546,924	105,111,294

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Trillium Community Health Plan, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	499,888,764	474,013	0	0	0	0	47,763,899	451,650,853	0	0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ _____ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	19,848,299	0	0	0	0	0	0	19,848,299	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	519,737,063	474,013	0	0	0	0	47,763,899	471,499,152	0	0
8. Hospital/medical benefits	324,935,012	439,293					38,309,818	286,185,901		XXX
9. Other professional services	51,017,452	0					202,088	50,815,365		XXX
10. Outside referrals	0	0					0	0		XXX
11. Emergency room and out-of-area	32,317,241	(3,453)					2,596,073	29,724,621		XXX
12. Prescription drugs	69,132,767	43,463					6,382,739	62,706,564		XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	(5,390,186)	0					(1,090,987)	(4,299,199)		XXX
15. Subtotal (Lines 8 to 14)	472,012,286	479,303	0	0	0	0	46,399,731	425,133,252	0	XXX
16. Net reinsurance recoveries	2,148,065						55,730	2,092,335		XXX
17. Total hospital and medical (Lines 15 minus 16)	469,864,221	479,303	0	0	0	0	46,344,001	423,040,917	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ _____ cost containment expenses	4,395,676	4,283					623,228	3,768,165		
20. General administrative expenses	42,952,195	316,665					5,765,443	36,850,067		
21. Increase in reserves for accident and health contracts	(3,105,092)						(3,105,092)			XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	514,107,001	800,251	0	0	0	0	49,647,580	463,659,169	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	5,630,063	(326,239)	0	0	0	0	(1,883,681)	7,839,983	0	0
DETAILS OF WRITE-INS										
0501. DHS Transformation Grant	19,848,299							19,848,299		XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	19,848,299	0	0	0	0	0	0	19,848,299	0	XXX
0601.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. DHS Transformation Grant	0							0		XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Trillium Community Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)	479,542		5,530	474,013
2. Medicare Supplement				0
3. Dental only.....				0
4. Vision only.....				0
5. Federal Employees Health Benefits Plan				0
6. Title XVIII - Medicare	47,765,632		1,733	47,763,899
7. Title XIX - Medicaid.....	454,317,193		2,666,340	451,650,853
8. Other health.....				0
9. Health subtotal (Lines 1 through 8)	502,562,367	0	2,673,603	499,888,764
10. Life				0
11. Property/casualty.....				0
12. Totals (Lines 9 to 11)	502,562,367	0	2,673,603	499,888,764

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Trillium Community Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct	460,141,037	465,680					47,864,029	411,811,328		
1.2 Reinsurance assumed	.0									
1.3 Reinsurance ceded	1,298,785						55,730	1,243,055		
1.4 Net	458,842,253	465,680	.0	.0	.0	.0	47,808,299	410,568,273	.0	.0
2. Paid medical incentive pools and bonuses	2,758,446						(1,090,987)	3,849,433		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	90,718,035	56,237	.0	.0	.0	.0	9,109,113	81,552,685	.0	.0
3.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.3 Reinsurance ceded	792,000	.0	.0	.0	.0	.0	.0	792,000	.0	.0
3.4 Net	89,926,035	56,237	.0	.0	.0	.0	9,109,113	80,760,685	.0	.0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3 Reinsurance ceded	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4 Net	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. Accrued medical incentive pools and bonuses, current year	1,032,302							1,032,302		
6. Net healthcare receivables (a)	445,239						78,312	366,927		
7. Amounts recoverable from reinsurers December 31, current year	57,280							57,280		
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	73,011,361	42,613	.0	.0	.0	.0	9,404,112	63,564,636	.0	.0
8.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.3 Reinsurance ceded	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.4 Net	73,011,361	42,613	.0	.0	.0	.0	9,404,112	63,564,636	.0	.0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.3 Reinsurance ceded	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.4 Net	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Accrued medical incentive pools and bonuses, prior year	9,180,934							9,180,934		
11. Amounts recoverable from reinsurers December 31, prior year	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Incurred benefits:										
12.1 Direct	477,402,473	479,304	.0	.0	.0	.0	47,490,718	429,432,451	.0	.0
12.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12.3 Reinsurance ceded	2,148,065	.0	.0	.0	.0	.0	55,730	2,092,335	.0	.0
12.4 Net	475,254,407	479,304	.0	.0	.0	.0	47,434,988	427,340,115	.0	.0
13. Incurred medical incentive pools and bonuses	(5,390,186)	.0	.0	.0	.0	.0	(1,090,987)	(4,299,199)	.0	.0

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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Trillium Community Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	16,355,874	37,429					2,628,000	13,690,445		
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	0									
1.4. Net	16,355,874	37,429	0	0	0	0	2,628,000	13,690,445	0	0
2. Incurred but Unreported:										
2.1. Direct	64,722,411	18,808					6,481,113	58,222,490		
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	792,000							792,000		
2.4. Net	63,930,411	18,808	0	0	0	0	6,481,113	57,430,490	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	9,639,751							9,639,751		
3.2. Reinsurance assumed	0									
3.3. Reinsurance ceded	0									
3.4. Net	9,639,751	0	0	0	0	0	0	9,639,751	0	0
4. TOTALS:										
4.1. Direct	90,718,035	56,237	0	0	0	0	9,109,113	81,552,685	0	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	792,000	0	0	0	0	0	0	792,000	0	0
4.4. Net	89,926,035	56,237	0	0	0	0	9,109,113	80,760,685	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Trillium Community Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	49,035	416,644	1,414	54,822	50,450	42,613
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	9,178,289	37,574,039	85,674	9,023,439	9,263,963	9,404,112
7. Title XIX - Medicaid	64,919,210	346,846,834	931,148	79,829,538	65,850,357	63,564,636
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	74,146,534	384,837,517	1,018,236	88,907,799	75,164,770	73,011,361
10. Healthcare receivables (a)		644,318			0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	6,308,923	(3,550,477)	355,455	676,847	6,664,378	9,180,934
13. Totals (Lines 9-10+11+12)	80,455,456	380,642,722	1,373,692	89,584,646	81,829,148	82,192,295

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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Trillium Community Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
 PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (000 Omitted)

Section A – Paid Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	.0	.0	.0	.0	
2. 2012	163	.173	.173	.173	.173
3. 2013	XXX	.269	.281	.281	.281
4. 2014	XXX	XXX	.44	.56	.56
5. 2015	XXX	XXX	XXX	.255	.304
6. 2016	XXX	XXX	XXX	XXX	.417

Section B – Incurred Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	.0	.0	.0	.0	
2. 2012	163	.173	.173	.173	.173
3. 2013	XXX	.269	.281	.281	.281
4. 2014	XXX	XXX	.44	.56	.56
5. 2015	XXX	XXX	XXX	.298	.305
6. 2016	XXX	XXX	XXX	XXX	.471

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Hospital and Medical

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2012	.456	.173		.0	.173	.37.9			.173	.37.9
2. 2013	.589	.281		.0	.281	.47.7			.281	.47.7
3. 2014	.66	.56		.0	.56	.84.8			.56	.84.8
4. 2015	.362	.304	.1	.3	.305	.84.3	.1		.306	.84.5
5. 2016	.480	.417	.6	1.4	.423	88.1	.55	.1	.479	99.8

12-HM

Pt 2C - Sn A - Paid Claims - MS

NONE

Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Trillium Community Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (000 Omitted)

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	40,645	40,633	40,633	40,633	40,633
2. 2012	32,365	37,690	37,698	37,698	37,698
3. 2013	XXX	33,186	39,564	39,581	39,851
4. 2014	XXX	XXX	34,916	44,226	44,408
5. 2015	XXX	XXX	XXX	38,706	47,702
6. 2016	XXX	XXX	XXX	XXX	37,461

Section B - Incurred Health Claims - Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	40,646	40,633	40,633	40,633	40,633
2. 2012	39,220	37,690	37,698	37,698	37,698
3. 2013	XXX	38,703	39,564	39,581	39,581
4. 2014	XXX	XXX	43,531	44,226	44,408
5. 2015	XXX	XXX	XXX	48,110	47,788
6. 2016	XXX	XXX	XXX	XXX	46,484

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Medicare

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2012	44,994	37,698	2,276	6.0	39,974	88.8	.0		39,974	88.8
2. 2013	46,341	39,851	2,268	5.7	42,119	90.9	.0		42,119	90.9
3. 2014	50,205	44,408	2,025	4.6	46,433	92.5	.0		46,433	92.5
4. 2015	54,310	47,702	2,019	4.2	49,721	91.6	.86		49,807	91.7
5. 2016	47,766	37,461	463	1.2	37,924	79.4	9,023	86	47,033	98.5

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Trillium Community Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
 PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	.0	.0	.0	.0	.0
2. 2012	54,699	72,134	72,088	72,088	72,088
3. 2013	XXX	148,034	168,803	168,794	168,794
4. 2014	XXX	XXX	239,531	272,721	273,032
5. 2015	XXX	XXX	XXX	324,999	395,916
6. 2016	XXX	XXX	XXX	XXX	342,765

Section B – Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	.0	.0	.0	.0	.0
2. 2012	78,052	72,134	72,088	72,088	72,088
3. 2013	XXX	178,917	168,803	168,794	168,794
4. 2014	XXX	XXX	285,364	272,721	273,032
5. 2015	XXX	XXX	XXX	397,745	397,203
6. 2016	XXX	XXX	XXX	XXX	423,272

