



# HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2016  
OF THE CONDITION AND AFFAIRS OF THE  
**Zoom Health Plan, Inc**

NAIC Group Code 0000 (Current) (Prior) NAIC Company Code 15578 Employer's ID Number 46-3220666

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

Country of Domicile United States of America

Licensed as business type: Health Care Service Contractor

Is HMO Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized 07/19/2013 Commenced Business 08/04/2014

Statutory Home Office 19075 NW Tanasbourne Drive, Suite 200, Hillsboro, OR, US 97124-5866  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 19075 NW Tanasbourne Drive, Suite 200  
(Street and Number)  
Hillsboro, OR, US 97124-5866 844-966-6777  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 19075 NW Tanasbourne Drive, Suite 200, Hillsboro, OR, US 97124-5866  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 19075 NW Tanasbourne Drive, Suite 200  
(Street and Number)  
Hillsboro, OR, US 97124-5866 844-966-6777  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address zoomcare.com

Statutory Statement Contact Roy Larsen, 844-966-6777  
(Name) (Area Code) (Telephone Number)  
rlarsen@zoomcare.com 503-941-3775  
(E-mail Address) (FAX Number)

### OFFICERS

President David G. Sanders Assistant Secretary Martin J. Barrack  
Secretary & Treasurer Albert R. DiPiero

### OTHER

David Gershaw Debra Casterline

### DIRECTORS OR TRUSTEES

J. Bart McMullan David G. Sanders Albert R. DiPiero

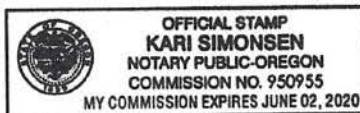
State of Oregon SS:  
County of Washington

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.

David G. Sanders Albert R. DiPiero Martin J. Barrack  
President Secretary & Treasurer Assistant Secretary

Subscribed and sworn to before me this 15<sup>th</sup> day of August, 2016  
[Signature]

- 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 \_\_\_\_\_



## STATEMENT AS OF JUNE 30, 2016 OF THE Zoom Health Plan, Inc.

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....				
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
4.1 Properties occupied by the company (less \$ .....				
encumbrances) .....				
4.2 Properties held for the production of income (less				
\$ .....				
encumbrances) .....				
4.3 Properties held for sale (less \$ .....				
encumbrances) .....				
5. Cash (\$ .....5,452,335 ), cash equivalents				
(\$ ..... ) and short-term				
investments (\$ ..... ) .....	5,452,335		5,452,335	4,266,509
6. Contract loans (including \$ ..... premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	5,452,335		5,452,335	4,266,509
13. Title plants less \$ ..... charged off (for Title insurers				
only) .....				
14. Investment income due and accrued .....				
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	43,957		43,957	
15.2 Deferred premiums, agents' balances and installments booked but				
deferred and not yet due (including \$ .....				
earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums (\$ ..... ) and				
contracts subject to redetermination (\$ ..... ) .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....				
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....				
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....				
18.2 Net deferred tax asset .....				
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....	731,827	644,359	87,468	114,435
21. Furniture and equipment, including health care delivery assets				
(\$ ..... ) .....				
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....				
24. Health care (\$ ..... ) and other amounts receivable .....				
25. Aggregate write-ins for other than invested assets .....	64,993	64,993		
26. Total assets excluding Separate Accounts, Segregated Accounts and	6,293,112	709,352	5,583,760	4,380,944
Protected Cell Accounts (Lines 12 to 25) .....				
27. From Separate Accounts, Segregated Accounts and Protected Cell				
Accounts .....				
28. Total (Lines 26 and 27) .....	6,293,112	709,352	5,583,760	4,380,944
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) .....				
2501. PREPAID EXPENSES .....	64,993	64,993		
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	64,993	64,993		



**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ _____0 reinsurance ceded) .....	1,602,435		1,602,435	150,529
2. Accrued medical incentive pool and bonus amounts .....				
3. Unpaid claims adjustment expenses .....	87,852		87,852	43,248
4. Aggregate health policy reserves, including the liability of \$ _____ for medical loss ratio rebate per the Public Health Service Act .....				
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserve .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....	226,745		226,745	274,007
9. General expenses due or accrued .....	464,629		464,629	402,234
10.1 Current federal and foreign income tax payable and interest thereon (including \$ _____ on realized gains (losses)) .....				
10.2 Net deferred tax liability .....				
11. Ceded reinsurance premiums payable .....	54,964		54,964	2,975
12. Amounts withheld or retained for the account of others .....				
13. Remittances and items not allocated .....				
14. Borrowed money (including \$ _____ current) and interest thereon \$ _____ (including \$ _____ current) .....				
15. Amounts due to parent, subsidiaries and affiliates .....	144,058		144,058	102,100
16. Derivatives .....				
17. Payable for securities .....				
18. Payable for securities lending .....				
19. Funds held under reinsurance treaties (with \$ _____ authorized reinsurers, \$ _____ unauthorized reinsurers and \$ _____ certified reinsurers) .....				
20. Reinsurance in unauthorized and certified (\$ _____ ) companies .....				
21. Net adjustments in assets and liabilities due to foreign exchange rates .....				
22. Liability for amounts held under uninsured plans .....				
23. Aggregate write-ins for other liabilities (including \$ _____ current) .....				
24. Total liabilities (Lines 1 to 23) .....	2,580,683		2,580,683	975,093
25. Aggregate write-ins for special surplus funds .....	XXX	XXX		
26. Common capital stock .....	XXX	XXX	63	63
27. Preferred capital stock .....	XXX	XXX		
28. Gross paid in and contributed surplus .....	XXX	XXX	2,000,567	2,000,567
29. Surplus notes .....	XXX	XXX	7,000,000	6,750,000
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX		
31. Unassigned funds (surplus) .....	XXX	XXX	(5,997,553)	(5,344,779)
32. Less treasury stock, at cost:				
32.1 _____ shares common (value included in Line 26 \$ _____ ) .....	XXX	XXX		
32.2 _____ shares preferred (value included in Line 27 \$ _____ ) .....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	3,003,077	3,405,851
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	5,583,760	4,380,944
<b>DETAILS OF WRITE-INS</b>				
2301. ....				
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....				
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above) .....				
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	XXX	XXX		
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX		
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above) .....	XXX	XXX		

