



QUARTERLY STATEMENT

AS OF MARCH 31, 2017
OF THE CONDITION AND AFFAIRS OF THE

LifeWise Health Plan of Oregon, Inc.

NAIC Group Code 0962 (Current Period) , 0962 (Prior Period) NAIC Company Code 84930 Employer's ID Number 93-0931709

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

Incorporated/Organized 08/07/1986 Commenced Business 01/02/1987

Statutory Home Office 7001 220th St. SW (Street and Number) Mountlake Terrace, WA, US 98043 (City or Town, State, Country and Zip Code)

Main Administrative Office 7001 220th St. SW (Street and Number) Mountlake Terrace, WA, US 98043 (City or Town, State, Country and Zip Code) 425-918-4000 (Area Code) (Telephone Number)

Mail Address P. O. Box 327 (Street and Number or P.O. Box) Seattle, WA, US 98111-0327 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 7001 220th St. SW (Street and Number) Mountlake Terrace, WA, US 98043 (City or Town, State, Country and Zip Code) 425-918-4000 (Area Code) (Telephone Number)

Internet Web Site Address www.premera.com

Statutory Statement Contact Walter Nelson Foster (Name) 425-918-4684 (Area Code) (Telephone Number) (Extension)
walt.foster@premera.com (E-Mail Address) 425-918-5182 (FAX Number)

OFFICERS

Name	Title	Name	Title
<u>Majd Fowzi El-Azma</u>	<u>President & CEO</u>	<u>John Hayes Pierce</u>	<u>Secretary</u>
<u>Sharilyn Ann Campbell</u>	<u>Treasurer</u>		

OTHER OFFICERS

<u>David John Braza</u>	<u>Senior Vice President</u>	<u>James Dwayne Havens</u>	<u>Vice President</u>
<u>Elizabeth Baier Johnson</u>	<u>Senior Vice President</u>	<u>Kirsten Connell Kemp</u>	<u>Executive Vice President</u>
<u>John Phillip Colmenares</u>	<u>Senior Vice President</u>		

DIRECTORS OR TRUSTEES

<u>Kent Steven Marquardt</u>	<u>James Michael Messina</u>	<u>Majd Fowzi El-Azma</u>	<u>John Mercier Espinola</u>
<u>Mackenzie Marie Stewart #</u>			

State of Washington ss
 County of Snohomish

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.

James Dwayne Havens (Vice President) Sharilyn Ann Campbell (Treasurer)

Subscribed and sworn to before me this 12th day of May, 2017

Victoria Y. Lawrence
 Victoria Y. Lawrence, Notary Public in and for the State of Washington
 February 27, 2019

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





QUARTERLY STATEMENT

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OF THE CONDITION AND AFFAIRS OF THE

LifeWise Health Plan of Oregon, Inc.

NAIC Group Code	0962 <small>(Current Period)</small>	0962 <small>(Prior Period)</small>	NAIC Company Code	84930	Employer's ID Number	93-0931709
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 [X]	Property/Casualty []	Hospital, Medical & Dental Service or Indemnity []			
	Dental Service Corporation []	Vision Service Corporation []	Health Maintenance Organization []			
	Other []		Is HMO Federally Qualified? Yes [] No []			
Incorporated/Organized	08/07/1986	Commenced Business	01/02/1987			
Statutory Home Office	7001 220th St. SW <small>(Street and Number)</small>	Mountlake Terrace, WA, US 98043 <small>(City or Town, State, Country and Zip Code)</small>				
Main Administrative Office	7001 220th St. SW <small>(Street and Number)</small>	Mountlake Terrace, WA, US 98043 <small>(City or Town, State, Country and Zip Code)</small>	425-918-4000 <small>(Area Code) (Telephone Number)</small>			
Mail Address	P. O. Box 327 <small>(Street and Number or P.O. Box)</small>	Seattle, WA, US 98111-0327 <small>(City or Town, State, Country and Zip Code)</small>				
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Internet Web Site Address	www.premera.com					
Statutory Statement Contact	Walter Nelson Foster <small>(Name)</small>	425-918-4684 <small>(Area Code) (Telephone Number) (Extension)</small>				
	walt.foster@premera.com <small>(E-Mail Address)</small>	425-918-5182 <small>(FAX Number)</small>				

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Sharilyn Ann Campbell	Treasurer		

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James Dwayne Havens President & CEO (Vice President)	Sharilyn Ann Campbell Treasurer
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Subscribed and sworn to before me this
12th day of May, 2017

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- b. If no:
1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

Victoria Y. Lawrence, Notary Public in and for the State of Washington
February 27, 2019

STATEMENT AS OF MARCH 31, 2017 OF THE LifeWise Health Plan of Oregon, 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	15,394,043		15,394,043	32,185,978
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ _____ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ _____ encumbrances)			0	0
4.3 Properties held for sale (less \$ _____ encumbrances)			0	0
5. Cash (\$ _____4,737,491), cash equivalents (\$ _____0) and short-term investments (\$ _____236,831)	4,974,322		4,974,322	4,968,561
6. Contract loans (including \$ _____ premium notes)			0	0
7. Derivatives	0		0	0
8. Other invested assets	0		0	0
9. Receivables for securities	5,000		5,000	15,000
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	20,373,365	0	20,373,365	37,169,539
13. Title plants less \$ _____ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	156,628		156,628	271,685
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	8,352	342	8,010	291,664
15.2 Deferred premiums, agents' balances and instalments booked but deferred and not yet due (including \$ _____ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$ _____) and contracts subject to redetermination (\$ _____)	9,255		9,255	9,376
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	4,282,956		4,282,956	8,060,836
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	385,468		385,468	545,479
18.1 Current federal and foreign income tax recoverable and interest thereon	3,828,109		3,828,109	2,968,769
18.2 Net deferred tax asset	464,543		464,543	500,677
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 (\$ _____)	147,255	147,255	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	28,540		28,540	386,879
24. Health care (\$ _____540,385) and other amounts receivable	540,385		540,385	1,010,563
25. Aggregate write-ins for other-than-invested assets	40,994	40,994	0	107,223
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	30,265,850	188,591	30,077,259	51,322,690
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	30,265,850	188,591	30,077,259	51,322,690
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Deposits, prepaid expenses and miscellaneous	40,994	40,994	0	107,223
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)	40,994	40,994	0	107,223

