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# QUARTERLY STATEMENT

## AS OF JUNE 30, 2017

OF THE CONDITION AND AFFAIRS OF THE

## Grand Valley Health Plan, Inc.

NAIC Group Code 0000 (Current Period), 0000 (Prior Period) NAIC Company Code 95453 Employer's ID Number 38-2396958

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

Country of Domicile United States

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

Incorporated/Organized 12/03/1981 Commenced Business 02/05/1982

Statutory Home Office 2680 Leonard NE Suite 2 (Street and Number), Grand Rapids, MI, US 49525 (City or Town, State, Country and Zip Code)

Main Administrative Office 2680 Leonard NE Suite 2 (Street and Number) Grand Rapids, MI, US 49525 (City or Town, State, Country and Zip Code) 616-949-2410 (Area Code) (Telephone Number)

Mail Address 2680 Leonard NE Suite 2 (Street and Number or P.O. Box), Grand Rapids, MI, US 49525 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 829 Forest Hill Ave SE (Street and Number) Grand Rapids, MI, US 49546-2325 (City or Town, State, Country and Zip Code) 616-949-2410-1032 (Area Code) (Telephone Number)

Internet Web Site Address gvhp.com

Statutory Statement Contact Pamela Lea Silva (Name) 616-949-2410-1032 (Area Code) (Telephone Number) (Extension)

silvap@gvhp.com (E-Mail Address) 616-949-4978 (FAX Number)

## OFFICERS

| Name | Title | Name | Title |
|---|---|---|---|
| Pamela L Silva | President/CEO | Kathy Lentz # | Secretary |
| Janet Lederman | Director of Managed Care | | |

## OTHER OFFICERS

## DIRECTORS OR TRUSTEES

| | | | |
|---|---|---|---|
| Pamela L Silva | Kathy Lentz | Matthew Boutell | |

State of Michigan
County of Kent
ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting 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.

| | | |
|---|---|---|
| Pamela L Silva<br>President/CEO | Kathy Lentz<br>Secretary | Janet Lederman<br>Director of Managed Care |

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

Subscribed and sworn to before me this
day of ,

# ASSETS

| | Current Statement Date 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | 4 December 31 Prior Year Net Admitted Assets |
|---|---|---|---|---|
| 1. Bonds | | | 0 | 0 |
| 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 ($ (29,046) ), cash equivalents ($ 0 ) and short-term investments ($ 1,006,045 ) | 976,999 | | 976,999 | 2,721,402 |
| 6. Contract loans (including $ ..... premium notes) | | | 0 | 0 |
| 7. Derivatives | 0 | | 0 | 0 |
| 8. Other invested assets | 0 | | 0 | 0 |
| 9. Receivables for securities | | | 0 | 0 |
| 10. Securities lending reinvested collateral assets | | | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 976,999 | 0 | 976,999 | 2,721,402 |
| 13. Title plants less $ ..... charged off (for Title insurers only) | | | 0 | 0 |
| 14. Investment income due and accrued | | | 0 | 0 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 7,216 | 7,216 | 0 | 282,550 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ ..... earned but unbilled premiums) | | | 0 | 0 |
| 15.3 Accrued retrospective premiums ($ ..... ) and contracts subject to redetermination ($ ..... ) | | | 0 | 0 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | | | 0 | 0 |
| 16.2 Funds held by or deposited with reinsured companies | | | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | | | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | | | 0 | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | 0 | 0 |
| 18.2 Net deferred tax asset | 679,000 | 639,249 | 39,751 | 124,550 |
| 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 ($ 56,058 ) | 119,059 | 1,609 | 117,450 | 151,570 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | 144,559 | 117,000 | 27,559 | 147,693 |
| 24. Health care ($ 3,517 ) and other amounts receivable | 4,967 | 1,450 | 3,517 | 17,504 |
| 25. Aggregate write-ins for other-than-invested assets | 79,472 | 79,472 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 2,011,272 | 845,996 | 1,165,276 | 3,445,269 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 2,011,272 | 845,996 | 1,165,276 | 3,445,269 |
| **DETAILS OF WRITE-INS** | | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | 0 | 0 | 0 | 0 |
| 2501. HRA Chemical Bank | 7,850 | 7,850 | 0 | 0 |
| 2502. Prepaids | 71,622 | 71,622 | 0 | 0 |
| 2503. | | | 0 | 0 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | 79,472 | 79,472 | 0 | 0 |

# LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|---|---|---|---|---|
| | 1<br>Covered | 2<br>Uncovered | 3<br>Total | 4<br>Total |
| 1. Claims unpaid (less $ ..... reinsurance ceded) | 370,000 | | 370,000 | 1,518,000 |
| 2. Accrued medical incentive pool and bonus amounts | | | 0 | 0 |
| 3. Unpaid claims adjustment expenses | 7,400 | | 7,400 | 60,720 |
| 4. Aggregate health policy reserves including the liability of $ ..... for medical loss ratio rebate per the Public Health Service Act | | | 0 | 0 |
| 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 | 0 | | 0 | 55,517 |
| 9. General expenses due or accrued | 311,264 | | 311,264 | 432,904 |
| 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 | 27,085 | | 27,085 | 0 |
| 12. Amounts withheld or retained for the account of others | 1,387 | | 1,387 | 2,116 |
| 13. Remittances and items not allocated | | | 0 | 0 |
| 14. Borrowed money (including $ ..... current) and interest thereon $ ..... (including $ ..... current) | | | 0 | 0 |
| 15. Amounts due to parent, subsidiaries and affiliates | 10,880 | | 10,880 | 5,967 |
| 16. Derivatives | | 0 | 0 | 0 |
| 17. Payable for securities | | | 0 | 0 |
| 18. Payable for securities lending | | | 0 | 0 |
| 19. Funds held under reinsurance treaties (with $ ..... authorized reinsurers, $ ..... unauthorized reinsurers and $ ..... certified reinsurers) | | | 0 | 0 |
| 20. Reinsurance in unauthorized and certified ($ ..... ) companies | | | 0 | 0 |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 22. Liability for amounts held under uninsured plans | | | 0 | 0 |
| 23. Aggregate write-ins for other liabilities (including $ ..... current) | 0 | 0 | 0 | 0 |
| 24. Total liabilities (Lines 1 to 23) | 728,016 | 0 | 728,016 | 2,075,224 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 0 |
| 26. Common capital stock | XXX | XXX | 312,996 | 312,996 |
| 27. Preferred capital stock | XXX | XXX | | 0 |
| 28. Gross paid in and contributed surplus | XXX | XXX | 1,212,873 | 1,212,873 |
| 29. Surplus notes | XXX | XXX | 500,000 | 500,000 |
| 30. Aggregate write-ins for other-than-special surplus funds | XXX | XXX | 0 | 0 |
| 31. Unassigned funds (surplus) | XXX | XXX | (1,588,609) | (655,824) |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 ..... shares common (value included in Line 26 $ ..... ) | XXX | XXX | | 0 |
| 32.2 ..... shares preferred (value included in Line 27 $ ..... ) | XXX | XXX | | 0 |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 437,260 | 1,370,045 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 1,165,276 | 3,445,269 |
| **DETAILS OF WRITE-INS** | | | | |
| 2301. Federal Employer Group Settlement | | | 0 | 0 |
| 2302. | | | | |
| 2303. | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | 0 | 0 | 0 | 0 |
| 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) | 0 | 0 | 0 | 0 |
| 2501. | XXX | XXX | | |
| 2502. | XXX | XXX | | |
| 2503. | XXX | XXX | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | XXX | XXX | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | XXX | XXX | 0 | 0 |
| 3001. | XXX | XXX | | |
| 3002. | XXX | XXX | | |
| 3003. | XXX | XXX | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | XXX | XXX | 0 | 0 |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) | XXX | XXX | 0 | 0 |