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	XXX	13,762	200	1,193
2. Net premium income ( including \$ ..... non-health premium income).....	XXX	3,573,708	57,228	374,859
3. Change in unearned premium reserves and reserve for rate credits.....	XXX			
4. Fee-for-service (net of \$ ..... medical expenses).....	XXX			
5. Risk revenue .....	XXX			
6. Aggregate write-ins for other health care related revenues .....	XXX			
7. Aggregate write-ins for other non-health revenues .....	XXX			
8. Total revenues (Lines 2 to 7) .....	XXX	3,573,708	57,228	374,859
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		1,404,341	17,787	194,934
10. Other professional services .....		1,042,045	36,347	33,956
11. Outside referrals .....		21,434		
12. Emergency room and out-of-area .....		41,803		4,889
13. Prescription drugs .....		124,260	4,075	34,307
14. Aggregate write-ins for other hospital and medical .....				
15. Incentive pool, withhold adjustments and bonus amounts .....				
16. Subtotal (Lines 9 to 15) .....		2,633,883	58,209	268,086
<b>Less:</b>				
17. Net reinsurance recoveries .....				
18. Total hospital and medical (Lines 16 minus 17) .....		2,633,883	58,209	268,086
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$ .....65,103 cost containment expenses .....		265,574	115,916	283,342
21. General administrative expenses .....		1,276,370	1,466,914	3,683,971
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....		44,604	2,296	43,248
23. Total underwriting deductions (Lines 18 through 22) .....		4,220,431	1,643,335	4,278,647
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(646,723)	(1,576,107)	(3,903,788)
25. Net investment income earned .....		4,136	1,696	3,854
26. Net realized capital gains (losses) less capital gains tax of \$ .....				
27. Net investment gains (losses) (Lines 25 plus 26) .....		4,136	1,696	3,854
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....				
29. Aggregate write-ins for other income or expenses .....				
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	(642,587)	(1,574,411)	(3,899,934)
31. Federal and foreign income taxes incurred .....	XXX			
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(642,587)	(1,574,411)	(3,899,934)
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX			
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX			
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) .....	XXX			
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX			
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) .....	XXX			
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....				
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) .....				
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....				
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) .....				

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	3,405,851	2,654,950	2,654,950
34. Net income or (loss) from Line 32.....	(642,587)	(1,574,411)	(3,899,934)
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			
39. Change in nonadmitted assets.....	(10,187)	(395,387)	(699,165)
40. Change in unauthorized and certified reinsurance.....			
41. Change in treasury stock.....			
42. Change in surplus notes.....	250,000	3,600,000	5,350,000
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in.....			
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....			
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....			
48. Net change in capital & surplus (Lines 34 to 47).....	(402,774)	1,630,202	750,901
49. Capital and surplus end of reporting period (Line 33 plus 48)	3,003,077	4,285,152	3,405,851
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page.....			
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)			



## STATEMENT AS OF JUNE 30, 2016 OF THE Zoom Health Plan, Inc.

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	3,534,478	68,508	651,841
2. Net investment income .....	4,136	1,696	3,854
3. Miscellaneous income .....			
4. Total (Lines 1 to 3) .....	3,538,614	70,204	655,695
5. Benefit and loss related payments .....	1,226,581	19,365	160,805
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	1,434,945	1,516,402	3,615,485
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....			
10. Total (Lines 5 through 9) .....	2,661,526	1,535,767	3,776,290
11. Net cash from operations (Line 4 minus Line 10) .....	877,088	(1,465,563)	(3,120,595)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....			
12.2 Stocks .....			
12.3 Mortgage loans .....			
12.4 Real estate .....			
12.5 Other invested assets .....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....			
12.7 Miscellaneous proceeds .....			
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....			
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....			
13.2 Stocks .....			
13.3 Mortgage loans .....			
13.4 Real estate .....			
13.5 Other invested assets .....			
13.6 Miscellaneous applications .....			
13.7 Total investments acquired (Lines 13.1 to 13.6) .....			
14. Net increase (or decrease) in contract loans and premium notes .....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....			
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	250,000	3,600,000	5,350,000
16.2 Capital and paid in surplus, less treasury stock .....			
16.3 Borrowed funds .....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5 Dividends to stockholders .....			
16.6 Other cash provided (applied) .....	58,738	(539,326)	(762,596)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	308,738	3,060,674	4,587,404
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	1,185,826	1,595,111	1,466,809
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	4,266,509	2,799,699	2,799,700
19.2 End of period (Line 18 plus Line 19.1) .....	5,452,335	4,394,810	4,266,509

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

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STATEMENT AS OF JUNE 30, 2016 OF THE Zoom Health Plan, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>Total Members at end of:</b>										
1. Prior Year .....	217		217							
2. First Quarter .....	2,421	1,636	785							
3. Second Quarter .....	2,482	1,562	920							
4. Third Quarter .....										
5. Current Year										
6. Current Year Member Months	13,762	9,186	4,576							
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician .....	2,708	1,741	967							
8. Non-Physician .....	1,829	1,107	722							
9. Total	4,537	2,848	1,689							
10. Hospital Patient Days Incurred	7	5	2							
11. Number of Inpatient Admissions	3	2	1							
12. Health Premiums Written (a) .....	3,769,533	2,334,232	1,435,301							
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	3,573,708	2,194,996	1,378,712							
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	1,234,685	663,688	570,997							
18. Amount Incurred for Provision of Health Care Services	2,633,883	1,568,224	1,065,659							