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$133,857 reinsurance ceded).....	2,943,086	220,162	3,163,248	16,995,695
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	89,467		89,467	508,390
4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	8,111,959		8,111,959	8,263,674
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	226,648		226,648	951,996
9. General expenses due or accrued	623,082		623,082	2,585,028
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))			0	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable			0	312,574
12. Amounts withheld or retained for the account of others			0	730
13. Remittances and items not allocated	32,671		32,671	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	6		6	3,780,462
16. Derivatives.....		0	0	0
17. Payable for securities			0	509,105
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	535,100		535,100	737,449
23. Aggregate write-ins for other liabilities (including \$2,902,961 current)	2,902,961	0	2,902,961	1,346,543
24. Total liabilities (Lines 1 to 23).....	15,464,980	220,162	15,685,142	35,991,646
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	2,002,050	2,002,050
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	29,408,579	29,408,579
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(17,018,512)	(16,079,585)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX	0	0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	14,392,117	15,331,044
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	30,077,259	51,322,690
DETAILS OF WRITE-INS				
2301. Misc Accounts Payable.....	2,422,575		2,422,575	859,920
2302. Unclaimed Property.....	479,634		479,634	478,371
2303. Miscellaneous unapplied receipts.....	752		752	8,252
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)	2,902,961	0	2,902,961	1,346,543
2501.	XXX	XXX	0	0
2502.	XXX	XXX	0	0
2503.	XXX	XXX	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX	0	0
3002.	XXX	XXX	0	0
3003.	XXX	XXX	0	0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	10,535	125,492	438,194
2. Net premium income (including \$ non-health premium income).....	XXX	3,506,850	38,255,830	135,481,218
3. Change in unearned premium reserves and reserve for rate credits.....	XXX		(258,189)	405,727
4. Fee-for-service (net of \$ medical expenses).....	XXX		.0	.0
5. Risk revenue.....	XXX		.0	.0
6. Aggregate write-ins for other health care related revenues.....	XXX	.0	.0	.0
7. Aggregate write-ins for other non-health revenues.....	XXX	.0	.0	.0
8. Total revenues (Lines 2 to 7).....	XXX	3,506,850	37,997,641	135,886,945
Hospital and Medical:				
9. Hospital/medical benefits.....	20,297	291,620	28,144,049	98,836,036
10. Other professional services.....			.0	.0
11. Outside referrals.....			.0	.0
12. Emergency room and out-of-area.....	4,804	69,028	4,242,813	16,836,413
13. Prescription drugs.....		975,869	4,036,191	17,453,747
14. Aggregate write-ins for other hospital and medical.....	.0	.0	.0	.0
15. Incentive pool, withhold adjustments and bonus amounts.....			(826)	(826)
16. Subtotal (Lines 9 to 15).....	25,101	1,336,517	36,422,227	133,125,370
Less:				
17. Net reinsurance recoveries.....		(309,398)	1,849,072	7,506,702
18. Total hospital and medical (Lines 16 minus 17).....	25,101	1,645,915	34,573,155	125,618,668
19. Non-health claims (net).....			.0	.0
20. Claims adjustment expenses, including \$ 420,353 cost containment expenses.....		1,053,234	3,537,133	13,911,252
21. General administrative expenses.....		1,168,696	7,660,694	20,723,546
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			(2,039,154)	(8,156,634)
23. Total underwriting deductions (Lines 18 through 22).....	25,101	3,867,845	43,731,828	152,096,832
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	(360,995)	(5,734,187)	(16,209,887)
25. Net investment income earned.....		269,642	524,285	1,718,381
26. Net realized capital gains (losses) less capital gains tax of \$.....		(46,943)	540,946	1,929,459
27. Net investment gains (losses) (Lines 25 plus 26).....	.0	222,699	1,065,231	3,647,840
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ (amount charged off \$)].....			.0	.0
29. Aggregate write-ins for other income or expenses.....	.0	(1,653,075)	16,436	(1,310,726)
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	(1,791,371)	(4,652,520)	(13,872,773)
31. Federal and foreign income taxes incurred.....	XXX	(859,339)	(1,006,152)	(7,165,511)
32. Net income (loss) (Lines 30 minus 31).....	XXX	(932,032)	(3,646,368)	(6,707,262)
DETAILS OF WRITE-INS				
0601.	XXX		.0	.0
0602.	XXX		.0	.0
0603.	XXX		.0	.0
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX	0	0	0
0701.	XXX		.0	.0
0702.	XXX		.0	.0
0703.	XXX		.0	.0
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	.0	.0	.0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX	0	0	0
1401.0	.0
1402.0	.0
1403.0	.0
1498. Summary of remaining write-ins for Line 14 from overflow page.....	.0	.0	.0	.0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	0	0	0	0
2901. Miscellaneous income (expense).....		(1,653,075)	16,436	(1,310,726)
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page.....	.0	.0	.0	.0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	0	(1,653,075)	16,436	(1,310,726)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	15,331,044	21,417,943	21,417,943
34. Net income or (loss) from Line 32	(932,032)	(3,646,368)	(6,707,262)
35. Change in valuation basis of aggregate policy and claim reserves		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$(642)	(1,191)	14,426	20,886
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax	(36,775)	65,640	518,431
39. Change in nonadmitted assets	31,071	26,498	81,046
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock		0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles		0	0
44. Capital Changes:			
44.1 Paid in		0	0
44.2 Transferred from surplus (Stock Dividend)		0	0
44.3 Transferred to surplus		0	0
45. Surplus adjustments:			
45.1 Paid in		0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		0	0
46. Dividends to stockholders		0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(938,927)	(3,539,804)	(6,086,899)
49. Capital and surplus end of reporting period (Line 33 plus 48)	14,392,117	17,878,139	15,331,044
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	2,600,646	38,318,710	116,589,903
2. Net investment income.....	349,603	689,936	2,090,014
3. Miscellaneous income.....	0	0	0
4. Total (Lines 1 to 3).....	2,950,249	39,008,646	118,679,917
5. Benefit and loss related payments.....	11,299,237	38,491,360	130,299,378
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	6,201,432	10,764,003	37,469,424
8. Dividends paid to policyholders.....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	0	0	(8,803,622)
10. Total (Lines 5 through 9).....	17,500,669	49,255,363	158,965,180
11. Net cash from operations (Line 4 minus Line 10).....	(14,550,420)	(10,246,717)	(40,285,263)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	24,992,241	23,012,472	83,777,737
12.2 Stocks.....	0	0	0
12.3 Mortgage loans.....	0	0	0
12.4 Real estate.....	0	0	0
12.5 Other invested assets.....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	0	0	0
12.7 Miscellaneous proceeds.....	0	0	1
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	24,992,241	23,012,472	83,777,737
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	8,713,091	8,905,574	40,780,444
13.2 Stocks.....	0	0	0
13.3 Mortgage loans.....	0	0	0
13.4 Real estate.....	0	0	0
13.5 Other invested assets.....	0	0	0
13.6 Miscellaneous applications.....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	8,713,091	8,905,574	40,780,444
14. Net increase (or decrease) in contract loans and premium notes.....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	16,279,150	14,106,898	42,997,294
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds.....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	0	0	0
16.5 Dividends to stockholders.....	0	0	0
16.6 Other cash provided (applied).....	(1,722,969)	(691,487)	(4,956,718)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(1,722,969)	(691,487)	(4,956,718)
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).....	5,761	3,168,694	(2,244,687)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	4,968,561	7,213,248	7,213,248
19.2 End of period (Line 18 plus Line 19.1).....	4,974,322	10,381,942	4,968,561

STATEMENT AS OF MARCH 31, 2017 OF THE LifeWise Health Plan of Oregon, 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 Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year.....	27,545	13,325	11,393	689	.0	2,138	.0	.0	.0	.0
2. First Quarter.....	2,774	.0	1,828	.0	.0	946	.0	.0	.0	.0
3. Second Quarter.....	0	.0	0	.0	.0	0	.0	.0	.0	.0
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	10,535		7,388			3,147				
Total Member Ambulatory Encounters for Period:										
7. Physician.....	4,111		3,744			367				
8. Non-Physician.....	1,249		1,249							
9. Total.....	5,360	0	4,993	0	0	367	0	0	0	0
10. Hospital Patient Days Incurred.....	104		104							
11. Number of Inpatient Admissions.....	16		16							
12. Health Premiums Written (a).....	3,505,557	206,917	3,202,110	(7,142)		103,672				
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	3,505,557	206,917	3,202,110	(7,142)		103,672				
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	15,747,507	9,104,016	6,359,742	183,118		100,631				
18. Amount Incurred for Provision of Health Care Services.....	1,336,517	(799,633)	2,052,678	(5,890)		89,362				

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

STATEMENT AS OF MARCH 31, 2017 OF THE LifeWise Health Plan of Oregon, Inc.