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Title XIX Medicaid

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2012	88,599	72,088	6,290	8.7	78,378	88.5	.0	.0	78,378	88.5
2. 2013	197,571	168,794	15,403	9.1	184,197	93.2	.0	.0	184,197	93.2
3. 2014	350,195	273,032	28,794	10.5	301,826	86.2	.0	.0	301,826	86.2
4. 2015	437,732	395,916	16,262	4.1	412,178	94.2	1,287	.0	413,465	94.5
5. 2016	454,317	342,765	4,527	1.3	347,292	76.4	80,506	835	428,633	94.3

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Trillium Community Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	40,645	40,633	40,633	40,633	40,633
2. 2012	87,227	109,997	109,959	109,959	109,959
3. 2013	XXX	181,489	208,648	208,656	208,926
4. 2014	XXX	XXX	274,491	317,003	317,496
5. 2015	XXX	XXX	XXX	363,980	443,922
6. 2016	XXX	XXX	XXX	XXX	380,643

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	40,646	40,633	40,633	40,633	40,633
2. 2012	117,435	109,997	109,959	109,959	109,959
3. 2013	XXX	217,889	208,648	208,656	208,656
4. 2014	XXX	XXX	328,939	317,003	317,496
5. 2015	XXX	XXX	XXX	446,153	445,296
6. 2016	XXX	XXX	XXX	XXX	470,227

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2012	134,049	109,959	8,566	7.8	118,525	88.4	0	0	118,525	88.4
2. 2013	244,501	208,926	17,671	8.5	226,597	92.7	0	0	226,597	92.7
3. 2014	400,466	317,496	30,819	9.7	348,315	87.0	0	0	348,315	87.0
4. 2015	492,404	443,922	18,282	4.1	462,204	93.9	1,374	0	463,578	94.1
5. 2016	502,563	380,643	4,996	1.3	385,639	76.7	89,584	922	476,145	94.7

Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Part 2C - Sn C - Claims Expense Ratio MS

NONE

Part 2C - Sn C - Claims Expense Ratio DO

NONE

Part 2C - Sn C - Claims Expense Ratio VO

NONE

Part 2C - Sn C - Claims Expense Ratio FE

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Trillium Community Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	0								
2. Additional policy reserves (a).....	2,028,533						2,028,533		
3. Reserve for future contingent benefits.....	0								
4. Reserve for rate credits or experience rating refunds (including \$ for investment income).....	4,454,530	29,446					377,090	4,047,993	
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross).....	6,483,063	29,446	0	0	0	0	2,405,623	4,047,993	0
7. Reinsurance ceded.....	0								
8. Totals (Net) (Page 3, Line 4)	6,483,063	29,446	0	0	0	0	2,405,623	4,047,993	0
9. Present value of amounts not yet due on claims.....	0								
10. Reserve for future contingent benefits.....	0								
11. Aggregate write-ins for other claim reserves.....	0	0	0	0	0	0	0	0	0
12. Totals (gross).....	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded.....	0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ 2,028,533 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ for occupancy of own building)			710,569		710,569
2. Salaries, wages and other benefits			13,435,135		13,435,135
3. Commissions (less \$ ceded plus \$ assumed) .....					.0
4. Legal fees and expenses			285,783		285,783
5. Certifications and accreditation fees			23,551		23,551
6. Auditing, actuarial and other consulting services			7,492,011		7,492,011
7. Traveling expenses			317,979		317,979
8. Marketing and advertising			844,725		844,725
9. Postage, express and telephone			190,355		190,355
10. Printing and office supplies			162,023		162,023
11. Occupancy, depreciation and amortization			1,034,728		1,034,728
12. Equipment			71,575		71,575
13. Cost or depreciation of EDP equipment and software			2,037,976		2,037,976
14. Outsourced services including EDP, claims, and other services	232,980	4,162,696	5,571,699		9,967,375
15. Boards, bureaus and association fees .....					.0
16. Insurance, except on real estate			101,173		101,173
17. Collection and bank service charges			121,153		121,153
18. Group service and administration fees .....					.0
19. Reimbursements by uninsured plans .....					.0
20. Reimbursements from fiscal intermediaries .....					.0
21. Real estate expenses			82,353		82,353
22. Real estate taxes			44,525		44,525
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			848,463		848,463
23.2 State premium taxes .....					.0
23.3 Regulatory authority licenses and fees			19,553		19,553
23.4 Payroll taxes			623,494		623,494
23.5 Other (excluding federal income and real estate taxes)			8,933,371		8,933,371
24. Investment expenses not included elsewhere				55,483	55,483
25. Aggregate write-ins for expenses	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25)	232,980	4,162,696	42,952,194	55,483 ^(a)	47,403,354
27. Less expenses unpaid December 31, current year		921,982	576,698		1,598,680
28. Add expenses unpaid December 31, prior year .....	.0	2,542,030	2,540,945	.0	5,082,975
29. Amounts receivable relating to uninsured plans, prior year .....	.0	.0	.0	.0	.0
30. Amounts receivable relating to uninsured plans, current year .....					.0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	232,980	5,782,744	44,816,441	55,483	50,887,649
DETAILS OF WRITE-INS					
2501.					
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.0	.0	.0	.0	.0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0	0

(a) Includes management fees of \$ 24,591,441 to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a).....13,395	8,248
1.1 Bonds exempt from U.S. tax	(a).....	
1.2 Other bonds (unaffiliated)	(a).....500,664	1,001,816
1.3 Bonds of affiliates	(a).....0	
2.1 Preferred stocks (unaffiliated)	(b).....0	
2.11 Preferred stocks of affiliates	(b).....0	
2.2 Common stocks (unaffiliated)	.....1,268	953
2.21 Common stocks of affiliates	.....0	
3. Mortgage loans	(c).....	
4. Real estate	(d).....	
5. Contract loans	(d).....	
6. Cash, cash equivalents and short-term investments	(e).....52,609	188,480
7. Derivative instruments	(f).....	
8. Other invested assets	.....
9. Aggregate write-ins for investment income	.....0	0
10. Total gross investment income	567,936	1,199,496
11. Investment expenses		(g).....55,483
12. Investment taxes, licenses and fees, excluding federal income taxes		(g).....
13. Interest expense		(h).....
14. Depreciation on real estate and other invested assets		(i).....
15. Aggregate write-ins for deductions from investment income		.....0
16. Total deductions (Lines 11 through 15)		55,483
17. Net investment income (Line 10 minus Line 16)		1,144,013
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	.....0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page	.....0	0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)	0	0

- (a) Includes \$ 24,783 accrual of discount less \$ 550,301 amortization of premium and less \$ 258,051 paid for accrued interest on purchases.
- (b) Includes \$accrual of discount less \$amortization of premium and less \$paid for accrued dividends on purchases.
- (c) Includes \$accrual of discount less \$amortization of premium and less \$paid for accrued interest on purchases.
- (d) Includes \$for company's occupancy of its own buildings; and excludes \$interest on encumbrances.
- (e) Includes \$ 11,251 accrual of discount less \$ 15,392 amortization of premium and less \$ 21,000 paid for accrued interest on purchases.
- (f) Includes \$accrual of discount less \$amortization of premium.
- (g) Includes \$investment expenses and \$investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$interest on surplus notes and \$interest on capital notes.
- (i) Includes \$depreciation on real estate and \$depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	45,846		45,846		
1.1 Bonds exempt from U.S. tax	0		0		
1.2 Other bonds (unaffiliated)	22,104		22,104		
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	(18,052)	0	(18,052)	11,316	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	(96)		(96)	0	0
7. Derivative instruments	0		0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	49,802	0	49,802	11,316	0
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	.0	.0	.0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....	.0	.0	.0
2.2 Common stocks.....	.0	.0	.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....	.0	.0	.0
3.2 Other than first liens.....	.0	.0	.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....	.0	.0	.0
4.2 Properties held for the production of income.....	.0	.0	.0
4.3 Properties held for sale.....	.0	.0	.0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	.0	.0	.0
6. Contract loans.....	.0	.0	.0
7. Derivatives (Schedule DB).....	.0	.0	.0
8. Other invested assets (Schedule BA).....	.0	.0	.0
9. Receivables for securities.....	.0	.0	.0
10. Securities lending reinvested collateral assets (Schedule DL).....	.0	.0	.0
11. Aggregate write-ins for invested assets.....	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	.0	.0	.0
13. Title plants (for Title insurers only).....	.0	.0	.0
14. Investment income due and accrued.....	.0	.0	.0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	.0	1,772	1,772
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	.0	.0	.0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....	.0	.0	.0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....	.0	.0	.0
16.2 Funds held by or deposited with reinsured companies.....	.0	.0	.0
16.3 Other amounts receivable under reinsurance contracts.....	.0	.0	.0
17. Amounts receivable relating to uninsured plans.....	.0	.0	.0
18.1 Current federal and foreign income tax recoverable and interest thereon.....	.0	.0	.0
18.2 Net deferred tax asset.....	56,315	128,000	71,685
19. Guaranty funds receivable or on deposit.....	.0	.0	.0
20. Electronic data processing equipment and software.....	.0	.0	.0
21. Furniture and equipment, including health care delivery assets.....	.0	.0	.0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....	.0	.0	.0
23. Receivables from parent, subsidiaries and affiliates.....	.0	.0	.0
24. Health care and other amounts receivable.....	1,617,768	222,714	(1,395,054)
25. Aggregate write-ins for other-than-invested assets.....	16,532	123,028	106,496
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	1,690,616	475,514	(1,215,102)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	1,690,616	475,514	(1,215,102)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
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.....	16,532	123,028	106,496
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	16,532	123,028	106,496

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Trillium Community Health Plan, Inc.