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





STATEMENT AS OF JUNE 30, 2016 OF THE Zoom Health Plan, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	19,373	1,162,604	7,079	1,595,356	26,452	150,529
2. Medicare Supplement .....						
3. Dental Only .....						
4. Vision Only .....						
5. Federal Employees Health Benefits Plan .....						
6. Title XVIII - Medicare .....						
7. Title XIX - Medicaid .....						
8. Other health .....						
9. Health subtotal (Lines 1 to 8) .....	19,373	1,162,604	7,079	1,595,356	26,452	150,529
10. Healthcare receivables (a) .....						
11. Other non-health .....						
12. Medical incentive pools and bonus amounts .....						
13. Totals (Lines 9-10+11+12)	19,373	1,162,604	7,079	1,595,356	26,452	150,529

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

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STATEMENT AS OF JUNE 30, 2016 OF THE Zoom Health Plan, Inc.

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Zoom Health Plan, Inc. are presented on the statutory basis of accounting practices (Statutory Accounting Principles) prescribed or permitted by the Oregon Division of Financial Regulation. The Oregon Division of Financial Regulation has adopted the National Association of Insurance Commissioners (NAIC) *Accounting Practices and Procedures Manual*, March 2015 version, as its statutory basis of accounting.

A reconciliation of the Company's net income and capital and surplus between NAIC statutory accounting practices and practices prescribed and permitted by the Oregon Insurance Division is shown below:

	<u>State of</u> <u>Domicile</u>	June 30, 2016	December 31, 2015
<u>NET INCOME</u>			
(1) Company state basis (Page 4, Line 32, Columns 2 & 4)	OR	<u>(\$642,587)</u>	<u>(\$3,899,934)</u>
(2) State prescribed practice that increase/(decrease) NAIC SAP	OR	<u>\$0</u>	<u>\$0</u>
(3) State permitted practices that increase/(decrease) NAIC SAP	OR	<u>\$0</u>	<u>\$0</u>
(4) NAIC SAP (1-2-3=4)	OR	<u>(\$642,587)</u>	<u>(\$3,899,934)</u>
<u>SURPLUS</u>			
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	OR	<u>\$3,003,077</u>	<u>\$3,405,851</u>
(6) State prescribed practices that increase/(decrease) NAIC SAP	OR	<u>\$0</u>	<u>\$0</u>
(7) State permitted practices that increase/(decrease) NAIC SAP	OR	<u>\$0</u>	<u>\$0</u>
(8) NAIC SAP (5-6-7=8)	OR	<u>\$3,003,077</u>	<u>\$3,405,851</u>

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

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

C. Accounting Policy

Health Premiums are earned ratably over the terms of the related insurance and reinsurance contracts or policies. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

In addition, the Company follows the accounting policies below:

- 1) Zoom Health Plan, Inc. does not own any short-term investments
- 2) Bonds not backed by other loans are stated at amortized cost using the interest method.
- 3) Zoom Health Plan, Inc. does not own any common stock.
- 4) Zoom Health Plan, Inc. does not own any preferred stock.
- 5) Zoom Health Plan, Inc. does not own any mortgage loans or real estate
- 6) Zoom Health Plan, Inc. does not own any loan-backed securities
- 7) Zoom Health Plan, Inc. does not hold any investments in subsidiaries, controlled or affiliated entities.
- 8) Zoom Health Plan, Inc. does not hold any investments in joint ventures, partnerships, or limited liability companies
- 9) Zoom Health Plan, Inc. does not hold any derivative investments
- 10) Zoom Health Plan, Inc. anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 54 – Individual and Group Accident and Health Contracts.
- 11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed.
- 12) Zoom Health Plan, Inc. has not modified its capitalization policy from the prior period.
- 13) Zoom Health Plan, Inc. does not estimate pharmaceutical rebate receivables.

D. Going Concern

Zoom Health Plan, Inc.'s management has not been made aware of any substantial doubt about the Company's ability to continue as a going concern.

STATEMENT AS OF JUNE 30, 2016 OF THE Zoom Health Plan, Inc.

2. Accounting Changes and Corrections of Errors

Not applicable.

3. Business Combinations and Goodwill

Not applicable.

4. Discontinued Operations

Not applicable.

5. Investments

A. Mortgage Loans

Not applicable.

B. Debt Restructuring

Not applicable.

C. Reverse Mortgages

Not applicable.

D. Loan-Backed Securities

Not applicable.

E. Repurchase Agreements under/or Securities Lending Transactions

Not applicable.

F. Real Estate

Not applicable.

G. Low Income Housing Tax Credits

Not applicable.

H. Restricted Assets:

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1. Total Gross Restricted from Current Year	2. Total Gross Restricted From Prior Year	3. Increase/(Decrease) (1)-(2)	4. Total Current Year Admitted Restricted	5. Percentage Gross Restricted to Total Assets	6. Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$0	\$0	\$0	\$0	%	%
b. Collateral held under security lending agreements	\$0	\$0	\$0	\$0	%	%
c. Subject to repurchase agreements	\$0	\$0	\$0	\$0	%	%
d. Subject to reverse repurchase agreements	\$0	\$0	\$0	\$0	%	%
e. Subject to dollar repurchase agreements	\$0	\$0	\$0	\$0	%	%
f. Subject to dollar reverse repurchase agreements	\$0	\$0	\$0	\$0	%	%
g. Place under option contracts	\$0	\$0	\$0	\$0	%	%
h. Letter stock or securities restricted as to sale	\$0	\$0	\$0	\$0	%	%
i. FHLB capital stock	\$0	\$0	\$0	\$0	%	%
j. On deposit with states	\$260,000	\$260,000	\$0	\$260,000	4.1%	4.7%
k. On deposit with other regulatory bodies	\$0	\$0	\$0	\$0	%	%
l. Pledged as collateral to FHLB (including assets backing funding agreements)	\$0	\$0	\$0	\$0	%	%
m. Pledged as collateral not captured in other categories	\$0	\$0	\$0	\$0	%	%
n. Other restricted assets	\$0	\$0	\$0	\$0	%	%
o. Total Restricted Assets	\$260,000	\$260,000	\$0	\$260,000	4.1%	4.7%

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

Not applicable.