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
0199999 Individually listed claims unpaid	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered	24,554	45,299	1,928	1,308	1,859	74,948
0399999 Aggregate accounts not individually listed-covered	328,236	605,549	25,768	17,485	24,848	1,001,886
0499999 Subtotals	352,790	650,848	27,696	18,793	26,707	1,076,834
0599999 Unreported claims and other claim reserves	XXX	XXX	XXX	XXX	XXX	2,220,271
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX	
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	3,297,105
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	

STATEMENT AS OF MARCH 31, 2017 OF THE LifeWise Health Plan of Oregon, 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 Dec. 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)	14,709,924	1,380,412	1,362,273	1,734,778	16,072,197	16,728,814
2. Medicare Supplement	194,011	(2,763)	23,558	2,763	217,569	215,736
3. Dental only	18,305	82,326	1,499	38,377	19,804	51,145
4. Vision only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid					0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8).....	14,922,240	1,459,975	1,387,330	1,775,918	16,309,570	16,995,695
10. Health care receivables (a)	1,229,715	75,383	285,802	226,768	1,515,517	913,815
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9-10+11+12)	13,692,525	1,384,592	1,401,528	1,549,150	14,794,053	16,081,880

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

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NOTES TO FINANCIAL STATEMENTS

1. Significant Accounting Policies

A. Accounting Practices

The financial statements of LifeWise Health Plan of Oregon, Inc. (the Company) are prepared in accordance with accounting practices prescribed or permitted by the State of Oregon Department of Consumer and Business Services.

Prescribed statutory accounting practices are defined in the National Association of Insurance Commissioner's (NAIC's) *Accounting Practices and Procedures* manual. "Permitted" statutory accounting practices encompass all accounting practices that are not prescribed. The Company does not currently utilize any permitted statutory accounting practices.

	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>2017</u>	<u>2016</u>
NET INCOME					
(1) State Basis				\$ (932,032)	\$ (6,707,262)
(2) State Prescribed Practices that increase/(decrease) NAIC SAP					
None				-	-
(3) State Permitted Practices that increase/(decrease) NAIC SAP					
None				-	-
(4) NAIC SAP				<u>\$ (932,032)</u>	<u>\$ (6,707,262)</u>
SURPLUS					
(1) State Basis				\$ 14,392,117	\$ 15,331,044
(2) State Prescribed Practices that increase/(decrease) NAIC SAP					
None				-	-
(3) State Permitted Practices that increase/(decrease) NAIC SAP					
None				-	-
(4) NAIC SAP				<u>\$ 14,392,117</u>	<u>\$ 15,331,044</u>

B. There were no significant changes since December 31, 2016.

C. Accounting Policies

- (6) The Company states loan-backed securities that are designated highest-quality and high-quality (NAIC designations 1 and 2, respectively) at amortized cost. All other loan-backed securities (NAIC designations of 3 to 6) are reported at the lower of amortized cost or fair value. The retrospective-adjustment method is used to value all loan-backed securities.

D. None.

2. Accounting Changes and Corrections of Errors

There were no significant changes since December 31, 2016.

3. Business Combinations and Goodwill

There were no significant changes since December 31, 2016.

4. Discontinued Operations

There were no significant changes since December 31, 2016.

5. Investments

A - C. There were no significant changes since December 31, 2016.

D. Loan-Backed Securities

- (1) For fixed-rate agency mortgage-backed securities, the Company's investment accounting software vendor calculates prepayment speeds utilizing Mortgage Industry Advisory Corporation (MIAC) Mortgage Industry Medians (MIMs). MIMs are derived from a semi-monthly dealer-consensus survey of long-term prepayment projections. For other mortgage-backed, loan-backed, and structured securities, the Company's investment accounting software vendor utilizes prepayment assumptions from Moody's Analytics. Moody's applies a flat economic credit model and utilizes a vector of multiple monthly speeds as opposed to a

NOTES TO FINANCIAL STATEMENTS

single speed for more robust projections. In instances where Moody's projections are not available, the Company's investment accounting software vendor uses data from Reuters, which utilizes the median prepayment speed from contributors' models.

(2) - (3). None.

(4) All impaired securities for which an other than temporary impairment (OTTI) has not been recognized in earnings as a realized loss:

a. The aggregate amount of unrealized losses:

1. Less than 12 months	\$	12,141
2. 12 months or longer	\$	-

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

1. Less than 12 months	\$	682,660
2. 12 months or longer	\$	-

(5) Management does not believe that any individual unrealized loss represents an OTTI. Any loan-backed securities for which it was probable that OTTI existed were subject to a detailed cash flow analysis to determine if the present value of cash flows expected to be collected is less than its amortized cost basis.

E. None.

F - H. There were no significant changes since December 31, 2016.

I - J. None.

K. There were no significant changes since December 31, 2016.

6. Joint Ventures, Partnerships and Limited Liability Companies

There were no significant changes since December 31, 2016.

7. Investment Income

There were no significant changes since December 31, 2016.

8. Derivative Instruments

There were no significant changes since December 31, 2016.

9. Income Taxes

There were no significant changes since December 31, 2016.

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

There were no significant changes since December 31, 2016.

11. Debt

A. There were no significant changes since December 31, 2016.

B. None.

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

A. None.

B - I. There were no significant changes since December 31, 2016.

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

There were no significant changes since December 31, 2016.

NOTES TO FINANCIAL STATEMENTS

14. Contingencies

There were no significant changes since December 31, 2016.

15. Leases

There were no significant changes since December 31, 2016.

16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk

There were no significant changes since December 31, 2016.

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

A. There were no significant changes since December 31, 2016.

B. None.

C. In the course of the Company's asset management, there are no securities with NAIC designation 3 or below sold and reacquired within 30 days of the sale.

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

There were no significant changes since December 31, 2016.

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

There were no significant changes since December 31, 2016.

20. Fair Value Measurements

A. (1) Fair Value Measurements at Reporting Date

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Corporate debt securities	\$ -	\$ 463,750	\$ -	\$ 463,750
Municipal debt securities	-	294,962	-	294,962
Total	<u>\$ -</u>	<u>\$ 758,712</u>	<u>\$ -</u>	<u>\$ 758,712</u>

There were no transfers to or from Levels 1 and 2 during the quarter ended March 31, 2017.

(2) There were no transfers to or from Level 3 during the period ended March 31, 2017. The Company held no Level 3 securities as of March 31, 2017.

(3) The Company recognizes transfers between fair value levels at the beginning of the reporting period.

(4) The Company uses a market approach to value its Level 2 securities. Prices are obtained from third-party pricing services that utilize a variety of relevant market data inputs to determine the price. Inputs include, but are not limited to: prices of similar securities that traded as of the reporting date, prepayment speeds, estimated credit losses, interest rates, vintage, deal subordination, and other credit enhancements. The Company held no Level 3 securities as of March 31, 2017.

(5) The Company has no derivative instruments.