# STATEMENT OF REVENUE AND EXPENSES

| | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|---|---|---|---|---|
| | 1<br>Uncovered | 2<br>Total | 3<br>Total | 4<br>Total |
| 1. Member Months | XXX | 2,476 | 23,921 | 41,805 |
| 2. Net premium income (including $ non-health premium income) | XXX | 1,145,213 | 9,385,114 | 16,335,088 |
| 3. Change in unearned premium reserves and reserve for rate credits | XXX | | 0 | 0 |
| 4. Fee-for-service (net of $ 102,620 medical expenses) | XXX | 120,729 | 317,751 | 656,616 |
| 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 | 1,265,942 | 9,702,865 | 16,991,704 |
| **Hospital and Medical:** | | | | |
| 9. Hospital/medical benefits | 2,994 | 1,076,603 | 6,732,774 | 11,536,630 |
| 10. Other professional services | 10,725 | 108,262 | 475,963 | 754,522 |
| 11. Outside referrals | | | 0 | 0 |
| 12. Emergency room and out-of-area | 29,224 | 95,582 | 416,261 | 773,619 |
| 13. Prescription drugs | | 155,242 | 1,417,300 | 2,549,564 |
| 14. Aggregate write-ins for other hospital and medical | 0 | 1,471 | 13,277 | 16,153 |
| 15. Incentive pool, withhold adjustments and bonus amounts | | | 0 | 0 |
| 16. Subtotal (Lines 9 to 15) | 42,943 | 1,437,160 | 9,055,575 | 15,630,488 |
| **Less:** | | | | |
| 17. Net reinsurance recoveries | | 81,844 | 0 | 0 |
| 18. Total hospital and medical (Lines 16 minus 17) | 42,943 | 1,355,316 | 9,055,575 | 15,630,488 |
| 19. Non-health claims (net) | | | 0 | 0 |
| 20. Claims adjustment expenses, including $ 44,648 cost containment expenses | | 105,523 | 304,342 | 436,029 |
| 21. General administrative expenses | | 688,598 | 417,051 | 1,059,342 |
| 22. Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only) | | | 0 | 0 |
| 23. Total underwriting deductions (Lines 18 through 22) | 42,943 | 2,149,437 | 9,776,968 | 17,125,859 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | (883,495) | (74,103) | (134,155) |
| 25. Net investment income earned | | 14,001 | (6,489) | 344 |
| 26. Net realized capital gains (losses) less capital gains tax of $ | | (2,064) | 0 | 82,685 |
| 27. Net investment gains (losses) (Lines 25 plus 26) | 0 | 11,937 | (6,489) | 83,029 |
| 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 | 0 | 0 | 0 |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | XXX | (871,558) | (80,592) | (51,126) |
| 31. Federal and foreign income taxes incurred | XXX | | 0 | 0 |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | (871,558) | (80,592) | (51,126) |
| **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. Other Medical | | 1,471 | 13,277 | 16,153 |
| 1402. | | | 0 | 0 |
| 1403. | | | | |
| 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 | 1,471 | 13,277 | 16,153 |
| 2901. Lawsuit Settlement | | | 0 | 0 |
| 2902. | | | 0 | 0 |
| 2903. | | | 0 | 0 |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 | 0 | 0 |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) | 0 | 0 | 0 | 0 |

# STATEMENT OF REVENUE AND EXPENSES (Continued)

| | | 1<br>Current Year<br>To Date | 2<br>Prior Year<br>To Date | 3<br>Prior Year<br>Ended<br>December 31 |
|---|---|---|---|---|
| | **CAPITAL & SURPLUS ACCOUNT** | | | |
| 33. | Capital and surplus prior reporting year | 1,370,045 | 1,297,509 | 1,297,508 |
| 34. | Net income or (loss) from Line 32 | (871,558) | (80,592) | (51,126) |
| 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 $ | | 0 | 0 |
| 37. | Change in net unrealized foreign exchange capital gain or (loss) | | 0 | 0 |
| 38. | Change in net deferred income tax | | 62,000 | 62,000 |
| 39. | Change in nonadmitted assets | (2,702) | 230,054 | 61,663 |
| 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 | (58,525) | 0 | 0 |
| 48. | Net change in capital and surplus (Lines 34 to 47) | (932,785) | 211,462 | 72,537 |
| 49. | Capital and surplus end of reporting period (Line 33 plus 48) | 437,260 | 1,508,971 | 1,370,045 |
| | **DETAILS OF WRITE-INS** | | | |
| 4701. | Prior Period Audit Adj | (58,525) | 0 | 0 |
| 4702. | | | 0 | 0 |
| 4703. | | | | |
| 4798. | Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 | 0 |
| 4799. | Totals (Lines 4701 through 4703 plus 4798) (Line 47 above) | (58,525) | 0 | 0 |