(3) Detail of Other Restricted Assets

Not applicable.

I. Working Capital Finance Investments

Not applicable.

J. Offsetting and Netting of Assets and Liabilities

Not applicable.

K. Structured Notes

Not applicable.



STATEMENT AS OF JUNE 30, 2016 OF THE Zoom Health Plan, Inc.

**6. Joint Ventures, Partnerships, and Limited Liability Companies**

Not applicable.

**7. Investment Income**

- A. No investment income due and accrued has been excluded from the presentation of this statement.
- B. Zoom Health Plan, Inc. does not have any investment income excluded from surplus

**8. Derivative Instruments**

Not applicable.

**9. Income Taxes**

Zoom Health Plan, Inc. is in a loss position and has not had a gain since incorporation, therefore no income taxes have been accrued as of June 30, 2016.

**10. Information Concerning Parents, Subsidiaries, Affiliates, and Other Related Parties**

- A. Zoom Health Plan, Inc. has, through common ownership, directors, and Management Agreement, an affiliated company, Zoom Management Inc.
- B. Zoom Health Plan, Inc. received cash capital surplus notes from Zoom Management Inc. in these amounts: \$250,000 on March 25, 2016 for a total of \$250,000 year-to-date.
- C. Not applicable.
- D. Receivables for related parties at June 30, 2016:  
Not applicable.  
Payables for related parties at June 30, 2016:  
Zoom Management Inc.                      \$ 144,058
- E. Not applicable.
- F. Zoom Health Plan, Inc. has recorded \$692,004 of expense for the year to date period ended June 30, 2016 under a Management Agreement with Zoom Management, Inc. (ZMI). Under the Management Agreement, ZMI is the exclusive provider of the following services to Zoom Health Plan, Inc.: business management, information management, administration, and utilization of equipment and supplies.
- G. Not applicable.
- H. Not applicable.
- I. Not applicable.
- J. Not applicable.
- K. Not applicable.
- L. Not applicable.

**11. Debt**

Not applicable.

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

- A. Not applicable.
- B. Not applicable.
- C. Not applicable.
- D. Not applicable.
- E. Defined Contribution Plan  
All personnel are employees of Zoom Management Inc. (ZMI), and, under the terms of the Management Agreement (see Note 10), Zoom Health Plan, Inc. contributes to a defined contribution plan which permits ZMI employees to contribute up to 70% of eligible compensation and those contributions, up to 6% of eligible compensation, are matched 50%. Zoom Health Plan, Inc.'s recognition of the company contributions was \$15,321 year-to-date as of June 30, 2016.
- F. Multiemployer Plans  
Not applicable.
- G. Consolidated/Holding Company Plans  
Not applicable.
- H. Postemployment Benefits and Compensated Absences  
Not applicable.
- I. Impact of Medicare Modernization Act on Postretirement Benefits  
Not applicable.

STATEMENT AS OF JUNE 30, 2016 OF THE Zoom Health Plan, Inc.

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

1. Zoom Health Plan, Inc. has 100,000 shares authorized and 62,751 shares issued and outstanding as of June 30, 2016. All shares are common stock with a par value of \$.001.
2. Not applicable.
3. Not applicable.
4. Not applicable.
5. Not applicable.
6. Not applicable.
7. Not applicable.
8. Not applicable.
9. Zoom Health Plan, Inc. has issued a total of \$250,000 in surplus notes to affiliate Zoom Management Inc. for the year to date period ending June 30, 2016.
10. Not applicable.
11. Zoom Health Plan, Inc. issued the following surplus notes outstanding at June 30, 2016:

Date Issued	Interest Rate	Par Value (Face Amount of Notes)	Carrying Value of Note	Interest And/Or Principal Paid Current Year	Total Interest And/Or Principal Paid	Unapproved Interest And/Or Principal	Date of Maturity
6/27/2014	6%	\$1,000,000	\$1,000,000	\$0	\$0	\$126,492	6/27/2020
12/31/2014	6%	400,000	400,000	0	0	30,914	12/31/2020
2/26/2015	6%	600,000	600,000	0	0	46,370	2/26/2021
3/15/2015	6%	1,000,000	1,000,000	0	0	77,284	3/15/2021
5/7/2015	6%	1,000,000	1,000,000	0	0	61,364	5/7/2021
6/25/2015	6%	1,000,000	1,000,000	0	0	61,364	6/25/2021
9/15/2015	6%	1,000,000	1,000,000	0	0	45,678	9/15/2021
12/15/2015	6%	750,000	750,000	0	0	22,669	12/15/2021
3/25/2016	6%	250,000	250,000	0	0	3,750	3/25/2022
<b>Totals</b>		<b>\$7,000,000</b>	<b>\$7,000,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$475,885</b>	

Each surplus note was issued in exchange of cash received from affiliate Zoom Management Inc. (ZMI) on the date issued and in the amount set forth in the table above.

The surplus notes have the following repayment conditions and restrictions: Each payment of interest on and principal of any surplus note may be made only with the prior approval of the Commissioner of Insurance of the State of Oregon and only to the extent the company has sufficient surplus earnings to make such payment.

12. Not applicable.
13. Not applicable.

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments  
Not applicable.
- B. Assessments  
The company is not aware of any assessments, potential or accrued, that could have a material financial effect on the operations of the entity.
- C. Gain Contingencies  
Not applicable.
- D. Claims Related Extra Contractual Obligations and Bad Faith Losses Stemming from Lawsuits  
The company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits.