B. None

NOTES TO FINANCIAL STATEMENTS

- C. The following table summarizes fair value measurements and admitted asset values for all financial instruments as of March 31, 2017:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3
U.S. Treasuries securities and obligations of U.S. government corporations	\$ 1,060,470	\$ 991,275	\$ 1,060,470	\$ -	\$ -
Municipal debt securities	622,827	622,597	-	622,827	-
Corporate debt securities	9,649,304	9,308,780	-	9,649,304	-
Residential loan-backed securities	4,999,103	4,471,391	-	4,999,103	-
Total Bonds	16,331,704	15,394,043	1,060,470	15,271,234	-
Money market mutual funds	236,831	236,831	236,831	-	-
Total Assets at Fair Value	\$ 16,568,535	\$ 15,630,874	\$ 1,297,301	\$ 15,271,234	\$ -

D. None

21. Other Items

There were no significant changes since December 31, 2016.

22. Events Subsequent

There were no significant changes since December 31, 2016.

23. Reinsurance

There were no significant changes since December 31, 2016.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A - D. There were no significant changes since December 31, 2016.

- E. (1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions? YES

NOTES TO FINANCIAL STATEMENTS

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

	<u>Amount</u>
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	-
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 premium	-
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	-
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	-
9. ACA Reinsurance contributions – not reported as ceded premium	-
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)	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	-
4. Effect of ACA Risk Corridors on change in reserves for rate credits	-

NOTES TO FINANCIAL STATEMENTS

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

	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		Difference		Adjustments		Unsettled Business as of the Reporting Date		
					Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)	
											1
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)	
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable	\$ 9,376	\$ -	\$ -	\$ -	\$ 9,376	\$ -	\$ (121)	\$ -	A	\$ 9,255	\$ -
2. Premium adjustments (payable)	-	8,263,674	-	-	-	8,263,674	-	(151,716)	B	-	8,111,958
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 9,376	\$ 8,263,674	\$ -	\$ -	\$ 9,376	\$ 8,263,674	\$ (121)	\$ (151,716)		\$ 9,255	\$ 8,111,958
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$ 3,254,404	\$ -	\$ -	\$ -	\$ 3,254,404	\$ -	\$ 364,922	\$ -	C	\$ 3,619,326	\$ -
2. Amounts recoverable for claims unpaid (contra liability)	935,937	-	-	-	935,937	-	(802,080)	-	D	133,857	-
3. Amounts receivable relating to uninsured plans	-	-	-	-	-	-	-	-	E	-	-
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	-	610,340	-	432,238	-	178,102	-	-	F	-	178,102
5. Ceded reinsurance premiums payable	-	280,174	-	280,174	-	-	-	-	G	-	-
6. Liability for amounts held under uninsured plans	-	-	-	-	-	-	-	-	H	-	-
7. Subtotal ACA Transitional Reinsurance Program	\$ 4,190,341	\$ 890,514	\$ -	\$ 712,412	\$ 4,190,341	\$ 178,102	\$ (437,158)	\$ -		\$ 3,753,183	\$ 178,102
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	I	\$ -	\$ -
2. Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	J	-	-
3. Subtotal ACA Risk Corridors Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
d. Total for ACA Risk Sharing Provisions	\$ 4,199,717	\$ 9,154,188	\$ -	\$ 712,412	\$ 4,199,717	\$ 8,441,776	\$ (437,279)	\$ (151,716)		\$ 3,762,438	\$ 8,290,060

(4) Roll-forward of Risk Corridor Asset and Liability by Program Benefit Year.

Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Difference		Adjustments		Unsettled Business as of the Reporting Date		
					Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)	
											1
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)	
a. 2014											
1. Accrued retrospective premium	\$ -	\$ -	\$ 13,083	\$ -	\$ (13,083)	\$ -	\$ 13,083	\$ -	A	\$ -	\$ -
2. Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	B	-	-
b. 2015											
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	C	\$ -	\$ -
2. Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	D	-	-
c. 2016											
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	E	\$ -	\$ -
2. Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	F	-	-
d. Total for Risk Corridors	\$ -	\$ -	\$ 13,083	\$ -	\$ (13,083)	\$ -	\$ 13,083	\$ -		\$ -	\$ -

(5) ACA Risk Corridors Receivable as of March 31, 2017.

Risk Corridors Program Year	1 Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts received from CMS	4 Asset Balance (Gross of non-admissions) (1-2-3)	5 Non-admitted Amount	6 Net Admitted Asset (4-5)
a. 2014	4,825,921	4,094,846	731,075	-	-	-
b. 2015	28,912,071	28,912,071	-	-	-	-
c. 2016	10,967,007	10,967,007	-	-	-	-
d. Total	\$ 44,704,999	\$ 43,973,924	\$ 731,075	\$ -	\$ -	\$ -

NOTES TO FINANCIAL STATEMENTS

25. Changes in Incurred Claims and Claim Adjustment Expenses

As the unpaid claims and claims adjustment expenses liability includes various actuarially developed estimates, the Company's actual claims experience may be more or less than the Company's previously developed estimates. The Company's unpaid claims and claim adjustment expenses at December 31, 2016 decreased by \$1,287,827 in the following three months and at December 31, 2015 decreased by \$6,621,382 in the following year for claims that had occurred on or prior to those balance sheet dates. These adjustments resulted from the Company's actual claims expenses related to prior years totaling less than the estimates previously made by the Company. These changes in reserves are generally the result of ongoing analysis of recent loss development trends. Adjustments of prior-year estimates may result in additional claims expenses or a reduction in claims expenses may be offset as the Company establishes its accrual for current-year claims expenses. No return premiums were due as a result of the adjustments in the claims liability. Adjustments made to the claims liability for unpaid claims processing expense during 2017 and 2016 were immaterial.

26. Intercompany Pooling Arrangements

There were no significant changes since December 31, 2016.

27. Structured Settlements

There were no significant changes since December 31, 2016.

28. Health Care Receivables

There were no significant changes since December 31, 2016.

29. Participating Policies

There were no significant changes since December 31, 2016.

30. Premium Deficiency Reserves

There were no significant changes since December 31, 2016.

31. Anticipated Salvage and Subrogation

There were no significant changes since December 31, 2016.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes No
- 1.2 If yes, has the report been filed with the domiciliary state? Yes No
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes No
- 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 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
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
Premiera Blue Cross divested its minority interest in EveryMove, Inc. effective 3/20/2017 _____
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No
- 4.2 If yes, provide the name of 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 NA
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2014
- 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. 12/31/2014
- 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). 04/13/2016
- 6.4 By what department or departments?
Oregon Insurance Division _____
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes No NA
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No NA
- 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
- 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
- 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
- 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: \$ 4,720

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	2
	Prior Year-End Book/Adjusted Carrying Value	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).....	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes No

- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No

If no, attach a description with this statement.

GENERAL INTERROGATORIES

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

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

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

1 Name of Custodian(s)	2 Custodian Address
BNY Mellon.....	One BNY Mellon Center, Room 151-1035, Pittsburgh, PA 15258.....

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

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

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
Baird Advisors.....	U.....
David Ratliff, CFA.....	I.....

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

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

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
Not applicable.....	Baird Advisors.....	54930054S3LSBYRYBS07.....	Securities and Exchange Commission.....	NO.....

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

18.2 If no, list exceptions:

.....