# CASH FLOW

| | 1<br>Current Year<br>To Date | 2<br>Prior Year<br>To Date | 3<br>Prior Year Ended<br>December 31 |
|---|---|---|---|
| **Cash from Operations** | | | |
| 1. Premiums collected net of reinsurance | 1,409,068 | 8,346,856 | 15,871,358 |
| 2. Net investment income | 14,001 | 6,774 | 344 |
| 3. Miscellaneous income | 184,501 | 464,501 | 734,627 |
| 4. Total (Lines 1 to 3) | 1,607,570 | 8,818,131 | 16,606,329 |
| 5. Benefit and loss related payments | 2,529,053 | 10,134,293 | 16,547,795 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | 0 | 0 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 968,977 | 699,736 | 1,894,632 |
| 8. Dividends paid to policyholders | | 0 | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of $ ..... tax on capital gains (losses) | 0 | (264,465) | 0 |
| 10. Total (Lines 5 through 9) | 3,498,030 | 10,569,564 | 18,442,427 |
| 11. Net cash from operations (Line 4 minus Line 10) | (1,890,460) | (1,751,433) | (1,836,098) |
| **Cash from Investments** | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 0 | 0 | 0 |
| 12.2 Stocks | 0 | 0 | 0 |
| 12.3 Mortgage loans | 0 | 0 | 0 |
| 12.4 Real estate | 0 | 0 | 843,515 |
| 12.5 Other invested assets | 0 | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | (30) | 0 |
| 12.7 Miscellaneous proceeds | 0 | 13,689 | 8,522 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 0 | 13,659 | 852,037 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 0 | 0 | 0 |
| 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 | 2,064 | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 2,064 | 0 | 0 |
| 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) | (2,064) | 13,659 | 852,037 |
| **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 |
| 16.5 Dividends to stockholders | 0 | 0 | 0 |
| 16.6 Other cash provided (applied) | 148,121 | (427,863) | 82,668 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | 148,121 | (427,863) | 82,668 |
| **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) | (1,744,403) | (2,165,637) | (901,393) |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year | 2,721,402 | 3,622,795 | 3,622,795 |
| 19.2 End of period (Line 18 plus Line 19.1) | 976,999 | 1,457,158 | 2,721,402 |

# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2 | 3 | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 2,651 | 8 | 1,889 | 0 | 0 | 0 | 754 | 0 | 0 | 0 |
| 2. First Quarter | 500 | 0 | 500 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Second Quarter | 51 | 0 | 51 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Third Quarter | 0 | | | | | | | | | |
| 5. Current Year | 0 | | | | | | | | | |
| 6. Current Year Member Months | 2,476 | | 2,476 | | | | | | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician | 150 | | 147 | | | | 3 | | | |
| 8. Non-Physician | 11 | | 11 | | | | | | | |
| 9. Total | 161 | 0 | 158 | 0 | 0 | 0 | 3 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 0 | | | | | | | | | |
| 11. Number of Inpatient Admissions | 0 | | | | | | | | | |
| 12. Health Premiums Written (a) | 1,182,105 | | 1,182,105 | | | | | | | |
| 13. Life Premiums Direct | 0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written | 0 | | | | | | | | | |
| 15. Health Premiums Earned | 1,182,105 | | 1,182,105 | | | | | | | |
| 16. Property/Casualty Premiums Earned | 0 | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 2,382,588 | | 1,829,965 | | | | 552,623 | | | |
| 18. Amount Incurred for Provision of Health Care Services | 1,437,160 | | 1,304,120 | | | | 133,040 | | | |