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	101,110	104,985	100,727	95,405	93,081	1,188,256
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0
7. Total	101,110	104,985	100,727	95,405	93,081	1,188,256
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page.....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	.0	.0	.0	.0	.0	.0

NOTES TO FINANCIAL STATEMENTS

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.

<u>NET INCOME</u>	<u>State of Domicile</u>	2016	2015
(1) Trillium Community Health Plan state basis (Page 4, Line 32, Columns 2 & 4)	Oregon	\$ 5,022,503	\$ 14,122,024
(2) State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Depreciation of fixed assets	Oregon	-	-
(3) State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Depreciation of fixed assets, home office property	Oregon	-	-
(4) NAIC SAP (1-2-3=4)	Oregon	\$ 5,022,503	\$ 14,122,024
<u>SURPLUS</u>			
(5) Trillium Community Health Plan state basis (Page 3, Line 33, Columns 3 & 4)	Oregon	\$ 64,476,343	\$ 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	-	-
(8) NAIC SAP (5-6-7=8)	Oregon	\$ 64,476,343	\$ 41,280,300

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

The preparation of financial statements in conformity with the *Annual Statement Instructions* and the *Accounting Practices and Procedures Manual* requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

1. Cash, cash equivalents and short-term investments are carried at cost, which approximates fair value. Short-term investments include securities purchased with twelve months or less of maturity date.
2. Bonds: Investment grade bonds (NAIC designations 1 or 2) not backed by other loans are valued at amortized cost using the scientific (constant yield) method. Bonds containing call provisions, except "make whole" call provisions, are amortized to the call or maturity value/date which produces the lowest asset value (yield to worst). Bonds which are below investment grade (NAIC designation 3 to 6) are carried at the lower of amortized cost or fair value.
3. The Company holds no common stocks.
4. The Company holds no preferred stocks.
5. The Company holds no mortgage loans.
6. Loan-backed securities are carried at amortized cost. Adjustments are applied prospectively.
7. The Company has no investments in subsidiaries, controlled and affiliated companies.
8. The Company has no investments in joint ventures, partnerships and limited liability companies.
9. The Company holds no derivatives.
10. The Company reviews expectations regarding the profitability of contracts in force to determine whether a premium deficiency reserve is required. The Company considers anticipated investment income when calculating its premium deficiency reserves. The adequacy of reserve requirements is continually reviewed by management, with any reductions in the reserve being

NOTES TO FINANCIAL STATEMENTS

recorded as a beneficial effect in the statement of revenue and expense. As of December 31, 2016, the Company reported a premium deficiency reserve of \$2,028,533 in Line 4 of the Liabilities, Capital and Surplus page.

11. Unpaid losses and loss adjustment expenses include amounts determined from claims estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount to be adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
12. There were no changes to the capitalization policy.
13. Pharmaceutical rebates are based on actual pharmaceutical claims experience.

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

None

3. Business Combinations and Goodwill

A. Statutory Purchase Method

None

B. Statutory Merger

None

C. Assumption Reinsurance

None

D. Impairment Loss

None

4. Discontinued Operations

None

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

None

B. Debt Restructuring

None

C. Reverse Mortgages

None

D. Loan-Backed Securities

1. Prepayment assumptions for loan-backed securities were obtained from S&P Capital IQ.
2. None
3. None
4. All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:

NOTES TO FINANCIAL STATEMENTS

- 1. Less than 12 Months (\$1,529,857)
- 2. 12 Months or Longer (\$411)

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

- 1. Less than 12 Months \$76,437,513
- 2. 12 Months or Longer \$149,840

- 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.

For loan-backed securities in an unrealized loss position, management further evaluates whether the collection of all cashflows is probable. Management utilizes the prospective adjustment method to evaluate the present value of future cash flows. For those loan-back and structured securities (NAIC designated 1 or 2) where management has determined that collection of all contractual cashflows is not probable, the securities are considered other than temporarily impaired to the extent amortized cost is greater than the present value of future cash flows.

E. Repurchase Agreements and/or Securities Lending Transactions

None

F. Real Estate

None

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

None

H. Restricted Assets

1. Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown							
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with states	\$ 260,000	\$ 260,000	\$ -		\$ 260,000	0.1%	0.1%
k. On deposit with other regulatory bodies							
l. Pledged as collateral to FHLB (includes assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
o. Total Restricted Assets	\$ 260,000	\$ 260,000	\$ -		\$ 260,000	0.1%	0.1%

2. Detail of Assets Pledged as Collateral not Captured in Other Categories

None

NOTES TO FINANCIAL STATEMENTS

3. Detail of Other Restricted Assets

None

4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statement

None

I. Working Capital Finance Investments

1. Aggregate Working Capital Finance Investments (WCFI) Book/Adjusted Carrying Value by NAIC Designation

None

2. Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs

None

3. Events of default WCFI during the reporting period

None

J. Offsetting and Netting of Assets and Liabilities

None

K. Structured Notes

None

L. 5* Securities

None

6. Joint Ventures, Partnerships and Limited Liability Companies

None

7. Investment Income

A. Investment income due and accrued with amounts greater than 90 days past due are excluded from surplus.

B. The Company had no investment income due and accrued excluded from surplus.

8. Derivative Instruments

None

9. Income Taxes

NOTES TO FINANCIAL STATEMENTS

A. Components of deferred tax assets (DTAs) and deferred tax liabilities (DTLs):									
(1) DTA/DTL Components									
Description	Ordinary	2016 Capital	Total	Ordinary	2015 Capital	Total	Ordinary	Change Capital	Total
(a) Gross deferred tax assets	2,441,326	0	2,441,326	2,364,022	0	2,364,022	77,304	0	77,304
(b) Statutory valuation allowance adjustment	0	0	0	0	0	0	0	0	0
(c) Adjusted gross deferred tax assets	2,441,326	0	2,441,326	2,364,022	0	2,364,022	77,304	0	77,304
(d) Deferred tax assets nonadmitted	(56,315)	0	(56,315)	(128,000)	0	(128,000)	71,685	0	71,685
(e) Net admitted deferred tax assets	2,385,011	0	2,385,011	2,236,022	0	2,236,022	148,989	0	148,989
(f) Deferred tax liabilities	0	0	0	0	0	0	0	0	0
(g) Net admitted deferred tax asset/(Net deferred tax liability)	2,385,011	0	2,385,011	2,236,022	0	2,236,022	148,989	0	148,989
(2) Admission calculation components:									
Description	Ordinary	2016 Capital	Total	Ordinary	2015 Capital	Total	Ordinary	Change Capital	Total
Admission calculation under ¶11.a.-¶11.c.									
(a) FIT recoverable by loss carryback [¶11.a.]	2,356,853	0	2,356,853	0	0	0	2,356,853	0	2,356,853
(b) Expected to be realized [¶11.b.] (lessor of i. or ii.)	28,159	0	28,159	2,236,022	0	2,236,022	(2,207,864)	0	(2,207,864)
1. Expected to be realized [¶11.b.i.]	28,159	0	28,159	2,236,022	0	2,236,022	0	0	0
2. Surplus limitation [¶11.b.ii.]	9,317,259	0	9,317,259	2,236,022	0	2,236,022	0	0	0
(c) DTL offset [¶11.c.]	0	0	0	0	0	0	0	0	0
(d) Total admitted under ¶11.a.-¶11.c.	2,385,011	0	2,385,011	2,236,022	0	2,236,022	148,989	0	148,989
Deferred tax liabilities	0	0	0	0	0	0	0	0	0
Net admitted deferred tax asset/liability under ¶11.a.-¶11.c.	2,385,011	0	2,385,011	2,236,022	0	2,236,022	148,989	0	148,989
(3) Information used in expected to be realized calculation [¶11.b.]									
	2016	2015							
(a) Ex-OTA ACL RBC or other ratio	385%	213%							
(b) Adjusted capital and surplus	62,091,332	35,044,302							
(4) Impact of tax planning strategies:									
Description	Ordinary	2016 Capital	Total	Ordinary	2015 Capital	Total	Ordinary	Change Capital	Total
(a) Adjusted gross DTAs - Amount (Memo Entry)	2,386	0	2,386	0	0	0	2,386	0	2,386
(a) Adjusted gross DTAs - Percentage	0.10%	0.00%	0.10%	0.00%	0.00%	0.00%	0.10%	0.00%	0.10%
(b) Net admitted DTAs - Amount (Memo Entry)	2,386	0	2,386	0	0	0	2,386	0	2,386
(b) Net admitted DTAs - Percentage	0.10%	0.00%	0.10%	0.00%	0.00%	0.00%	0.10%	0.00%	0.10%
(c) Did the company avail itself of a tax planning strategy involving reinsurance? [check box]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>							
B. Temporary differences for which DTLs have not been established: NA									

C. Current tax and change in deferred tax:

(1) Current income taxes incurred consist of the following major components:

Description	2016	2015
(a) Current federal income tax expense	4,785,877	14,697,000
(b) Foreign Taxes	0	0
(c) Subtotal	4,785,877	14,697,000
(d) Tax on capital gains/(losses)	0	0
(e) Settlement of IRS audit	94,123	0
(f) Other, including prior year underaccrual (overaccrual)	575,755	(313,741)
(g) Federal and foreign income taxes incurred	5,455,755	14,383,259