GENERAL INTERROGATORIES
PART 2 - HEALTH

1. Operating Percentages:		
1.1 A&H loss percent.....	58.9 %	
1.2 A&H cost containment percent.....	12.0 %	
1.3 A&H expense percent excluding cost containment expenses.....	51.4 %	
2.1 Do you act as a custodian for health savings accounts?.....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2.4 If yes, please provide the balance of the funds administered as of the reporting date.....	\$	

STATEMENT AS OF MARCH 31, 2017 OF THE LifeWise Health Plan of Oregon, Inc.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
NONE								

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

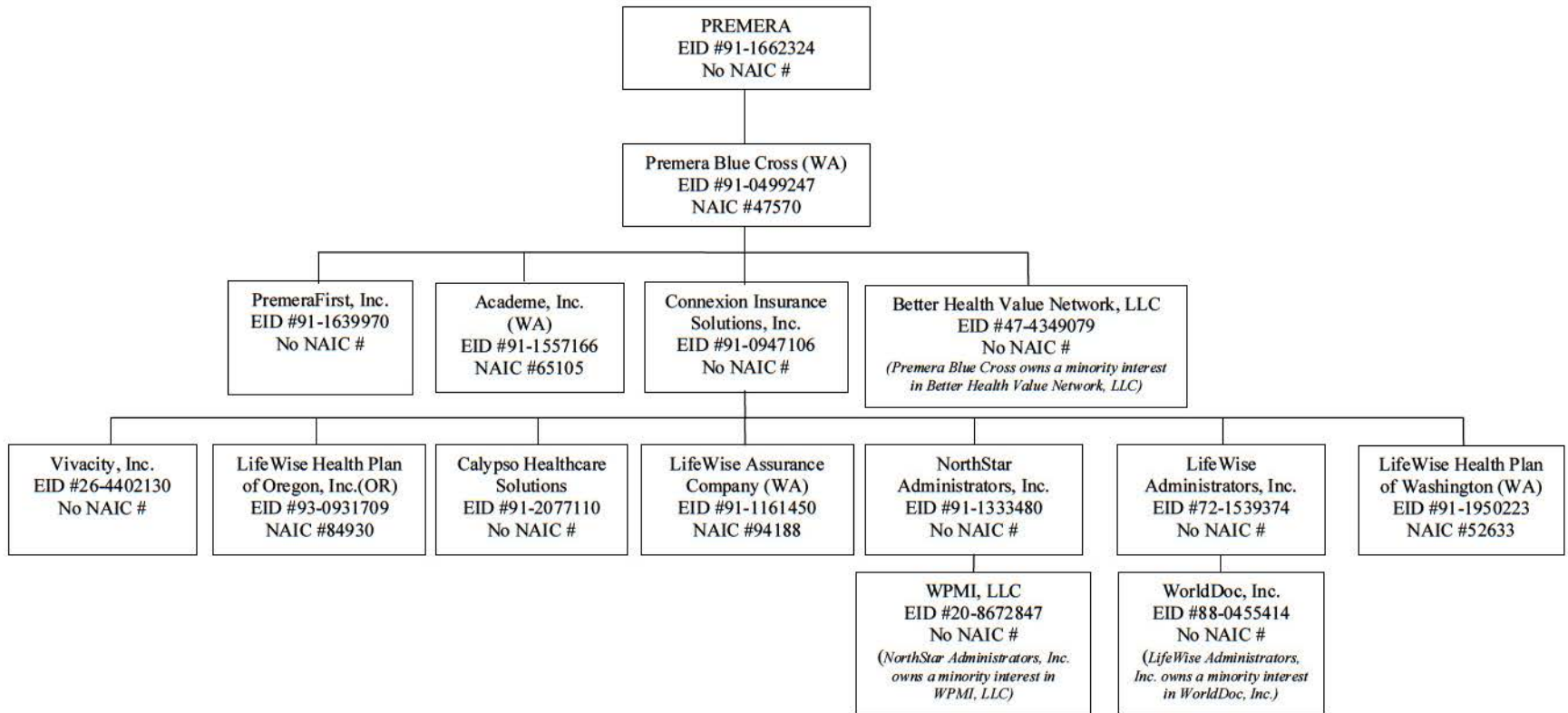
Current Year to Date - Allocated by States and Territories

1 States, Etc.	2 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		3 Accident & Health Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 Federal Employees Health Benefits Program Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	N							0	
2. Alaska	AK	N							0	
3. Arizona	AZ	N							0	
4. Arkansas	AR	N							0	
5. California	CA	N							0	
6. Colorado	CO	N							0	
7. Connecticut	CT	N							0	
8. Delaware	DE	N							0	
9. Dist. Columbia	DC	N							0	
10. Florida	FL	N							0	
11. Georgia	GA	N							0	
12. Hawaii	HI	N							0	
13. Idaho	ID	L							0	
14. Illinois	IL	N							0	
15. Indiana	IN	N							0	
16. Iowa	IA	N							0	
17. Kansas	KS	N							0	
18. Kentucky	KY	N							0	
19. Louisiana	LA	N							0	
20. Maine	ME	N							0	
21. Maryland	MD	N							0	
22. Massachusetts	MA	N							0	
23. Michigan	MI	N							0	
24. Minnesota	MN	N							0	
25. Mississippi	MS	N							0	
26. Missouri	MO	N							0	
27. Montana	MT	N							0	
28. Nebraska	NE	N							0	
29. Nevada	NV	N							0	
30. New Hampshire	NH	N							0	
31. New Jersey	NJ	N							0	
32. New Mexico	NM	N							0	
33. New York	NY	N							0	
34. North Carolina	NC	N							0	
35. North Dakota	ND	N							0	
36. Ohio	OH	N							0	
37. Oklahoma	OK	N							0	
38. Oregon	OR	L	3,505,557						3,505,557	
39. Pennsylvania	PA	N							0	
40. Rhode Island	RI	N							0	
41. South Carolina	SC	N							0	
42. South Dakota	SD	N							0	
43. Tennessee	TN	N							0	
44. Texas	TX	N							0	
45. Utah	UT	N							0	
46. Vermont	VT	N							0	
47. Virginia	VA	N							0	
48. Washington	WA	N							0	
49. West Virginia	WV	N							0	
50. Wisconsin	WI	N							0	
51. Wyoming	WY	N							0	
52. American Samoa	AS	N							0	
53. Guam	GU	N							0	
54. Puerto Rico	PR	N							0	
55. U.S. Virgin Islands	VI	N							0	
56. Northern Mariana Islands	MP	N							0	
57. Canada	CAN	N							0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	3,505,557	0	0	0	0	0	0	3,505,557	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	(a)	2	3,505,557	0	0	0	0	0	3,505,557	0
DETAILS OF WRITE-INS										
58001	XXX									
58002	XXX									
58003	XXX									
58998 Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999 Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

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

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

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART**



Note: Except where otherwise noted, each subsidiary shown above is 100% owned by its respective parent company.