	Direct
Claims related ECO and bad faith losses paid during the reporting period	\$0

Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period.

(a)	(b)	(c)	(d)	(e)
0-25 Claims	26-50 Claims	51-100 Claims	101-500 Claims	More than 500 claims
X				

Indicate whether claim count information is disclosed per claim or per claimant.

(f) Per Claim [X] (g) Per Claimant [ ]

- E. Joint and Several Liabilities  
Not applicable.
- F. All Other Contingencies  
Not applicable.

STATEMENT AS OF JUNE 30, 2016 OF THE Zoom Health Plan, Inc.

15. Leases

Not applicable.

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

Not applicable.

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

Not applicable.

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

A. ASO Plans

Not applicable.

B. ASC Plans

Not applicable.

C. Medicare of Similarly Structured Cost Based Reimbursement Contracts

Not applicable.

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

Zoom Health Plan, Inc. has not had any direct premiums written or produced by managing general agents or third party administrators.

20. Fair Value Measures

A. 1. – 5. Zoom Health Plan, Inc. does not have any financial assets that are measured and reported at fair value on the statutory basis statements of admitted assets, liabilities, and capital and surplus at June 30, 2016.

B. Fair Value Information under SSAP No. 100 combined with Fair Value information under other Accounting Pronouncements  
Not applicable.

C. Aggregate Fair Value of all Financial Instruments  
Not applicable.

D. Not Practicable to Estimate Fair Value  
Not applicable.

21. Other Items

A. Extraordinary Items  
Not applicable.

B. Troubled Debt Restructuring Debtors  
Not applicable.

C. Other Disclosures and Unusual Items  
Not applicable.

D. Business Interruptions Insurance Recoveries  
Not applicable.

E. State Transferable and Non-transferable Tax Credits  
Not applicable.

F. Subprime Mortgage-Related Risk Exposure  
Not applicable.

G. Retained Assets  
Not applicable.



STATEMENT AS OF JUNE 30, 2016 OF THE Zoom Health Plan, Inc.

22. Events Subsequent

Type I – Recognized Subsequent Events

Subsequent events have been considered through August 2, 2016 for the statutory statement issued on June 30, 2016.

Not applicable.

Type II – Nonrecognized Subsequent Events

Subsequent events have been considered through August 2, 2016 for the statutory statement issued on June 30, 2016.

Zoom Health Plan, Inc. is now subject to an annual fee under Section 9010 of the Federal Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of June 30, 2016, the company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in future years, and estimates its portion of the annual health insurance industry fee payable on September 30, 2016 to be \$0. This amount is reflected in aggregate write-ins for special surplus funds.

	<u>Current Year</u>	<u>Prior Year</u>
A. 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	
B. ACA fee assessment payable for the upcoming year.....	\$ 0	\$ 0
C. ACA fee assessment paid .....	\$ 0	\$ 0
D. Premium written subject to ACA 9010 assessment.....	\$ 3,573,708	\$ 374,859
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14) .....	\$ 3,205,467	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above).....	\$ 3,205,467	
G. Authorized Control level (Five-Year Historical Line 15).....	\$ 400,170	
H. Would reporting the ACA assessment as of June 30, 2016, have triggered an RBC action level (YES/NO)? .....	NO	

There are no other events subsequent to June 30, 2016 that require disclosure.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?  
Yes ( ) No (X)
2. Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person no primarily engaged in the insurance business?  
Yes ( ) No (X)

STATEMENT AS OF JUNE 30, 2016 OF THE Zoom Health Plan, Inc.

Section 2 – Ceded Reinsurance Report – Part A

1. Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?  
Yes ( ) No (X)  
a. Not applicable.  
b. Not applicable.
2. Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for the offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?  
Yes ( ) No (X)

Section 3 – Ceded Reinsurance Report – Part B

3. What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 1 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? \$0.
  4. Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?  
Yes ( ) No (X)
- B. Uncollectible Reinsurance  
Not applicable.
- C. Commutation of Ceded Reinsurance  
Not applicable.
- D. Certified Reinsurer Downgraded or Status Subject to Revocation  
Not applicable.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

- A. Zoom Health Plan, Inc. estimates accrued retrospective premium adjustments for its group health insurance business based on mathematical calculations in accordance with contractual terms.
- B. Zoom Health Plan, Inc. records accrued retrospective premium as an adjustment to earned premium.
- C. Zoom Health Plan, Inc. has no net premiums written that are subject to retrospective rating features.
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

Zoom Health Plan, Inc. does not have sufficient data as of June 30, 2016 to determine incurred Medical loss ratio rebates for the current reporting year.

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
<b>Prior Reporting Year</b>					
Medical loss ratio rebates incurred	\$0	\$0	\$0	\$0	\$0
Medical loss ratio rebates paid	\$0	\$0	\$0	\$0	\$0
Medical loss ratio rebates unpaid	\$0	\$0	\$0	\$0	\$0
Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	\$0
Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	\$0
Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$0
<b>Current Reporting Year-to-Date</b>					
Medical loss ratio rebates incurred	\$0	\$0	\$0	\$0	\$0
Medical loss ratio rebates paid	\$0	\$0	\$0	\$0	\$0
Medical loss ratio rebates unpaid	\$0	\$0	\$0	\$0	\$0
Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	\$0
Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	\$0
Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$0

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E. Risk-Sharing Provisions of the Affordable Care Act

- (1) Zoom Health Plan, Inc. has written accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions.
- (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

Zoom Health Plan, Inc. does not have sufficient data as of June 30, 2016 to determine adjustments receivable and payable due to ACA Risk Adjustment Program for the current reporting year.