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

(2) DTAs Resulting From Book/Tax Differences In	December 31, 2016	December 31, 2015	Change
(a) Ordinary			
(1) Loss reserve discounting	989,079	438,724	550,355
(2) Unearned premiums	(0)	841	(841)
(3) Policyholder reserves	0	0	0
(4) Investments	0	0	0
(5) Deferred acquisition costs	0	0	0
(6) Policyholder dividends accrued	0	0	0
(7) Fixed assets	140,791	127,688	13,103
(8) Compensation and benefit accruals	0	0	0
(9) Premium deficiency reserve	709,987	1,796,769	(1,086,782)
(10) Nonadmitted assets	572,005	0	572,005
(11) Net operating loss carryforward	0	0	0
(12) Tax credit carryforward	0	0	0
(13) Other (separately disclose items >5%)	29,464	0	29,464
(99) Gross ordinary DTAs	2,441,326	2,364,022	77,304
(b) Statutory valuation adjustment adjustment - ordinary	0	0	0
(c) Nonadmitted ordinary DTAs (-)	(56,315)	(128,000)	71,685
(d) Admitted ordinary DTAs	2,385,011	2,236,022	148,989
(e) Capital			
(1) Investments	0	0	0
(2) Net capital loss carryforward	0	0	0
(3) Real estate	0	0	0
(4) Other (separately disclose items >5%)	0	0	0
Unrealized capital losses	0	0	0
(99) Gross capital DTAs	0	0	0
(f) Statutory valuation adjustment adjustment - capital (-)	0	0	0
(g) Nonadmitted capital DTAs (-)	0	0	0
(h) Admitted capital DTAs	0	0	0
(i) Admitted DTAs	2,385,011	2,236,022	148,989

NOTES TO FINANCIAL STATEMENTS

(3) DTLs Resulting From Book/Tax Differences In	December 31, 2016	December 31, 2015	Change
(a) Ordinary			
(1) Investments	0	0	0
(2) Fixed assets	0	0	0
(3) Deferred and uncollected premiums	0	0	0
(4) Policyholder reserves/salvage and subrogation	0	0	0
(5) Other (separately disclose items >5%)	0	0	0
(99) Ordinary DTLs	0	0	0
(b) Capital			
(1) Investments	0	0	0
(2) Real estate	0	0	0
(3) Other (separately disclose items >5%) Unrealized capital gains	0	0	0
(99) Capital DTLs	0	0	0
(c) DTLs	0	0	0
(4) Net deferred tax assets/liabilities	2,385,011	2,236,022	148,989

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):

	December 31, 2016	December 31, 2015	Change
Total deferred tax assets	2,441,326	2,364,022	77,304
Total deferred tax liabilities	0	0	0
Net deferred tax assets/liabilities	2,441,326	2,364,022	77,304
Statutory valuation allowance adjustment (*see explanation below)	0	0	0
Net deferred tax assets/liabilities after SVA	2,441,326	2,364,022	77,304
Tax effect of unrealized gains/(losses)	0	0	0
Change in net deferred income tax [(charge)/benefit]	2,441,326	2,364,022	77,304

*Statutory valuation allowance

N/A

D. Reconciliation of federal income tax rate to actual effective rate:

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

Description	2016	Effective Tax Rate	2015	Effective Tax Rate
Income Before Taxes	6,823,878		31,895,888	
Statutory tax rate	35%		35%	
Expected income tax benefit at 35% statutory tax rate	2,388,357	35.00%	11,163,561	35.00%
Tax-Exempt Interest (net of proration)	(100,935)	-1.48%	-	0.00%
Health Insurer Fee	3,120,758	45.73%	2,448,749	7.67%
Meals & Entertainment, Penalties, Etc.	9,273	0.14%	-	0.00%
Statutory Valuation Allowance Adjustment	0	0.00%	-	0.00%
Deferred Taxes on Nonadmitted Assets	(572,005)	-8.38%	-	0.00%
Prior Year Adjustment	(3,654,382)	-53.55%	-	0.00%
Other, Including Prior Year True-Up	533,003	7.81%	(18,311)	-0.06%
Total	1,724,069	25.27%	13,592,000	42.61%
Federal income taxed incurred [expense]/(benefit)]	5,455,755	79.95%	14,697,000	46.08%
Tax on capital gains/(losses)	0	0.00%	-	0.00%
Prior Year Adjustment	(3,654,382)	-53.55%	-	0.00%
Change in net deferred income tax [charge]/(benefit)]	(77,304)	-1.13%	(1,105,000)	-3.46%
Total statutory income taxes	1,724,069	25.27%	13,592,000	42.61%

E. Carryforwards, recoverable taxes, and IRC §6603 deposits:

0 (0)

At December 31, 2016, the Company had no net operating loss or tax credit carryforwards available for tax purposes.

The following is income tax expense for 2015 and 2016 that is available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total
2015	14,959,014	0	14,959,014
2016	4,880,000	0	4,880,000
Total	19,839,014	0	19,839,014

Deposits admitted under IRC § 6603

None

NOTES TO FINANCIAL STATEMENTS

- F. The Company and Centene Corporation are members of an affiliated group that files a consolidated federal tax return. The members of the tax sharing agreement group are:

Absolute Total Care, Inc	Home State Health Plan, Inc
Bankers Reserve Life Insurance Company of Wisconsin	IlliniCare Health Plan, Inc
Buckeye Community Health Plan, Inc	Kentucky Spirit Health Plan, Inc
California Health and Wellness Plan	Louisiana Healthcare Connections, Inc
CeltiCare Health Plan of Massachusetts, Inc.	Magnolia Health Plan Inc
Cenpatco of Arizona Inc.	Managed Health Services Insurance Corp
Coordinated Care Corporation	Nebraska Total Care, Inc.
Coordinated Care of Washington, Inc	Peach State Health Plan, Inc
Involve Vision of Texas, Inc.	Sunflower State Health Plan, Inc
Fidelis SecureCare of Michigan, Inc.	Sunshine State Health Plan, Inc
Granite State Health Plan, Inc	Superior HealthPlan, Inc
Hallmark Life Insurance Co	

The method of allocation among companies is subject to a written agreement whereby allocation is made primarily on a separate company basis using the percentage method pursuant to provisions of IRC Sections §1502 and §1552 and Treasury Regulations 1.1502 and 1.1552. This percentage method allocates a tax asset (i.e. intercompany receivable) for any benefit derived by the consolidated group for the member's losses or credits that offset consolidated taxable income. In accordance with the tax sharing agreement, each member shall pay to Parent or receive from the Parent the amount of tax liability or benefit reported on each member's proforma federal income tax return within 90 days of the date Parent files its consolidated federal income tax return.

10. Information Concerning Parent, Subsidiaries and Affiliates

A., B., C., D., F.

During 2016 and 2015, Agate Resources, Inc. ("Agate"), a wholly owned subsidiary of Centene Corporation, provided data, claims processing, case management, care coordination and general management services to the Company. Services were provided as part of the Management Agreement which was effective February 20, 2006. Management fees for the year ending December 31, 2016 and December 31, 2015 were \$36,761,364 and \$41,096,591, respectively. As of December 31, 2016 and December 31, 2015, the Company had a payable to Agate in the amount of (\$7,299,439) and (\$4,858,083), respectively, for services rendered, which was recorded in amounts due to affiliates.

At December 31, 2015, the Company reported \$1,000,000 of receivables due from Centene Corporation related to a community contribution made by Trillium on behalf of Centene Corporation. The amount was repaid in full during 2016.

During 2016, Involve People Care, Inc. (EPC), a wholly owned subsidiary of Centene Corporation, provided triage services and outbound calling services to the Company. Medical expenses for the year ending December 31, 2016 were \$176,466. As of December 31, 2016, the Company had a receivable from EPC in the amount of \$478 for an overpayment of services rendered.

During 2016, Involve Dental, Inc. (EDI), a wholly owned subsidiary of Centene Corporation, provided dental services to the Company. Medical expenses for the year ending December 31, 2016 were \$120,000. As of December 31, 2016, the Company had a payable to EDI in the amount of (\$1,197) for services rendered.

During 2016, Involve Vision, Inc. (EVI), a wholly owned subsidiary of Centene Corporation, provided vision services to the Company. Medical expenses for the year ending December 31, 2016 were (\$174,643). As of December 31, 2016, the Company had a receivable from EVI in the amount of \$10,265 for over payment of services rendered.

During 2016, Bankers Reserve Life Insurance Company of Wisconsin (Bankers), a wholly owned subsidiary of Centene Corporation, provided reinsurance services to the Company. Reinsurance premiums for the year ending December 31, 2016 were \$2,666,340. As of December 31, 2016, the Company had a receivable from Bankers in the amount of \$57,280 for amounts due under the agreement which was recorded in amounts recoverable from reinsurers.

E. Guarantees

None

G. Control Relationship

The Company is owned by Lane Individual Practice Association, Inc. (60% of outstanding shares) and Agate Resources, Inc. (40% of outstanding shares). Agate Resources, Inc. owns 100% of Lane Individual Practice Association, Inc. and is a wholly owned subsidiary of Centene Corporation.