STATEMENT AS OF MARCH 31, 2017 OF THE LifeWise Health Plan of Oregon, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00962	Premera Blue Cross Group	00000	91-1662324			N/A	PREMERA	WA	UIP	Board of Directors	Board of Directors	100.0	Board of Directors		0
00962	Premera Blue Cross Group	47570	91-0499247			N/A	Premera Blue Cross	WA	UIP	PREMERA	Ownership	100.0	PREMERA		0
00962	Premera Blue Cross Group	00000	91-1639970			N/A	PremeraFirst, Inc.	WA	N/A	Premera Blue Cross	Ownership	100.0	PREMERA		0
00962	Premera Blue Cross Group	00000	91-0947106			N/A	Connexion Insurance Solutions, Inc.	WA	LDP	Premera Blue Cross	Ownership	100.0	PREMERA		0
00962	Premera Blue Cross Group	65105	91-1557166			N/A	Academe, Inc.	WA	JA	Premera Blue Cross	Ownership	100.0	PREMERA		0
00962	Premera Blue Cross Group	00000	47-4349079			N/A	Better Health Value Network, LLC	WA	N/A	Premera Blue Cross	Ownership	26.7	PREMERA		0
00962	Premera Blue Cross Group	00000	26-4402130			N/A	Vivacity, Inc.	WA	N/A	Connexion Insurance Solutions, Inc.	Ownership	100.0	PREMERA		0
00962	Premera Blue Cross Group	84930	93-0931709			N/A	LifeWise Health Plan of Oregon, Inc.	OR	RE	Connexion Insurance Solutions, Inc.	Ownership	100.0	PREMERA		0
00962	Premera Blue Cross Group	00000	91-2077110			N/A	Calypso Healthcare Solutions	WA	N/A	Connexion Insurance Solutions, Inc.	Ownership	100.0	PREMERA		0
00962	Premera Blue Cross Group	94188	91-1161450			N/A	LifeWise Assurance Company	WA	JA	Connexion Insurance Solutions, Inc.	Ownership	100.0	PREMERA		0
00962	Premera Blue Cross Group	00000	91-1333480			N/A	NorthStar Administrators, Inc.	WA	N/A	Connexion Insurance Solutions, Inc.	Ownership	100.0	PREMERA		0
00962	Premera Blue Cross Group	00000	72-1539374			N/A	LifeWise Administrators, Inc.	WA	N/A	Connexion Insurance Solutions, Inc.	Ownership	100.0	PREMERA		0
00962	Premera Blue Cross Group	52633	91-1950223			N/A	LifeWise Health Plan of Washington	WA	JA	Connexion Insurance Solutions, Inc.	Ownership	100.0	PREMERA		0
00962	Premera Blue Cross Group	00000	20-8672847			N/A	WPNI, LLC	DE	N/A	NorthStar Administrators, Inc.	Ownership	20.3	PREMERA		0
00962	Premera Blue Cross Group	00000	88-0455414			N/A	WorldDoc, Inc.	NV	N/A	LifeWise Administrators, Inc.	Ownership	13.5	PREMERA		0

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.



OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

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

SCHEDULE B – VERIFICATION

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

SCHEDULE BA – VERIFICATION

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

SCHEDULE D – VERIFICATION

Bonds and Stocks		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	32,185,978	74,911,275
2. Cost of bonds and stocks acquired	8,203,986	39,234,797
3. Accrual of discount	65,856	200,171
4. Unrealized valuation increase (decrease)	(1,833)	32,133
5. Total gain (loss) on disposals	(46,943)	1,929,459
6. Deduct consideration for bonds and stocks disposed of	24,982,241	83,792,235
7. Deduct amortization of premium	30,760	329,622
8. Total foreign exchange change in book/adjusted carrying value		.0
9. Deduct current year's other-than-temporary impairment recognized		.0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	15,394,043	32,185,978
11. Deduct total nonadmitted amounts	.0	.0
12. Statement value at end of current period (Line 10 minus Line 11)	15,394,043	32,185,978

STATEMENT AS OF MARCH 31, 2017 OF THE LifeWise Health Plan of Oregon, Inc.

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	23,066,274	25,087,582	38,149,425	43,090	10,047,521	0	0	23,066,274
2. NAIC 2 (a).....	8,104,044	0	4,118,858	(8,832)	3,976,354	0	0	8,104,044
3. NAIC 3 (a).....	1,253,121	0	5,033	(2,458)	1,245,630	0	0	1,253,121
4. NAIC 4 (a).....	359,904	0	0	1,465	361,369	0	0	359,904
5. NAIC 5 (a).....	0	0	0	0	0	0	0	0
6. NAIC 6 (a).....	0	0	0	0	0	0	0	0
7. Total Bonds	32,783,344	25,087,582	42,273,316	33,264	15,630,874	0	0	32,783,344
PREFERRED STOCK								
8. NAIC 1.....	0	0	0	0	0	0	0	0
9. NAIC 2.....	0	0	0	0	0	0	0	0
10. NAIC 3.....	0	0	0	0	0	0	0	0
11. NAIC 4.....	0	0	0	0	0	0	0	0
12. NAIC 5.....	0	0	0	0	0	0	0	0
13. NAIC 6.....	0	0	0	0	0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	32,783,344	25,087,582	42,273,316	33,264	15,630,874	0	0	32,783,344

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ 236,831 ; NAIC 2 \$;
NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

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SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	236,831	XXX	236,831	1	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	597,367	3,802,167
2. Cost of short-term investments acquired	16,883,596	49,657,157
3. Accrual of discount		.0
4. Unrealized valuation increase (decrease)		.0
5. Total gain (loss) on disposals		.0
6. Deduct consideration received on disposals	17,244,132	52,861,957
7. Deduct amortization of premium		.0
8. Total foreign exchange change in book/adjusted carrying value		.0
9. Deduct current year's other-than-temporary impairment recognized		.0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	236,831	597,367
11. Deduct total nonadmitted amounts		.0
12. Statement value at end of current period (Line 10 minus Line 11)	236,831	597,367

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

STATEMENT AS OF MARCH 31, 2017 OF THE LifeWise Health Plan of Oregon, Inc.

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments									
912828-13-2	UNITED STATES TREASURY		01/25/2017	VARIOUS		2,768,543	2,800,000	16,082	X
912828-MS-6	UNITED STATES TREASURY		02/28/2017	VARIOUS		2,914,366	2,950,000	14,407	X
912828-02-4	UNITED STATES TREASURY		02/08/2017	MERRILL LYNCH PIERCE FENNER		2,550,792	2,600,000	13,072	X
05999999	Bonds - U.S. Governments					8,203,540	8,350,000	43,561	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
05948K-07-2	BMA 0511 (C4 - 060/PMS)		03/01/2017	01 rec1		146	146	0	TH
83999999	Bonds - Industrial and Miscellaneous (Unaffiliated)					8,203,986	8,350,146	43,561	XXX
83999997	Subtotals - Bonds - Part 3					8,203,986	8,350,146	43,561	XXX
83999999	Subtotals - Bonds								
99999999	Totals					8,203,986	8,350,146	43,561	XXX

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

STATEMENT AS OF MARCH 31, 2017 OF THE LifeWise Health Plan of Oregon, Inc.