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

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

**Aging Analysis of Unpaid Claims**

| 1<br>Account | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>91 - 120 Days | 6<br>Over 120 Days | 7<br>Total |
|---|---|---|---|---|---|---|
| Claims unpaid (Reported) | | | | | | |
| 0199999 Individually listed claims unpaid | 0 | 0 | 0 | 0 | 0 | 0 |
| 0299999 Aggregate accounts not individually listed-uncovered | | | | | | 0 |
| 0399999 Aggregate accounts not individually listed-covered | 2,920 | 2,471 | 68,356 | 21,846 | 34,506 | 130,099 |
| 0499999 Subtotals | 2,920 | 2,471 | 68,356 | 21,846 | 34,506 | 130,099 |
| 0599999 Unreported claims and other claim reserves | XXX | XXX | XXX | XXX | XXX | 239,901 |
| 0699999 Total amounts withheld | XXX | XXX | XXX | XXX | XXX | |
| 0799999 Total claims unpaid | XXX | XXX | XXX | XXX | XXX | 370,000 |
| 0899999 Accrued medical incentive pool and bonus amounts | XXX | XXX | XXX | XXX | XXX | |

# 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 | 6 |
|---|---|---|---|---|---|---|
| | 1<br>On Claims Incurred Prior to January 1 of Current Year | 2<br>On Claims Incurred During the Year | 3<br>On Claims Unpaid Dec. 31 of Prior Year | 4<br>On Claims Incurred During the Year | Claims Incurred in Prior Years (Columns 1 + 3) | Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year |
| 1. Comprehensive (hospital and medical) | 932,970 | 1,010,636 | 45,449 | 256,795 | 978,419 | 791,332 |
| 2. Medicare Supplement | | | | | 0 | 0 |
| 3. Dental only | | | | | 0 | 0 |
| 4. Vision only | | | | | 0 | 0 |
| 5. Federal Employees Health Benefits Plan | 496,677 | 63,034 | 51,739 | 16,016 | 548,416 | 726,668 |
| 6. Title XVIII - Medicare | | | | | 0 | 0 |
| 7. Title XIX - Medicaid | | | | | 0 | 0 |
| 8. Other health | | | | | 0 | 0 |
| 9. Health subtotal (Lines 1 to 8) | 1,429,647 | 1,073,670 | 97,188 | 272,811 | 1,526,835 | 1,518,000 |
| 10. Health care receivables (a) | | | | | 0 | 0 |
| 11. Other non-health | | | | | 0 | 0 |
| 12. Medical incentive pools and bonus amounts | | | | | 0 | 0 |
| 13. Totals (Lines 9-10+11+12) | 1,429,647 | 1,073,670 | 97,188 | 272,811 | 1,526,835 | 1,518,000 |

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

# NOTES TO FINANCIAL STATEMENTS

**Statement for the Quarter Ended June 30, 2017 - Grand Valley Health Plan**

## NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices – The accompanying financial statements have been prepared in conformity with the NAIC Annual Statement Instructions and Accounting Practices and Procedures Manual (SSAP's) for health organizations except to the extent that state requirements differ. Currently there are no differences to report.

| Net Income | 2017 | 2016 |
|---|---|---|
| 1) GVHP state basis | $(871,558) | $(51,126) |
| 2) State prescribed practices that increase (decrease) NAIC SAP: | 0 | 0 |
| 3) NAIC SAP | $(871,558) | $(51,126) |

| Surplus | 2017 | 2016 |
|---|---|---|
| 4) GVHP state basis | $437,260 | $1,370,045 |
| 5) State prescribed practices that increase (decrease) NAIC SAP: | 0 | 0 |
| 6) NAIC SAP | $437,260 | $1,370,045 |

B. Use of Estimates – In conformity with the NAIC Annual Statement Instructions and Accounting Practices and Procedures Manual (SSAP's), the preparation of these financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenses during the reporting period. These estimates and assumptions may change in the near future resulting in different actual results. Estimates that are most susceptible to change in the near term are accounts receivable and the liability for unpaid and unreported claims.

C. Accounting Policy

Investments (Contingency Reserve) – Pursuant to requirements of the Commissioner of Insurance for the State of Michigan, Grand Valley Health Plan executed a trust indenture. The trust is established to provide for the payment of medical services in the event Grand Valley Health Plan is unable to make payment. The agreement requires trust assets to be a minimum of $1,000,000. The trust account met or exceeded funding requirements, as specified in the agreement. The trust invests principally in government money market funds, is stated at fair market value, and is included in cash and cash equivalents.