H. Upstream Intermediate Entity

None

I. Investment in an SCA entity

None

NOTES TO FINANCIAL STATEMENTS

- J. Investments in impaired SCA entities
 - None
- K. Investment in a Foreign Insurance Subsidiary
 - None
- L. Investment in Downstream Noninsurance Holding Company
 - None
- M. All SCA Investments
 - None
- N. Investment in Downstream Noninsurance Holding Company
 - None
- 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.
 - A. Defined Benefit Plans
 - None
 - B. Description of investment policies and strategies for retirement plans
 - Not applicable.
 - C. Fair value of each class of plan assets
 - No plan assets held.
 - D. Narrative description of the basis used to determine the overall expected long-term rate-of-return-on-assets assumption
 - Not applicable.
 - E. Defined Contribution Plans
 - None
 - F. Multiemployer Plans
 - None
 - G. Consolidated/Holding Company Plans
 - None
 - H. Postemployment Benefits and Compensated Absences
 - None
 - I. Impact of Medicare Modernization Act on Postretirement Benefits
 - None
- 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
 - A. The Company has 5,000, \$1,000 par value shares authorized, issued and outstanding.

NOTES TO FINANCIAL STATEMENTS

- B. The Company has no preferred stock outstanding.
 - C. Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation, Oregon. These laws dictate that an ordinary dividend together with that of other dividends paid or credited within the preceding 12 months, cannot exceed the lesser of the following: (1) ten % of the insurer's surplus with regard to policyholders as if the preceding December 31 or (2) the greater of
 - 1. The net income of the insurer for the calendar year preceding the date of the dividend, minus realized capital gains for that calendar year;
 - 2. The aggregate of the net income of the insurer for the 3 calendar years preceding the date of the dividend, minus realized capital gains for those calendar years and minus dividends paid or credited within the first 2 of the preceding 3 calendar years
 - D. No dividends were paid during the year ended December 31, 2016. During 2015, Trillium paid an ordinary dividend of \$22,179,995 to its shareholders in connection with Centene Corporation's acquisition of Agate Resources, Inc.
 - E. Within the limitations of (c) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
 - F. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
 - G. The Company has no advances to surplus not repaid.
 - H. The Company held no stock for special purposes including conversion of preferred stock, employee stock options and stock purchase warrants.
 - I. The decrease in special surplus funds from the prior year is due to the cessation in 2017 of the annual fee under section 9010 of the Affordable Care Act.
 - J. There are no unassigned funds (surplus) represented or reduced by cumulative gains and losses.
 - K. The Company did not hold or issue any surplus debentures or similar obligations.
 - L. There have been no quasi-reorganizations.
 - M. The Company has not been involved in a quasi-reorganization in the last 10 years.
14. Liabilities, Contingencies, and Assessments
- A. Contingent Commitments
 - None
 - B. Assessments
 - None
 - C. Gain Contingencies
 - None
 - D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits
 - None
 - E. Joint and Several Liabilities
 - None
 - F. All Other Contingencies
 - Various lawsuits against the Company may arise in the course of the Company's business. Contingent liabilities, if any, arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company.
15. Leases
- None
16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk
- None

NOTES TO FINANCIAL STATEMENTS

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.

A. ASO Plans

None

B. ASC Plans

None

C. Medicare or Similarly Structured Cost Based Reimbursement Contract

The Company participates in the Medicare Advantage program under contracts with Centers for Medicare and Medicaid Services which includes Medicare Part D prescription insurance coverage. The Medicare Part D program is a partially insured plan.

As of December 31, 2016, the Company recorded a net payable from CMS that is greater than 10% of the Company's liabilities for amounts held under uninsured accident and health plans or \$10,000. The total balance for the Medicare Part D low-income subsidy and reinsurance subsidy is (\$316,017).

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

None

20. Fair Value Measurements

A. Assets and liabilities recorded at fair value in the statutory statement of admitted assets, liabilities and capital and surplus are categorized based upon the extent to which the fair value estimates are based upon observable or unobservable inputs.

Level inputs are as follows:

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 1 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 what market participants would use in pricing the asset or liability at the measurement date.

The following table summarizes fair value measurements by level at December 31, 2016 for assets and liabilities measured at fair value on a recurring basis:

NOTES TO FINANCIAL STATEMENTS

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Cash, Cash Equivalents and Short-Term Investments	\$ 48,427,179	\$ -	\$ -	\$ 48,427,179
Perpetual Preferred stock:				
Industrial and Misc	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Perpetual Preferred Stocks	\$ -	\$ -	\$ -	\$ -
Bonds:				
U.S. Governments	\$ -	\$ -	\$ -	\$ -
Industrial and Misc	-	-	-	-
Hybrid Securities	-	-	-	-
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Bonds	\$ -	\$ -	\$ -	\$ -
Common Stock:				
Mutual Funds	\$ -	\$ -	\$ -	\$ -
Money Market Mutual Funds	-	-	-	-
Total Common Stocks	\$ -	\$ -	\$ -	\$ -
Derivative assets:				
Interest rate contracts	\$ -	\$ -	\$ -	\$ -
Foreign exchange contracts	-	-	-	-
Credit contracts	-	-	-	-
Commodity futures contracts	-	-	-	-
Commodity forward contracts	-	-	-	-
Total Derivatives	\$ -	\$ -	\$ -	\$ -
Separate account assets	\$ -	\$ -	\$ -	\$ -
Total assets at fair value	\$ 48,427,179	\$ -	\$ -	\$ 48,427,179
b. Liabilities at fair value				
Derivative liabilities	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -

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)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Cash, Cash Equivalents and Short-Term Investments	\$ 102,110,747	\$ -	\$ -	\$ 102,110,747
Perpetual Preferred stock:				
Industrial and Misc	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Perpetual Preferred Stocks	\$ -	\$ -	\$ -	\$ -
Bonds:				
U.S. Governments	\$ -	\$ -	\$ -	\$ -
Industrial and Misc	-	-	-	-
Hybrid Securities	-	-	-	-
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Bonds	\$ -	\$ -	\$ -	\$ -
Common Stock:				
Mutual funds	\$ 106,570	\$ -	\$ -	\$ 106,570
Money Market Mutual Funds	6,699,868	-	-	6,699,868
Total Common Stocks	\$ 6,806,438	\$ -	\$ -	\$ 6,806,438
Derivative assets:				
Interest rate contracts	\$ -	\$ -	\$ -	\$ -
Foreign exchange contracts	-	-	-	-
Credit contracts	-	-	-	-
Commodity futures contracts	-	-	-	-
Commodity forward contracts	-	-	-	-
Total Derivatives	\$ -	\$ -	\$ -	\$ -
Separate account assets	\$ -	\$ -	\$ -	\$ -
Total assets at fair value	\$ 108,917,185	\$ -	\$ -	\$ 108,917,185
b. Liabilities at fair value				
Derivative liabilities	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -

B. None

C. Fair Value Disclosures Under Other Pronouncements

The following table summarizes the aggregate fair value measurements by level at December 31, 2016 for all financial instruments. The table includes \$4,119,746.26 of bonds classified as short-term.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level I	Level II	Level III	Not Practicable (Carrying Value)
Cash and cash equivalents	\$ 24,309,884	\$ 24,309,884	\$ 24,309,884	\$ -	\$ -	\$ -
Short-term investments	\$ 28,237,041	\$ 28,237,041	\$ 26,856,570	\$ 1,380,471	\$ -	\$ -
Bonds	\$ 94,040,398	\$ 95,402,409	\$ -	\$ 94,040,398	\$ -	\$ -

The following table summarizes the aggregate fair value measurements by level at December 31, 2015 for all financial instruments. The table includes \$3,009,976 of bonds classified as short-term.

NOTES TO FINANCIAL STATEMENTS

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level I	Level II	Level III	Not Practicable (Carrying Value)
Cash and cash equivalents	\$ 102,110,747	\$ 102,110,747	\$ 102,110,747	\$ -	\$ -	\$ -
Short-term investments	\$ 3,009,976	\$ 3,000,549	\$ 3,009,976	\$ -	\$ -	\$ -
Common Stock	\$ 6,806,438	\$ 6,806,438	\$ 6,806,438			
Bonds	\$ 17,502,965	\$ 17,452,254	\$ 4,576,701	\$ 12,926,264	\$ -	\$ -

D. None

21. Other Items

A. Extraordinary Items

None

B. Troubled Debt Restructuring: Debtors

None

C. Other Disclosures

Assets in the amount of \$260,000 and \$259,909 at December 31, 2016 and December 31, 2015, respectively, were on deposit with government authorities or trustees as required by law.

Hospital reimbursement adjustments of \$64,616,026 and \$59,858,105 have been excluded from the premium revenues and total hospital and medical expenses reported as of December 31, 2016 and 2015, respectively. This treatment was approved by the ODCBS - Division of Financial Regulation.

D. Business Interruption Insurance Recoveries

None

E. State Transferable Tax Credits

None

F. Subprime Mortgage Related Risk Exposure

None

G. Retained Assets – None

22. Events Subsequent

Type I – Recognizable Subsequent Events

Subsequent events have been considered through March 1, 2017 for the statutory statement issued on March 1, 2017.

Type II – Non-recognizable Subsequent Events

Subsequent events have been considered through March 1, 2017 for the statutory statement issued on March 1, 2017.