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)	
Bonds - U.S. Governments																					
912828-L3-2	UNITED STATES TREASURY	02/08/2017	Citigroup (SSB)	2,781,725	2,800,000	2,768,543				254		254		2,768,796		12,929	12,929	17,229	08/31/2020	1	
912828-N6-6	UNITED STATES TREASURY	03/10/2017	VARIOUS	5,399,460	5,500,000	5,495,411	2,580,147			3		3		5,494,656		(95,196)	(95,196)	29,057	11/15/2025	1	
912828-N7-3	UNITED STATES TREASURY	01/23/2017	HSBC SECURITIES	491,549	475,000	501,086	499,615			(415)		(415)		499,200		(7,651)	(7,651)	5,489	08/15/2020	1	
912828-L2-4	UNITED STATES TREASURY	02/10/2017	FENER	2,403,810	2,600,000	2,520,792						0		2,520,792		(16,982)	(16,982)	13,072	11/15/2026	1	
912828-MJ-6	UNITED STATES TREASURY	02/08/2017	VARIOUS	2,041,564	2,000,000	2,095,910	2,091,475			(858)		(858)		2,090,616		(49,052)	(49,052)	10,829	05/15/2024	1	
0599999 - Bonds - U.S. Governments				13,218,109	13,375,000	13,381,741	5,171,237		0	(1,017)	0	(1,017)	0	13,374,061	0	(155,952)	(155,952)	75,676	XXX	XXX	
Bonds - All Other Governments																					
910860-AS-7	MEXICO (UNITED STATES)	03/20/2017	JP MORGAN CHASE INTL	305,000	250,000	269,225	265,638			(110)		(110)		265,528		39,472	39,472	8,250	09/27/2034	2FE	
1099999 - Bonds - All Other Governments				305,000	250,000	269,225	265,638		0	(110)	0	(110)	0	265,528	0	39,472	39,472	8,250	XXX	XXX	
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																					
312806-AJ-8	FN 034222 - BONDS	03/01/2017	Paydown	4,357	4,357	4,614	4,618		(261)			(261)		4,357	0	0	0	38	04/01/2038	1	
312209-W0-7	FN 000447 - BONDS	03/01/2017	Paydown	6,986	6,986	7,162	7,112		(146)			(146)		6,986	0	0	0	41	09/01/2038	1	
312526-ZZ-2	FN 000750 - BONDS	03/01/2017	Paydown	7,266	7,266	7,474	7,425		(160)			(160)		7,266	0	0	0	34	05/01/2038	1	
312528-KJ-2	FN 021197 - BONDS	03/01/2017	Paydown	864	864	861	860		4			4		864	0	0	0	5	07/01/2031	1	
31335A-QR-7	FN 600030 - BONDS	03/01/2017	Paydown	9,023	9,023	9,412	9,407		(385)			(385)		9,023	0	0	0	24	06/01/2045	1	
31336F-Q2-0	FN 611830 - BONDS	03/01/2017	Paydown	5,589	5,589	5,407	5,495		94			94		5,589	0	0	0	24	12/01/2020	1	
31350F-8B-4	FN 90105 J - CMO/BONDS	03/01/2017	Paydown	8,631	8,631	8,912	8,896		(65)			(65)		8,631	0	0	0	53	09/25/2030	1	
31360H-A3-5	FN 100319 - BONDS	03/01/2017	Paydown	385	385	401	398		(15)			(15)		385	0	0	0	2	02/01/2032	1	
31371H-UU-0	FN 252439 - BONDS	03/01/2017	Paydown	58	58	60	60		(2)			(2)		58	0	0	0	0	05/01/2029	1	
31371H-QX-9	FN 252570 - BONDS	03/01/2017	Paydown	323	323	317	318		5			5		323	0	0	0	1	07/01/2029	1	
31376L-LR-7	FNMS K20 A2 - BONDS	01/25/2017	BARCLAYS CAPITAL INC.	737,999	725,000	746,738	742,783		(222)			(222)		742,562	(4,563)	(4,563)	2,954	06/25/2022	1		
313841-VP-3	FN A06221 - BONDS	03/01/2017	Paydown	9,364	9,364	9,467	9,469		(105)			(105)		9,364	0	0	0	9	01/01/2041	1	
31330Y-86-8	FN 0486 A6 - CMO/BONDS	01/25/2017	Paydown	4,283	4,283	4,264	4,263		0			0		4,283	0	0	0	20	07/25/2034	1	
314020-C2-4	FN 725589 - BONDS	03/01/2017	Paydown	5,830	5,830	5,997	5,991		(161)			(161)		5,830	0	0	0	22	07/01/2034	1	
314020-JS-0	FN 725773 - BONDS	03/01/2017	Paydown	7,540	7,540	7,985	7,956		(416)			(416)		7,540	0	0	0	33	09/01/2034	1	
314020-YY-7	FN 735224 - BONDS	03/01/2017	Paydown	5,585	5,585	5,544	5,540		45			45		5,585	0	0	0	25	02/01/2036	1	
31416Y-LV-4	FN A00339 - BONDS	01/25/2017	VARIOUS	168,688	166,147	172,152	169,501		(432)			(432)		169,069	(381)	(381)	983	01/01/2020	1		
31418A-YE-2	FN A01609 - BONDS	03/01/2017	Paydown	10,228	10,228	10,877	10,882		(655)			(655)		10,228	0	0	0	27	10/01/2033	1	
837120-LH-7	SOUTH CAROLINA ST HSG FUND & DEV AUTH BOND	03/06/2017	Call @ 102.926	5,000	5,000	5,125	5,120		(1)			(1)		5,119		(119)	(119)	118	07/01/2037	1FE	
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions				997,979	981,438	1,012,767	1,005,916		0	(2,874)	0	(2,874)	0	1,003,042	0	(5,063)	(5,063)	4,391	XXX	XXX	
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
001844-AC-9	TIME WARNER INC.	03/20/2017	BARCLAYS CAPITAL INC FIXED INC.	333,078	250,000	238,004	239,240		87			87		239,328		93,750	93,750	8,366	04/15/2031	2FE	
05948K-UP-2	BOA 0511 104 - CMO/BONDS	03/01/2017	VARIOUS	6,064	6,064	6,368	6,368		300			300		6,064		(1,135)	(1,135)	161	12/25/2035	1FN	
12624B-AC-0	COMM 120RE1 A3 - BONDS	01/20/2017	INC	494,649	475,000	505,856	490,264		(197)			(197)		490,067		4,583	4,583	2,416	05/17/2045	1FN	
12666P-AC-8	OMI 0610 AF3 - CMO/BONDS	03/01/2017	Paydown	59,209	83,939	57,934	57,934		26,004			26,004		83,939	(24,730)	(24,730)	318	12/26/2036	1FN		
126673-HE-8	OMI 0412 AF6 - CMO/BONDS	03/01/2017	Paydown	9,780	9,780	9,545	9,545		235			235		9,780	0	0	0	34	03/25/2036	1FN	
126675-JD-6	OMI 0510CB 2A1 - CMO/BONDS	03/01/2017	Paydown	4,750	5,033	4,841	4,837		192			192		5,033		(283)	(283)	24	06/25/2036	3FN	
12668E-AJ-6	OMI 0615 3A1 - CMO/BONDS	03/01/2017	Paydown	4,307	4,307	4,198	4,198		108			108		4,307		0	0	17	07/26/2021	1FN	
23005Y-AD-1	DBUS 11LCS A4 - BONDS	03/13/2017	INC	374,309	350,000	411,906	378,395		(1,467)			(1,467)		376,929		(2,620)	(2,620)	4,646	08/12/2044	1FN	
24700B-AC-9	DEFT 151 A3 - ABS	01/23/2017	VARIOUS	699,992	700,000	699,952	699,994		1			1		699,995		(43)	(43)	825	03/23/2020	1FE	
31620N-AK-2	FIDELITY NATIONAL INFORMATION SERVICES I	03/13/2017	JP MORGAN SECURITIES INC	426,386	425,000	425,245	425,972		(29)			(29)		425,943		443	443	6,239	04/15/2023	2FE	
345280-EH-0	FORD 161 A1 - ABS	02/07/2017	JP MORGAN CHASE BANK/HSBCS I	325,000	325,000	325,660	325,496		(25)			(25)		325,471		(471)	(471)	874	02/15/2021	1FE	
34530R-AA-6	FORD 15REV1 A - ABS	03/20/2017	TORONTO DOMINION SECS USA INC.	325,216	325,000	323,578	323,862		82			82		323,944		1,272	1,272	1,876	07/15/2026	1FE	
345387-MR-0	FORD MOTOR CREDIT COMPANY LLC	01/23/2017	MORGAN STANLEY CO.	449,703	450,000	450,000	450,000		0			0		450,000		(297)	(297)	1,078	12/06/2017	2FE	
36192P-AJ-5	GNSS 120C39 A3 - BONDS	01/19/2017	Goldman Sachs	301,910	300,000	307,494	304,496		(40)			(40)		304,456		(2,546)	(2,546)	1,132	11/10/2045	1FN	
362320-AI-0	GTE CORPORATION	03/15/2017	Not Available	31,007	25,000	30,127	26,975		(75)			(75)		26,900		4,107	4,107	845	11/01/2021	2FE	
38141E-A2-5	GOLDMAN SACHS GROUP INC	03/13/2017	WELLS FARGO SECURITIES LLC	184,819	150,000	188,433	176,105		(2,493)			(2,493)		173,612		(8,794)	(8,794)	6,594	02/15/2016	1FE	
49688E-8B-2	VOYA FINANCIAL INC	03/13/2017	Jefferies	464,971	425,000	465,108	469,537		(1,504)			(1,504)		469,134		(3,160)	(3,160)	15,948	07/15/2022	2FE	
48627N-CJ-9	OMI/BONDS	03/01/2017	Paydown	9,035	10,422	6,483	6,483		3,938			3,938		10,422		(1,387)	(1,387)	27	03/25/2036	1FN	
48629D-NH-5	JPINT 0647 24R - CMO/BONDS	03/01/2017	Paydown	34,585	34,587	22,395	22,395		12,192			12,192		34,587		(1)	(1)	87	01/25/2037	1FN	
48630P-N5-0	JPINT 0742 2K3 - CMO/BONDS	03/01/2017	Paydown	54,611	54,611	41,813	41,813		12,798			12,798		54,611		0	0	136	04/25/2037	1FN	