Accounts Receivable – This category represents charges to employer groups and individuals, primarily on open account. Adjustments to customer accounts are made to estimate net realizable amounts with appropriate charges to premium revenues.

Inventories – Inventories consist of pharmaceuticals and are stated at cost (first-in, first-out method).

Property and Equipment – Depreciable assets are stated at cost. Depreciation is generally computed using the straight-line method over the estimated useful lives of the depreciable assets except for Health Care Delivery assets which are depreciated over a period not to exceed three years in accordance with SSAP 73, and EDP Equipment and Operating System Software which also do not exceed three years per SSAP 79. Non-Operating software is depreciated over the lesser of its useful life or five years per SSAP 79. If not limited by the aforementioned SSAP, the estimated useful lives are listed as follows:

| | |
|---|---|
| Building and land improvements | 5 - 40 years |
| Medical equipment | 5 - 7 years |
| Office furniture and equipment | 5 - 7 years |
| Electronic data processing equipment | 3 years |

# NOTES TO FINANCIAL STATEMENTS

These assets are reviewed for impairment when events indicate that the carrying amount may not be recoverable.

Premiums – member premiums are recorded as revenues in the month that members are entitled to services. Premiums collected in advance are recorded as Premiums Received in Advance.

Related Party Transactions – The Company is related with other entities through common ownership and management (see note 10).

Employee Benefit Plans –The Company participates in the parent company's Employee Stock Ownership Plan (ESOP) and 401(k) plans (see note 12). The Company maintains a profit sharing plan and there were no profit sharing contributions to the plan in the period.

Income Taxes – The Company records income tax expense based on the amount of current taxes plus deferred taxes computed based on the expected future tax consequences of temporary differences between the carrying amounts and tax basis of assets and liabilities, using enacted tax rates. Under the statutory basis of accounting some of these deferred assets are considered non-admitted assets and therefore are excluded. The Company is included in the Grand Valley Health Corporation parent company consolidated tax return (see note 9).

In addition, the company uses the following accounting policies:

1) Short-term Investments – This category includes deposits in financial institutions and short-term investments with maturities of less than 12 months from the date of acquisition.

2) Bonds – None to report.

3) Common Stock and Additional Paid in Capital – stated at cost.

4) Preferred Stock – None to report.

5) Mortgage Loans (Valuation Basis) – None to report.

6) Securities (Loan-Backed) – None to report.

7) Investment in Subsidiaries – None to report.

8) Investment in Joint Ventures, partnerships and LLC's – None to report.

9) Derivatives – None to report.

10) Premium Deficiency – None to report.

11) Liabilities for Claims and Claim Adjustment Expenses – Health care costs are accrued as services are rendered, and include fees to physicians, hospitals, pharmacies and other providers for continuing medical care, and payments made on individual claims for which services have been performed including estimates of services performed which have not yet been reported. The reserves for incurred but not reported claims are to cover this estimated medical cost. Claims unpaid and unpaid adjustment expenses include amounts determined from individual case estimates, claim reports, and an amount for claims incurred but not reported based on past experience. Subsequent actual claim experience will differ from the estimated liability due to variances in estimated and actual member utilization of health care services, the amount of charges, and other factors. While management believes the amount to be adequate, the ultimate liability may be in excess of or less than the amount estimated in these financial statements. The Company limits a portion of their liability through stop-loss insurance. The methods for making estimates and for establishing the claims adjustment expense reserve are continually reviewed and any adjustments are reflected as determined in the periodic financial statements.

# NOTES TO FINANCIAL STATEMENTS

12) Capitalization policy – The Company has not modified its capitalization policy from the prior year.

13) Pharmaceutical rebate receivables are not estimated as they are generally not admitted and therefore not material.

2. Accounting Changes and Corrections of Errors – None to report.

3. Business Combinations and Goodwill – None to report.

4. Discontinued Operations – None to report.

5. Investments
   A. Mortgage Loans – None to report.
   B. Debt Restructuring – None to report.
   C. Reverse Mortgages – None to report.
   D. Loan-Backed Securities – None to report.
   E. Repurchase Agreements – None to report.
   F. Real Estate - None to report.
   G. Low-Income Housing Tax Credits – None to report.