	Current Year	Prior Year
Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)?	YES	
A. ACA fee assessment payable for the upcoming year	\$ -	\$ 8,665,090
C. ACA fee assessment paid	\$ 8,916,450	\$ 6,990,712
D. Premium written subject to ACA 9010 assessment		\$ 499,028,438
E. Total Adjusted Capital before surplus adjustment	\$ -	
F. Total Adjusted Capital after surplus adjustment	\$ -	
G. Authorized Control Level	\$ -	
H. Would reporting the ACA assessment as of December 31, 2015, have triggered an RBC action level (YES/NO)?	NO	

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

NOTES TO FINANCIAL STATEMENTS

- 1. No
- 2. No

Section 2 - Ceded Reinsurance Report - Part A

- 1. No
- 2. No

Section 3 - Ceded Reinsurance Report - Part B

- 1. \$0
- 2. No

- B. Uncollectible Reinsurance – None
- C. Commutation of Ceded Reinsurance – None
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

None

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

- A. The Company estimates accrued retrospective premiums for its comprehensive individual health insurance business in accordance with the regulations put forth in Title 45 of the Code of Federal Regulations Part 153, Subpart F for the ACA Risk Corridors program and Title 45 of the Code of Federal Regulations Part 158 for the ACA MLR Rebate program.

The Company estimates accrued retrospective premiums for its federal and state sponsored programs in accordance with the provisions in its contracts with the Oregon Health Authority.

The Company participates in the Medicare Advantage Plan program under contracts with Centers for Medicare and Medicaid Services which is subject to federal Medicare MLR regulations under Title 42 of the Code of Federal Regulations, Part 422.

- B. The Company records accrued retrospective premiums through written premium.
- C. The amount of net premiums written by the Company at December 31, 2016 which are subject to retrospective rating features was \$264,861,223, which represents 53% of the total net premiums written.
- D. Medical Loss Ratio Rebates Required pursuant to the Public Health Service Act

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$ -	\$ -	\$ -	\$ -	\$ -
(2) Medical loss ratio rebates paid	\$ -	\$ -	\$ -	\$ -	\$ -
(3) Medical loss ratio rebates unpaid	\$ -	\$ -	\$ -	\$ -	\$ -
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	\$ -
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	\$ -
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ -
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$ -	\$ -	\$ -	\$ -	\$ -
(8) Medical loss ratio rebates paid	\$ -	\$ -	\$ -	\$ -	\$ -
(9) Medical loss ratio rebates unpaid	\$ -	\$ -	\$ -	\$ -	\$ -
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	\$ -
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	\$ -
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ -

- E. Risk-Sharing Provisions of the ACA

NOTES TO FINANCIAL STATEMENTS

Risk Sharing Provisions of the Affordable Care Act

1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)?

Yes

2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

a) Permanent ACA Risk Adjustment Program

Assets	
1) Premium adjustments receivable due to ACA Risk Adjustment	\$ -
Liabilities	
2) Risk adjustment user fees payable for ACA Risk Adjustment	\$ -
3) Premium adjustments payable due to ACA Risk Adjustment Operations (Revenue & Expense)	\$ -
4) Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk adjustment	\$ (40,737)
5) Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ -

b) Transitional ACA Reinsurance Program

Assets	
1) Amounts recoverable for claims paid due to ACA Reinsurance	\$ -
2) Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ -
3) Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ -
Liabilities	
4) Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premiums	\$ -
5) Ceded reinsurance premiums payable due to ACA Reinsurance	\$ -
6) Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance Operations (Revenue & Expense)	\$ -
7) Ceded reinsurance premiums due to ACA Reinsurance	\$ 1,296
8) Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ -
9) ACA Reinsurance contributors - not reported as ceded premium	\$ 324

c) Temporary ACA Risk Corridors Program

Assets	
1) Accrued retrospective premium due to ACA Risk Corridors	\$ -
Liabilities	
2) Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors Operations (Revenue & Expense)	\$ 29,446
3) Effect of ACA Risk Corridors on net premium income	\$ (29,446)
4) Effect of ACA Risk Corridors on change in reserves for rate credits	\$ -

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

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences				Adjustments		Unsettled Balances as of the	
	December 31 of the Prior Year		December 31 of the Prior Year		Prior Year	Prior Year	To Prior Year	To Prior Year	Ref	Cumulative Balance from	Cumulative Balance from	
	1	2	3	4	5	6	7	8				
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		9	10	
a) Permanent ACA Risk Adjustment Program												
1) Premium adjustments receivable	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	A	\$ -	\$ -	
2) Premium adjustments (payable)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	B	\$ -	\$ -	
3) Subtotal ACA Permanent Risk Adjustment Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	
b) Transitional ACA Reinsurance Program												
1) Amounts recoverable for claims paid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	C	\$ -	\$ -	
2) Amounts recoverable for claims unpaid (contra liability)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	D	\$ -	\$ -	
3) Amounts receivable relating to uninsured plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	E	\$ -	\$ -	
4) Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	F	\$ -	\$ -	
5) Ceded reinsurance premiums payable	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	G	\$ -	\$ -	
6) Liability for amounts held under uninsured plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	H	\$ -	\$ -	
7) Subtotal ACA Transitional Reinsurance Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	
c) Temporary ACA Risk Corridors Program												
1) Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	I	\$ -	\$ -	
2) Reserve for rate credits or policy experience rating refunds	\$ -	\$ -	\$ -	\$ -	(419)	\$ -	419	\$ -	J	\$ -	\$ -	
3) Subtotal ACA Risk Corridors Program	\$ -	\$ -	\$ -	\$ -	(419)	\$ -	419	\$ -		(419)	\$ -	
d. Total for ACA Risk Sharing Provisions	\$ -	\$ -	\$ -	\$ -	(419)	\$ -	419	\$ -		(419)	\$ -	

4) Rollforward of Risk Corridors Asset and Liability Balances by Program Benefit Year

	Balance as of 12/31/15	2016 Cash (Received) or	2016 Estimate Adjustments	Balance as of 12/31/16
2014 Risk Corridor Receivable	-	-	-	-
2014 Risk Corridor Payable	-	-	-	-
2015 Risk Corridor Receivable	-	-	-	-
2015 Risk Corridor Payable	-	419	(419)	-
2016 Risk Corridor Receivable	-	-	-	-
2016 Risk Corridor Payable	-	-	(29,446)	(29,446)
Total Risk Corridor Receivable	-	-	-	-
Total Risk Corridor Payable	-	419	(29,865)	(29,446)

5) ACA Risk Corridors Receivable as of Reporting Date

	Estimated Amount to be filed/final	Amounts impaired or not accrued	Amounts received from federal agency	Asset balance gross of non-admission	Non-admitted amounts	Net admitted assets
ACA Risk Corridor Receivable						
2014 Benefit Year	-	-	-	-	-	-
2015 Benefit Year	-	-	-	-	-	-
2016 Benefit Year	-	-	-	-	-	-

25. Change in Incurred Claims and Claims Adjustment Expenses

Reserves for incurred claims and claim adjustment expenses as of December 31, 2015 were \$84.7 million. As of December 31, 2016, \$80.5 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 (\$1.4) million as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore there has been \$2.8 million favorable prior-year development since December 31, 2015. This decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

NOTES TO FINANCIAL STATEMENTS

A. Pharmaceutical Rebate Receivables

None

B. Risk Sharing Receivables

None

29. Participating Policies

None

30. Premium Deficiency Reserves

Liability carried for premium deficiency reserves	\$2,028,533
Date of the most recent evaluation of this liability	January 31, 2017
Was anticipated investment income utilized in this calculation	No

31. Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No []
 If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A []
- 1.3 State Regulating? Oregon _____
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No []
- 2.2 If yes, date of change: _____
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____ 12/31/2013
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. _____ 12/31/2013
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). _____ 04/08/2015
- 3.4 By what department or departments? ODCBS - Financial Regulation _____
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A []
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A []
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [] No []
- 4.12 renewals? Yes [] No []
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [] No []
- 4.22 renewals? Yes [] No []
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No []
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No []
- 6.2 If yes, give full information _____
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No []
- 7.2 If yes,
 7.21 State the percentage of foreign control _____ .00
 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)) and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
		NO	NO	NO	NO

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
KPMG LLP; 10 South Broadway, Suite 900, St. Louis, MO 63102.....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Rob Bachler, FSA, MAAA, Milliman Consultants and Actuaries, 1301 Fifth Avenue, Suite 3800, Seattle, WA.....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company _____

12.12 Number of parcels involved _____ 0

12.13 Total book/adjusted carrying value \$ _____
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s)
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
			0

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....0
 - 20.12 To stockholders not officers \$.....0
 - 20.13 Trustees, supreme or grand (Fraternal only) \$.....0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....0
 - 20.22 To stockholders not officers \$.....0
 - 20.23 Trustees, supreme or grand (Fraternal only) \$.....0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....0
 - 21.22 Borrowed from others \$.....0
 - 21.23 Leased from others \$.....0
 - 21.24 Other \$.....0
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....0
 - 22.22 Amount paid as expenses \$.....0
 - 22.23 Other amounts paid \$.....0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....0

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No []
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] NA [X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$.....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] NA [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] NA [X]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] NA [X]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
 - 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
 - 24.103 Total payable for securities lending reported on the liability page \$.....

GENERAL INTERROGATORIES

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [X] No []

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	\$
25.22 Subject to reverse repurchase agreements	\$
25.23 Subject to dollar repurchase agreements	\$
25.24 Subject to reverse dollar repurchase agreements	\$
25.25 Placed under option agreements	\$
25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$
25.27 FHLB Capital Stock	\$
25.28 On deposit with states	\$ 260,000
25.29 On deposit with other regulatory bodies	\$
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$
25.32 Other	\$

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement. Yes [] No [] N/A [X]

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year. \$

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

28.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
US Bank.....	555 SW Oak Street, Portland, OR 97204.....
Wells Fargo.....	350 N. Last Chance Gulch, P.O. Box 597, Helena, MT 59624.....