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STATEMENT AS OF MARCH 31, 2017 OF THE LifeWise Health Plan of Oregon, Inc.

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)	
46643P-BF-6	JNBB 1425 ASB - CNBS	03/17/2017	JP MORGAN SECURITIES INC.		465,469	460,000	463,499	459,790		(376)		(376)		459,414		6,055	6,055	4,472	11/18/2047	1FN	
50116R-AC-0	KOOT 151 A3 - ABS	03/01/2017	JP MORGAN CHASE BANK/HSCBS INC.		375,146	375,000	374,948	374,986		1		1		374,987		160	160	642	03/15/2019	1FE	
55315F-AE-0	MNAF 16A A5 - ABS	03/20/2017	DEUTSCHE BANK SECURITIES, INC.		147,545	150,000	149,994	149,994		0		0		149,995		(2,450)	(2,450)	902	12/15/2032	1FE	
55908P-AE-4	MACQUARIE BANK LTD	01/23/2017	JP MORGAN SECURITIES INC.		450,180	450,000	449,960	449,997		1		1		449,998		182	182	2,516	03/24/2017	1FE	
61766E-BC-8	MSBAM 16C29 ASB - CNBS	03/17/2017	MORGAN STANLEY CO.		151,072	150,000	154,498	154,114		(122)		(122)		153,992		(2,919)	(2,919)	1,374	05/17/2049	1FN	
65355H-AB-5	MUMURA HOLDINGS INC.	01/23/2017	WELLS FARGO SECURITIES LLC		503,447	450,000	527,652	492,334		(869)		(869)		491,465		11,982	11,982	11,883	03/04/2020	2FE	
68389X-BL-8	ORACLE CORP. 8.5% (1.5M) FUNDING	03/15/2017	WELLS FARGO SECURITIES LLC		287,505	300,000	299,949	299,959		4		4		299,964		(12,459)	(12,459)	4,980	09/15/2023	1FE	
74955E-AB-5	CORPORATION	01/01/2017	Paydown		0	0	0	0		0		0		0		0	0	(16,822)	12/07/2022	2FE	
75970H-WH-7	RWMC 052 AF6 - CMO/FNBS	03/01/2017	Paydown		21,478	21,478	20,801	20,801		677		677		21,478		0	0	75	08/25/2036	1FN	
759950-GA-0	RWMC 054 A6 - CMO/FNBS	03/01/2017	Paydown		33,356	33,356	31,490	31,490		1,866		1,866		33,356		0	0	81	02/25/2036	1FN	
760885-BU-1	RWMP 043P1 A14 - CMO/FNBS	03/01/2017	Paydown		1,149	1,149	1,149	1,149		(17)		(17)		1,128		21	21	3	08/25/2027	1FN	
76110H-WH-6	RWSC 03K59 A16 - CMO/FNBS	03/01/2017	Paydown		5,253	5,253	5,011	5,011		242		242		5,253		0	0	38	11/25/2033	1FN	
80283L-AA-1	SANTANDER UK PLC	03/13/2017	MARKETNESS CORPORATION		515,115	500,000	506,430	504,918		(122)		(122)		504,696		10,420	10,420	8,958	11/07/2023	2FE	
82837W-AA-3	DEVELOPMENT 2014	01/23/2017	BARCLAYS BANK PLC		450,158	450,000	448,979	449,905		24		24		449,929		228	228	2,319	04/10/2017	1FE	
86764P-AD-1	SUNOCO INC.	01/17/2017	Maturity @ 100.0		650,000	650,000	647,589	649,988		12		12		650,000		0	0	18,688	01/15/2017	2FE	
92343V-GR-3	VERIZON COMMUNICATIONS INC.	03/20/2017	MARKETNESS CORPORATION		593,622	600,000	596,040	596,786		80		80		596,866		(3,244)	(3,244)	8,283	11/01/2024	2FE	
92322F-ZY-7	WNU 04C84 21A - CMO/FNBS	03/01/2017	Paydown		5,790	5,790	5,786	5,786		3		3		5,790		0	0	27	12/26/2019	1FN	
92360A-A6-3	WRBS 1205 A4 - CNBS	03/17/2017	DEUTSCHE BANK SECURITIES, INC.		414,000	400,000	403,982	401,887		(100)		(100)		401,787		12,213	12,213	4,013	04/17/2045	1FN	
92393K-AF-5	WRBS 14C24 ASB - CNBS	03/17/2017	JP MORGAN SECURITIES INC.		411,781	400,000	421,656	419,068		(736)		(736)		418,332		(6,551)	(6,551)	3,678	11/18/2047	1FN	
95000A-AT-4	WRBS 15P2 A3 - CNBS	03/17/2017	JP MORGAN SECURITIES, LLC		405,750	400,000	403,981	403,556		(84)		(84)		403,472		2,278	2,278	4,131	12/17/2048	1FN	
3899999	Bonds - Industrial and Miscellaneous (Unaffiliated)				10,461,154	10,201,901	10,459,334	10,335,427		4	51,123	0	51,127	0	10,386,554	0	74,600	74,600	111,773	XXX	XXX
8399997	Subtotals - Bonds - Part 4				24,982,241	24,808,340	25,123,066	16,778,218		4	47,122	0	47,126	0	25,029,184	0	(46,943)	(46,943)	200,091	XXX	XXX
8399999	Subtotals - Bonds				24,982,241	24,808,340	25,123,066	16,778,218		4	47,122	0	47,126	0	25,029,184	0	(46,943)	(46,943)	200,091	XXX	XXX
9699999	Totals				24,982,241	24,808,340	25,123,066	16,778,218		4	47,122	0	47,126	0	25,029,184	0	(46,943)	(46,943)	200,091	XXX	XXX

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

E05.1

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

STATEMENT AS OF MARCH 31, 2017 OF THE LifeWise Health Plan of Oregon, 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 & Accrued	8 Amount Received During Year
NONE							
8699999 Total Cash Equivalents					0	0	0