Assets

1. Premium adjustments receivable due to ACA Risk Adjustment	\$	0
--	----	---

Liabilities

2. Risk adjustment user fees payable for ACA Risk Adjustment	\$	749
3. Premium adjustments payable due to ACA Risk Adjustment	\$	0

Operations (Revenue & Expense)

4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$	0
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$	749

b. Transitional ACA Reinsurance Program

Assets

1. Amounts recoverable for claims paid due to ACA Reinsurance	\$	0
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$	0
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$	0

Liabilities

4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$	11,285
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$	21,058
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$	0

Operations (Revenue & Expense)

7. Ceded reinsurance premiums due to ACA Reinsurance	\$	21,058
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$	0
9. ACA Reinsurance contributions - not reported as ceded premium	\$	9,907

c. Temporary ACA Risk Corridors Program

Zoom Health Plan, Inc. does not have sufficient data as of June 30, 2016 to determine adjustments receivable and payable due to ACA Risk Corridors Program for the current reporting year.

Assets

1. Accrued retrospective premium due to ACA Risk Corridors	\$	0
--	----	---

Liabilities

2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$	0
---	----	---

Operations (Revenue & Expense)

3. Effect of ACA Risk Corridors on net premium income (paid/received)	\$	0
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$	0



STATEMENT AS OF JUNE 30, 2016 OF THE Zoom Health Plan, Inc.

(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 adjustment 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 Reporting Date	
	1.	2.	3.	4.	Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances	Ref	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
					5.	6.	7.	8.		9.	10.
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	A	\$0	\$0
2. Premium adjustments (payable)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	B	\$0	\$0
3. Subtotal of ACA Permanent Risk Adjustment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	C	\$0	\$0
2. Amounts recoverable for claims unpaid (contra liability)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	D	\$0	\$0
3. Amounts receivable relating to uninsured plans	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	E	\$0	\$0
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	F	\$0	\$0
5. Ceded reinsurance premiums payable	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	G	\$0	\$0
6. Liability for amounts held under uninsured plans	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	H	\$0	\$0
7. Subtotal ACA Transitional Reinsurance Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	I	\$0	\$0
2. Reserve for the rate credits or policy experience rating refunds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	J	\$0	\$0
3. Subtotal ACA Risk Corridors Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
d. Total for ACA Risk Sharing Provisions	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0

Explanations of Adjustments:

- A. Not applicable.
- B. Not applicable.
- C. Not applicable.
- D. Not applicable.
- E. Not applicable.
- F. Not applicable.
- G. Not applicable.
- H. Not applicable.
- I. Not applicable.
- J. Not applicable.

STATEMENT AS OF JUNE 30, 2016 OF THE Zoom Health Plan, Inc.

**25. Change in Incurred Claims and Claim Adjustment Expense**

Reserves as of December 31, 2015 were \$193,777. As of June 30, 2016, \$22,861 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$7,560 as a result of re-estimation of unpaid claims and claim adjustment expenses on the Large Group line of insurance. Therefore, there has been a \$163,356 favorable prior-year development since December 31, 2015 to June 30, 2016. The 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**

Not applicable.

**27. Structured Settlements**

Not applicable.

**28. Health Care Receivables**

- A. Pharmaceutical Rebate Receivables  
Not applicable.
- B. Risk Sharing Receivables  
Not applicable.

**29. Participating Policies**

Not applicable.

**30. Premium Deficiency Reserves**

- |   |               |
|---|---------------|
| 1. Liability carried for premium deficiency reserves        | \$0           |
| 2. Date of the most recent evaluation of this liability     | July 20, 2016 |
| 3. Was anticipated investment utilized in the calculations? | NO            |

**31. Anticipated Salvage and Subrogation**

Not applicable.

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**GENERAL**

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

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

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [ X ] N/A [ ]  
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 07/03/2014
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 07/03/2014
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 08/26/2014
- 6.4 By what department or departments?  
State of Oregon, Department of Consumer and Business Services, Division of Financial Regulation
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] N/A [ X ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [ ] N/A [ X ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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



**GENERAL INTERROGATORIES**

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

**FINANCIAL**

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

**INVESTMENT**

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

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ .....	\$ .....
14.22 Preferred Stock .....	\$ .....	\$ .....
14.23 Common Stock .....	\$ .....	\$ .....
14.24 Short-Term Investments .....	\$ .....	\$ .....
14.25 Mortgage Loans on Real Estate .....	\$ .....	\$ .....
14.26 All Other .....	\$ .....	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	\$ .....	\$ .....
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....

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

**GENERAL INTERROGATORIES**

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

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

1 Name of Custodian(s)	2 Custodian Address
Premier Community Bank .....	314 E. Main Street, Hillsboro, OR 97123 .....

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

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

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

- 17.4 If yes, give full information relating thereto:

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

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

1 Central Registration Depository	2 Name(s)	3 Address

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

- 18.2 If no, list exceptions:

## GENERAL INTERROGATORIES

### PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent .....76.8 %
- 1.2 A&H cost containment percent .....1.8 %
- 1.3 A&H expense percent excluding cost containment expenses .....74.9 %
- 2.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date ..... \$
- 2.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date ..... \$