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]

28.04 If yes, give full and complete information relating thereto:

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

GENERAL INTERROGATORIES

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

1 Name of Firm or Individual	2 Affiliation
US Bank NA.....	U.....
Wells Capital Management.....	U.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes [X] No []

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [X] No []

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
104973.....	Wells Capital Management.....	549300B3H21002L85190.....	SEC.....	NO.....
	US Bank NA.....	6BYL50ZYBDK8S7L73M02.....	OCC.....	NO.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2001.....		
29.2002.....		
29.2999 TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	99,522,156	98,160,145	(1,362,011)
30.2 Preferred Stocks.....	0		0
30.3 Totals	99,522,156	98,160,145	(1,362,011)

30.4 Describe the sources or methods utilized in determining the fair values:

Our primary pricing vendor is S&P Capital IQ, provided through Clearwater. Where S&P Capital IQ pricing is not available, we revert to Interactive Data Corporation, provided through our custodians.....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No []

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No []

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

34.1 Amount of payments for legal expenses, if any? \$0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$26,493

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
Pac/West	\$.....26,493

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]
 1.2 If yes, indicate premium earned on U.S. business only. \$0
 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$
 1.31 Reason for excluding

- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$
 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$0

- 1.6 Individual policies:
- | | |
|--|---------------------------|
| | Most current three years: |
| 1.61 Total premium earned | \$0 |
| 1.62 Total incurred claims | \$0 |
| 1.63 Number of covered lives |0 |
| All years prior to most current three years: | |
| 1.64 Total premium earned | \$0 |
| 1.65 Total incurred claims | \$0 |
| 1.66 Number of covered lives |0 |

- 1.7 Group policies:
- | | |
|--|---------------------------|
| | Most current three years: |
| 1.71 Total premium earned | \$0 |
| 1.72 Total incurred claims | \$0 |
| 1.73 Number of covered lives |0 |
| All years prior to most current three years: | |
| 1.74 Total premium earned | \$0 |
| 1.75 Total incurred claims | \$0 |
| 1.76 Number of covered lives |0 |

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator	\$499,888,764	\$492,403,518
2.2 Premium Denominator	\$499,888,764	\$492,403,518
2.3 Premium Ratio (2.1/2.2)	.....1.000	.....1.000
2.4 Reserve Numerator	\$97,441,400	\$87,404,507
2.5 Reserve Denominator	\$97,441,400	\$92,214,375
2.6 Reserve Ratio (2.4/2.5)	.....1.000	.....0.948

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]
 3.2 If yes, give particulars:

- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []
 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] No [X]
 5.1 Does the reporting entity have stop-loss reinsurance? Yes [X] No []
 5.2 If no, explain:

- 5.3 Maximum retained risk (see instructions)
- | | | |
|--|---------------------------------|-----------------|
| | 5.31 Comprehensive Medical | \$255,000 |
| | 5.32 Medical Only | \$ |
| | 5.33 Medicare Supplement | \$ |
| | 5.34 Dental and Vision | \$ |
| | 5.35 Other Limited Benefit Plan | \$ |
| | 5.36 Other | \$ |

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
 The Company protects subscribers and their dependents against the risk of insolvency through its reinsurance contracts.
 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No []
 7.2 If no, give details

8. Provide the following information regarding participating providers:
- | | | |
|--|--|------------|
| | 8.1 Number of providers at start of reporting year |3,301 |
| | 8.2 Number of providers at end of reporting year |3,569 |

- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]
 9.2 If yes, direct premium earned:
- | | | |
|--|---|-------|
| | 9.21 Business with rate guarantees between 15-36 months | ..... |
| | 9.22 Business with rate guarantees over 36 months | ..... |

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [X] No []
- 10.2 If yes:
- | | | |
|---|--|-------------------|
| 10.21 Maximum amount payable bonuses | | \$.....15,341,006 |
| 10.22 Amount actually paid for year bonuses | | \$.....(519,420) |
| 10.23 Maximum amount payable withholds | | \$.....15,341,006 |
| 10.24 Amount actually paid for year withholds | | \$.....13,293,055 |
- 11.1 Is the reporting entity organized as:
- | | | |
|---|--|------------------|
| 11.12 A Medical Group/Staff Model, | | Yes [] No [X] |
| 11.13 An Individual Practice Association (IPA), or, | | Yes [] No [X] |
| 11.14 A Mixed Model (combination of above) ? | | Yes [] No [X] |
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. Oregon.....
- 11.4 If yes, show the amount required. \$.....2,500,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]
- 11.6 If the amount is calculated, show the calculation
12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Lane County.....
Benton County.....
Linn County.....
Coos County.....
Douglas County.....

- 13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....
- 13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes [] No [] N/A [X]
- 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for Individual ordinary life insurance* policies (U.S. business Only) for the current year:
- | | | |
|--|--|---------|
| 15.1 Direct Premium Written (prior to reinsurance ceded) | | \$..... |
| 15.2 Total incurred claims | | \$..... |
| 15.3 Number of covered lives |  | ..... |

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

FIVE - YEAR HISTORICAL DATA

	1 2016	2 2015	3 2014	4 2013	5 2012
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	174,721,657	154,802,343	118,838,842	62,512,343	40,416,633
2. Total liabilities (Page 3, Line 24)	110,245,314	113,522,041	75,384,143	41,638,879	34,460,182
3. Statutory minimum capital and surplus requirement	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000
4. Total capital and surplus (Page 3, Line 33)	64,476,343	41,280,302	43,454,699	20,873,465	5,956,451
Income Statement (Page 4)					
5. Total revenues (Line 8)	519,737,063	522,881,728	407,528,920	244,500,594	134,049,267
6. Total medical and hospital expenses (Line 18)	469,864,221	434,223,610	319,661,569	210,438,088	116,954,105
7. Claims adjustment expenses (Line 20)	4,395,676	21,633,005	32,461,976	15,552,843	8,607,028
8. Total administrative expenses (Line 21)	42,952,194	33,966,484	19,380,033	12,401,897	6,362,864
9. Net underwriting gain (loss) (Line 24)	5,630,063	27,925,005	36,025,342	6,107,766	2,125,270
10. Net investment gain (loss) (Line 27)	1,176,384	883,297	642,521	196,833	37,980
11. Total other income (Lines 28 plus 29)	0	(82)	(310)	(419)	(1,843)
12. Net income or (loss) (Line 32)	5,022,503	14,122,024	22,199,795	3,932,180	1,157,407
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(2,163,345)	36,105,848	51,434,557	13,182,875	23,671,156
Risk-Based Capital Analysis					
14. Total adjusted capital	64,476,343	41,280,302	43,454,699	20,873,465	5,956,451
15. Authorized control level risk-based capital	15,707,548	16,100,142	13,087,482	9,232,575	5,023,665
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	93,081	101,117	93,370	57,894	53,509
17. Total members months (Column 6, Line 7)	1,188,256	1,204,948	1,054,140	702,904	285,902
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	94.0	88.2	79.8	86.1	87.2
20. Cost containment expenses	0.0	2.1	6.0	4.4	4.0
21. Other claims adjustment expenses	0.8	2.3	2.1	2.0	2.4
22. Total underwriting deductions (Line 23)	102.8	100.5	92.8	97.5	98.4
23. Total underwriting gain (loss) (Line 24)	1.1	5.7	9.0	2.5	1.6
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	81,829,148	44,826,755	30,823,448	26,055,063	4,346,353
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	82,192,295	54,364,950	36,207,220	30,122,697	4,882,200
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors? Yes [] No []

If no, please explain

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL								0	0
2. Alaska	AK								0	0
3. Arizona	AZ								0	0
4. Arkansas	AR								0	0
5. California	CA								0	0
6. Colorado	CO								0	0
7. Connecticut	CT								0	0
8. Delaware	DE								0	0
9. District of Columbia	DC								0	0
10. Florida	FL								0	0
11. Georgia	GA								0	0
12. Hawaii	HI								0	0
13. Idaho	ID								0	0
14. Illinois	IL								0	0
15. Indiana	IN								0	0
16. Iowa	IA								0	0
17. Kansas	KS								0	0
18. Kentucky	KY								0	0
19. Louisiana	LA								0	0
20. Maine	ME								0	0
21. Maryland	MD								0	0
22. Massachusetts	MA								0	0
23. Michigan	MI								0	0
24. Minnesota	MN								0	0
25. Mississippi	MS								0	0
26. Missouri	MO								0	0
27. Montana	MT								0	0
28. Nebraska	NE								0	0
29. Nevada	NV								0	0
30. New Hampshire	NH								0	0
31. New Jersey	NJ								0	0
32. New Mexico	NM								0	0
33. New York	NY								0	0
34. North Carolina	NC								0	0
35. North Dakota	ND								0	0
36. Ohio	OH								0	0
37. Oklahoma	OK								0	0
38. Oregon	OR	L	479,542	47,765,632	454,317,193				502,562,367	0
39. Pennsylvania	PA								0	0
40. Rhode Island	RI								0	0
41. South Carolina	SC								0	0
42. South Dakota	SD								0	0
43. Tennessee	TN								0	0
44. Texas	TX								0	0
45. Utah	UT								0	0
46. Vermont	VT								0	0
47. Virginia	VA								0	0
48. Washington	WA								0	0
49. West Virginia	WV								0	0
50. Wisconsin	WI								0	0
51. Wyoming	WY								0	0
52. American Samoa	AS								0	0
53. Guam	GU								0	0
54. Puerto Rico	PR								0	0
55. U.S. Virgin Islands	VI								0	0
56. Northern Mariana Islands	MP								0	0
57. Canada	CAN								0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal		XXX	479,542	47,765,632	454,317,193	0	0	0	502,562,367	0
60. Reporting entity contributions for Employee Benefit Plans		XXX							0	0
61. Total (Direct Business)	(a) 1	479,542	47,765,632	454,317,193	0	0	0	0	502,562,367	0
DETAILS OF WRITE-INS										
58001.		XXX								
58002.		XXX								
58003.		XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page.		XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	0