**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

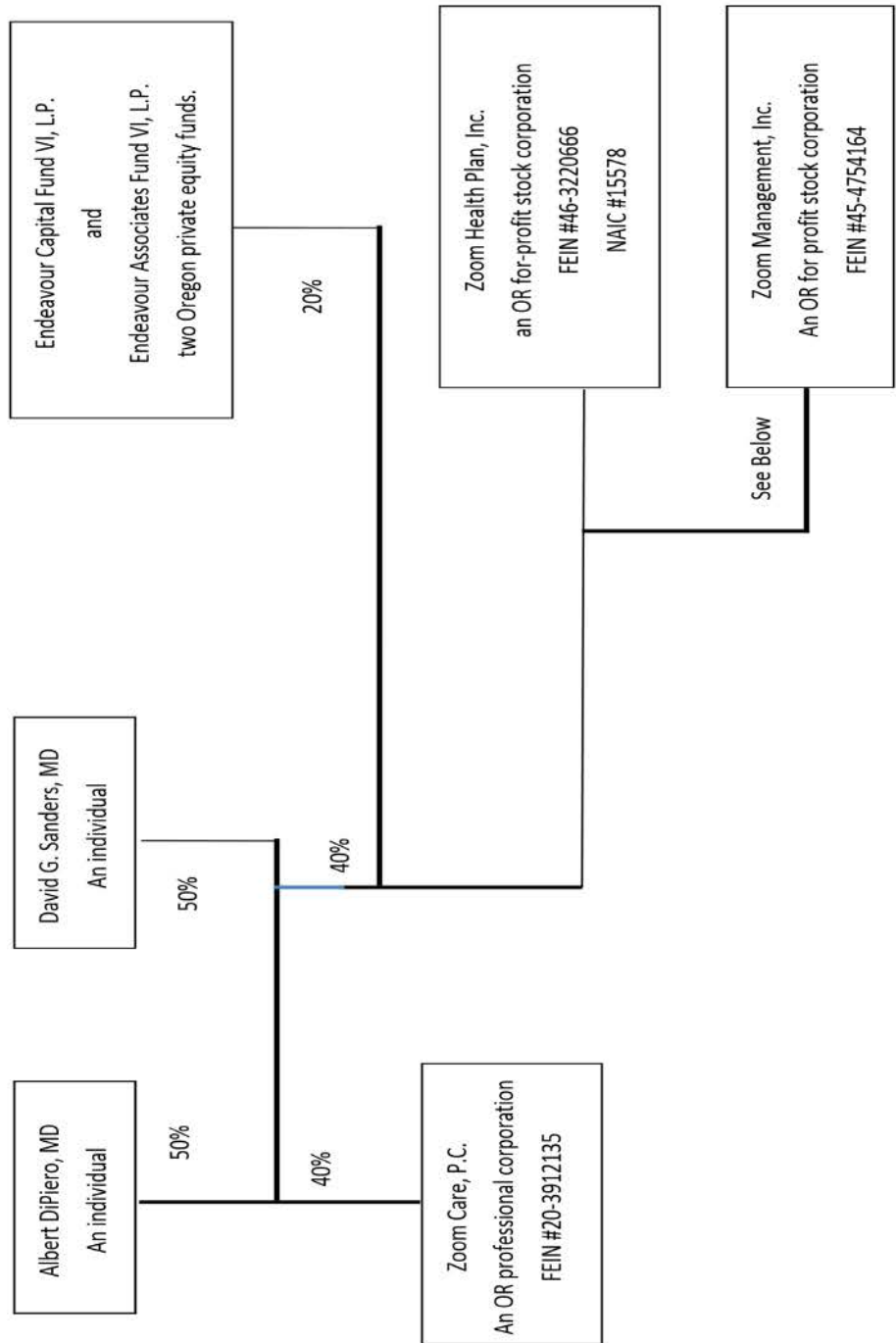
States, etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	
1. Alabama..... AL	N								
2. Alaska..... AK	N								
3. Arizona..... AZ	N								
4. Arkansas..... AR	N								
5. California..... CA	N								
6. Colorado..... CO	N								
7. Connecticut..... CT	N								
8. Delaware..... DE	N								
9. District of Columbia..... DC	N								
10. Florida..... FL	N								
11. Georgia..... GA	N								
12. Hawaii..... HI	N								
13. Idaho..... ID	N								
14. Illinois..... IL	N								
15. Indiana..... IN	N								
16. Iowa..... IA	N								
17. Kansas..... KS	N								
18. Kentucky..... KY	N								
19. Louisiana..... LA	N								
20. Maine..... ME	N								
21. Maryland..... MD	N								
22. Massachusetts..... MA	N								
23. Michigan..... MI	N								
24. Minnesota..... MN	N								
25. Mississippi..... MS	N								
26. Missouri..... MO	N								
27. Montana..... MT	N								
28. Nebraska..... NE	N								
29. Nevada..... NV	N								
30. New Hampshire..... NH	N								
31. New Jersey..... NJ	N								
32. New Mexico..... NM	N								
33. New York..... NY	N								
34. North Carolina..... NC	N								
35. North Dakota..... ND	N								
36. Ohio..... OH	N								
37. Oklahoma..... OK	N								
38. Oregon..... OR	L	3,769,533						3,769,533	
39. Pennsylvania..... PA	N								
40. Rhode Island..... RI	N								
41. South Carolina..... SC	N								
42. South Dakota..... SD	N								
43. Tennessee..... TN	N								
44. Texas..... TX	N								
45. Utah..... UT	N								
46. Vermont..... VT	N								
47. Virginia..... VA	N								
48. Washington..... WA	N								
49. West Virginia..... WV	N								
50. Wisconsin..... WI	N								
51. Wyoming..... WY	N								
52. American Samoa..... AS	N								
53. Guam..... GU	N								
54. Puerto Rico..... PR	N								
55. U.S. Virgin Islands..... VI	N								
56. Northern Mariana Islands..... MP	N								
57. Canada..... CAN	N								
58. Aggregate Other Aliens..... OT	XXX								
59. Subtotal.....	XXX	3,769,533						3,769,533	
60. Reporting Entity Contributions for Employee Benefit Plans.....	XXX								
61. Totals (Direct Business).....	(a) 1	3,769,533						3,769,533	
DETAILS OF WRITE-INS									
58001.....	XXX								
58002.....	XXX								
58003.....	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page.....	XXX								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above).....	XXX								

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

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

Premium reporting by policy issue state.

**Zoom Health Plan, Inc. Holding System**



Contemporaneously with the sale of common stock by the Zoom Health Insurance, Inc., Zoom Management, Inc. sold Series A preferred stock to the two Endeavour funds that own 20% of Zoom Health Insurance, Inc. and those funds own 20% of the total voting equity of Zoom Management, Inc. on an as-covered to common stock basis, leaving Dr. Sanders and Dr. DiPiero each owning 40% of the total voting equity of Zoom Management, Inc. on an as-converted to common stock basis. Dr. DiPiero and Dr. Sanders each own 50% of Zoom Care, P.C. Zoom Management, Inc. and Zoom Care, P.C. will be considered affiliates of Zoom Health Plan, Inc.