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

Explanation of basis of allocation by states, premiums by state, etc. N/A

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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Trillium Community Health Plan, Inc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Centene Corporation	42-1406317	DE	
Bankers Reserve Life Insurance Company of Wisconsin	39-0993433	WI	71013
Health Plan Real Estate Holding, Inc (17%)	46-2860967	MO	
Peach State Health Plan, Inc	20-3174593	GA	12315
Health Plan Real Estate Holding, Inc (21%)	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 (13%)	46-2860967	MO	
Absolute Total Care, Inc	20-5693998	SC	12959
Health Plan Real Estate Holding, Inc (1%)	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 (15%)	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 (2%)	46-2860967	MO	
Hallmark Life Insurance Co	86-0819817	AZ	60078
Superior HealthPlan, Inc	74-2770542	TX	95647
Health Plan Real Estate Holding, Inc (21%)	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 (5%)	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	
Kentucky Spirit Health Plan, Inc	45-1294925	KY	14100
Healthy Missouri Holding, Inc (95%)	45-5070230	MO	
Home State Health Plan, Inc	45-2798041	MO	14218
Health Plan Real Estate Holding, Inc (5%)	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
Silver Summit Health Plan, Inc.	20-4761189	NV	
Agate Resources, Inc.	20-0483299	OR	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Trillium Community Health Plan, Inc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Lane Individual Practice Association, Inc.	93-1198219	OR	
Trillium Community Health Plan, Inc. (60%)	42-1694349	OR	12559
Trillium Community Health Plan, Inc. (40%)	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	16041
Superior HealthPlan Community Solutions, Inc.	47-5664832	TX	15912
Sunshine Health Community Solutions, Inc.	47-5667095	FL	15927
Buckeye Health Plan Community Solutions, Inc.	47-5664342	OH	
Arkansas Health & Wellness Health Plan, Inc.	81-1282251	AR	
Healthy Oklahoma Holdings, Inc.	81-2788043	DE	
Oklahoma Complete Health Inc.	81-3121527	OK	
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 (1%)	74-2810404	TX	
Centene Holdings, LLC	20-2074277	DE	
Centene Company of Texas, LP (99%)	74-2810404	TX	
MHS Travel & Charter, Inc	43-1795436	WI	
Health Care Enterprises, LLC	46-4855483	DE	
Envolve Holdings, Inc.	22-3889471	DE	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Trillium Community Health Plan, Inc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

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%)	80-0879942	AZ	14704
Envolve, Inc.	37-1788565	DE	
AHA Administrative Services, LLC	47-4545413	AL	
Envolve - New York, Inc.	47-3454898	NY	
Envolve PeopleCare, Inc.	06-1476380	DE	
LiveHealthier, Inc.	47-2516714	DE	
Envolve Benefit Options, 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 (51%)	90-0766502	DE	
Centurion of Arizona, LLC	81-4228054	AZ	
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	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Trillium Community Health Plan, Inc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Specialty Therapeutic Care Holdings, LLC	27-3617766	DE
Specialty Therapeutic Care, LP (99.99%)	73-1698808	TX
Specialty Therapeutic Care, GP, LLC	73-1698807	TX
Specialty Therapeutic Care, LP (0.01%)	73-1698808	TX
Specialty Therapeutic Care West, LLC	26-2624521	TX
AcariaHealth Solutions, Inc.	80-0856383	DE
AcariaHealth, Inc.	45-2780334	DE
AcariaHealth Pharmacy #14, Inc	27-1599047	CA
AcariaHealth Pharmacy #11, Inc	20-8192615	TX
AcariaHealth Pharmacy #12, Inc	27-2765424	NY
AcariaHealth Pharmacy #13, Inc	26-0226900	CA
AcariaHealth Pharmacy, Inc	13-4262384	CA
HomeScripts.com, LLC	27-3707698	MI
New York Rx, Inc.	20-8235695	NY
U.S. Medical Management Holdings, Inc	27-0275614	DE
U.S. Medical Management, LLC (20%)	38-3153946	DE
U.S. Medical Management, LLC (48%)	38-3153946	DE
RMED, LLC	31-1733889	FL
IAH of Florida, LLC	47-2138680	FL
Heritage Home Hospice, LLC	51-0581762	MI
Grace Hospice of Austin, LLC	20-2827613	MI
ComfortBrook Hospice, LLC	20-1530070	OH
Comfort Hospice of Texas, LLC	20-4996551	MI
Grace Hospice of San Antonio, LLC	20-2827526	MI
Grace Hospice of Grand Rapids, LLC	45-0679248	MI
Grace Hospice of Indiana, LLC	45-0634905	MI
Grace Hospice of Virginia, LLC	45-5080637	MI
Comfort Hospice of Missouri, LLC	45-5080567	MI
Grace Hospice of Colorado, LLC	45-5080675	MI
Grace Hospice of Wisconsin, LLC	46-1708834	MI
Seniorcorps Peninsula, LLC	26-4435532	VA
R&C Healthcare, LLC	33-1179031	TX
A N J, LLC	20-0927034	TX
Pinnacle Senior Care of Missouri, LLC	46-0861469	MI
Country Style Health Care, LLC	03-0556422	TX
Phoenix Home Health Care, LLC	14-1878333	DE
Traditional Home Health Services, LLC	75-2635025	TX
Family Nurse Care, LLC	38-2751108	MI
Family Nurse Care II, LLC	20-5108540	MI
Family Nurse Care of Ohio, LLC	20-3920947	MI

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Trillium Community Health Plan, Inc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Pinnacle Senior Care of Wisconsin, LLC	46-4229858	WI	
Pinnacle Senior Care of Indiana, LLC	81-1565426	MI	
Pinnacle Home Care, LLC	76-0713516	TX	
North Florida Health Services, Inc	59-3519060	FL	
Pinnacle Sr. Care of Kalamazoo, LLC	47-1742728	MI	
Hospice DME Company, LLC	46-1734288	MI	
Rapid Respiratory Services, LLC	20-4364776	DE	
USMM Accountable Care Network, LLC	46-5730959	DE	
USMM Accountable Care Partners, LLC	46-5735993	DE	
USMM Accountable Care Solutions, LLC	46-5745748	DE	
USMM ACO, LLC	45-4165480	MI	
USMM ACO Florida, LLC	45-4157180	MI	
USMM ACO North Texas, LLC	45-4154905	MI	
Health Net, Inc.	47-5208076	DE	
Health Net of California, Inc.	95-4402957	CA	
Health Net Life Insurance Company	73-0654885	CA	66141
Health Net Life Reinsurance Company	98-0409907	CYM	
Health Net of California Real Estate Holdings, Inc.	54-2174069	CA	
Managed Health Network, LLC	95-4117722	DE	
Catalina Behavioral Health Services, Inc.	51-0490598	AZ	
Managed Health Network	95-3817988	CA	
MHN Services, LLC	95-4146179	CA	
MHN Services IPA, Inc.	13-4027559	NY	
Health Net Federal Services, LLC	68-0214809	DE	
MHN Government Services LLC	42-1680916	DE	
MHN Global Services, Inc.	51-0589404	DE	
MHN Government Services-Belgium, Inc.	80-0852000	DE	
MHN Government Services-Djibouti, Inc.	90-0889816	DE	
MHN Government Services-Germany, Inc.	80-0852008	DE	
MHN Government Services-Guam, Inc.	90-0889803	DE	
MHN Government Services-International, Inc.	90-0889825	DE	
MHN Government Services-Italy, Inc.	80-0852019	DE	
MHN Government Services-Japan, Inc.	46-1038058	DE	
MHN Government Services-Puerto Rico, Inc.	90-0889815	DE	
MHN Government Services-Turkey, Inc.	90-0889824	DE	
MHN Government Services-United Kingdom, Inc.	90-0889833	DE	
Network Providers, LLC (10%)	88-0357895	DE	
Health Net Preferred Providers, LLC	61-1388903	DE	
Health Net Veterans, LLC	35-2490375	DE	
Network Providers, LLC (90%)	88-0357895	DE	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Trillium Community Health Plan, Inc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Health Net of the Northeast, LLC (25%)	06-1116976	DE	
Health Net of the Northeast, LLC (75%)	06-1116976	DE	
QualMed, Inc.	84-1175468	DE	
QualMed Plans for Health of Colorado, Inc.	84-0975985	CO	
Health Net Health Plan of Oregon, Inc.	93-1004034	OR	95800
HSI Advantage Health Holdings, Inc.	23-2867299	DE	
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. (90%)	23-2789453	PA	
FH Surgery Centers Inc.	68-0390435	CA	
Greater Sacramento Surgery Center LP (66%)	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 (75%)	Foreign	GBR	
DC Care Connections, Inc.	81-4266094	DC	
Centene Health Plan Holdings, Inc.	Pending	DE	

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