STATEMENT AS OF JUNE 30, 2016 OF THE Zoom Health Plan, Inc.

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
							Albert DiPiero	OR	NIA	Albert DiPiero	Ownership	100.000	Albert DiPiero	
							David G. Sanders	OR	NIA	David G. Sanders	Ownership	100.000	David G. Sanders	
							Endeavour Capital Fund VI, LP and Endeavour Associates Fund VI, LP	OR	NIA	The Endeavour Capital VI, LLC	Management	100.000	The Endeavour Capital VI, LLC	
			45-4754164				Zoom Management, Inc.	OR	NIA	Albert DiPiero and David G. Sanders	Ownership	80.000	Albert DiPiero and David G. Sanders	
			20-3912135				Zoom Care, P.C.	OR	NIA	Albert DiPiero and David G. Sanders	Ownership	100.000	Albert DiPiero and David G. Sanders	
		15578	46-3220666				Zoom Health Plan, Inc.	OR	RE	Albert DiPiero and David G. Sanders	Ownership	80.000	Albert DiPiero and David G. Sanders	

Asterisk	Explanation
----------	-------------

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

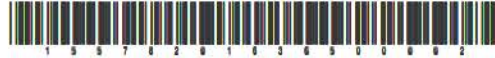
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? ..... NO

Explanation:

1.

Bar Code:

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



**OVERFLOW PAGE FOR WRITE-INS**



Schedule A - Verification - Real Estate

NONE

Schedule B - Verification - Mortgage Loans

NONE

Schedule BA - Verification - Other Long-Term Invested Assets

NONE

Schedule D - Verification - Bonds and Stock

NONE

Schedule D - Part 1B - Bonds and Preferred Stock by NAIC Designation

NONE

Schedule DA - Part 1 - Short-Term Investments

NONE

Schedule DA - Verification - Short-Term Investments

NONE

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

NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

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

NONE

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

NONE

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

NONE

Schedule E - Verification - Cash Equivalents

NONE

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

NONE

Schedule A - Part 3 - Real Estate Disposed

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

NONE

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of

NONE

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open

NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

NONE

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

**NONE**

STATEMENT AS OF JUNE 30, 2016 OF THE Zoom Health Plan, Inc.

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
US Bank	Portland, OR				260,000	260,000	260,000	XXX
Premier Community Bank	Hillsboro, OR				174,767	384,896	427,218	XXX
Wells Fargo Bank N.A.	Portland, OR				6,637	21,918	5,860	XXX
Amalgamated Bank	New York, NY		.42		245,041	.1		XXX
Androscoggin Savings Bank	Lewiston, ME		.46		245,005	.1	245,040	XXX
Bank of China	New York, NY		.119		245,040	245,042	103,517	XXX
Bank of Jackson Hole	Jackson, WY		.115		245,040	245,042	245,033	XXX
BB&T	Winston Salem, NC		.105		245,040	245,042	.23	XXX
Boston Private Bank & Trust Company	Boston, MA		.42		245,041	.1		XXX
ConnectOne Bank	Englewood Cliffs, NJ		.81			245,040	245,041	XXX
Customers Bank	Wyomissing, PA		.122		245,040	245,042	245,040	XXX
EagleBank	Bethesda, MD		.82		245,041	.1	245,040	XXX
Fieldpoint Private Bank & Trust	Greenwich, CT		.42		245,041	.1		XXX
First Bank of Charleston, Inc.	Charleston, WV		.30			21	245,009	XXX
First National Bank of Omaha	Omaha, NE		.106		97,042	245,026	245,040	XXX
First United Bank & Trust	Oakland, MD		.40			245,040		XXX
Five Star Bank	Rocklin, CA		.122		245,040	245,042	245,040	XXX
Flushing Bank	Uniondale, NY		.81			245,040	245,041	XXX
Genesee Regional Bank	Rochester, NY		.40			245,040		XXX
Great Western Bank	Watertown, SD		.76		245,035	.1	245,040	XXX
Iberiabank	Lafayette, LA		.122		245,040	245,042	245,040	XXX
Independence Bank	Havre, MT		.39			245,039		XXX
Metropolitan Bank	Crystal Springs, MS		.40			245,040		XXX
Morton Community Bank	Morton, IL		.38				245,038	XXX
NBT Bank, National Association	Norwich, NY		.81			245,040	245,041	XXX
Stonegate Bank	Fort Lauderdale, FL		.122		245,040	245,042	245,040	XXX
Sunshine Bank	Plant City, FL		.33		245,032	.1		XXX
The Park National Bank	Newark, OH		.122		245,040	245,042	245,040	XXX
The Washington Trust Company of Westerly	Westerly, RI		.77			97,748	245,040	XXX
United Bank	Parkersburg, WV		.33				245,033	XXX
Waterford Bank NA	Toledo, OH		.35		245,034	.1		XXX
WesBanco Bank Inc	Wheeling, WV		.45		245,040	.5		XXX
West Bank	West Des Moines, IA		.81			245,040	245,041	XXX
Western Alliance Bank	Phoenix, AZ		.94		245,040	245,014	245,040	XXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	2,253		4,949,116	5,175,291	5,452,335	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX						XXX
0399999. Total Cash on Deposit	XXX	XXX	2,253		4,949,116	5,175,291	5,452,335	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX	2,253		4,949,116	5,175,291	5,452,335	XXX



STATEMENT AS OF JUNE 30, 2016 OF THE Zoom Health Plan, Inc.  
**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due and Accrued	8 Amount Received During Year
<b>NONE</b>							
8699999 - Total Cash Equivalents							