6. Joint Ventures, Partnerships and Limited Liability Companies – None to report.

7. Investment Income – None to report.

8. Derivatives – None to report.

9. Income Taxes

A. The components of the net deferred tax asset recognized in the Company's Assets, Liabilities, Surplus and Other Funds are as follows:

| | Jun 30, 2017 | Dec 31, 2016 |
|---|---|---|
| 1) Total of gross deferred tax assets | $679,000 | $ 679,000 |
| 2) Total of deferred tax liabilities | 0 | 0 |
| 3) Net deferred tax asset | 679,000 | 679,000 |
| 4) Deferred tax asset non-admitted | (639,249) | (554,450) |
| 5) Net admitted deferred tax asset | 39,751 | 124,550 |
| 6) Increase(decrease) in non-admitted asset | $ 84,799 | $(109,595) |

The amount of paragraph 11b. Realization Threshold Limitation Table – Risk Based Capital (RBC) Reporting Entities is calculated as follows: Total Adjusted Capital (TAC) current year $437,260/Authorized Control Level (ACL) 2016 $807,522 = ExDTA ACL RBC Ratio 54.1%. From SSAP 101 - 11b.ii. An amount no greater than **10%** of Capital and Surplus as adjusted net of DTAs, EDP and goodwill is being admitted.

There were no tax-planning strategies that are reinsurance related.

B. Deferred Tax Liabilities – None to report.

C. Current income taxes incurred consist of the following major components:

| | Jun 30, 2017 | Dec 31, 2016 |
|---|---|---|
| Federal income taxes | $0 | $0 |
| Prior year FIT True-up | 0 | 0 |
| Total Current Income Taxes | $0 | $0 |

The main components of the deferred tax amounts and changes therein are as follows:

| Deferred tax assets: | Jun 30, 2017 | Dec 31, 2016 | Change |
|---|---|---|---|
| Accrued Vacation | $ 39,000 | $ 39,000 | $ 0 |
| IBNR not pd at 3-15-xx | 203,000 | 204,000 | (1,000) |
| NOL's remaining | 397,000 | 397,000 | 0 |

# NOTES TO FINANCIAL STATEMENTS

| | | | |
|---|---|---|---|
| NTV vs NBV fixed assets | 40,000 | 39,000 | 1,000 |
| Total deferred tax assets | 679,000 | 679,000 | 0 |
| Nonadmitted deferred tax assets | (639,249) | (554,450) | 84,799 |
| Admitted deferred tax assets | $ 39,751 | $124,550 | $(84,799) |

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

| | Jun 30, 2017 | Effective Tax Rate |
|---|---|---|
| Provision computed at statutory rate | - | 0% |
| State Taxes | - | 0% |
| Impact for items incorporated into deferred tax calculation | $0 | 38% |
| Total | 0 | 38% |
| | | |
| Federal income taxes incurred | - | 0% |
| Change in deferred tax | $0 | 38% |
| Total statutory income taxes | $0 | 38% |

E. There are NOL carryforwards attributable to Grand Valley Health Plan, Inc. of $1,031,000 available to offset future taxable income for 18 years from the year incurred.

F. The company's federal income tax return is consolidated as follows:
   1) The entities that are consolidated for federal income tax purposes are Grand Valley Health Plan, Inc., Grand Valley Health Management Inc.and Grand Valley Health Corporation.
   2) These entities have agreed that the amount of a consolidated NOL that is attributable to a Member is determined by a fraction, the numerator of which is the separate NOL of the Member and the denominator of which is the sum of the separate NOL's of all other Members. For this purpose, the separate NOL of a Member is determined by computing the consolidated NOL by taking into account only the Member's items of income, gain, deduction, and loss, including the Member's loses and deductions actually absorbed by the group in the taxable year.

10. Information Concerning Parent, Subsidiaries, and Affiliates

A. Grand Valley Health Plan, Inc. is a wholly owned subsidiary of Grand Valley Health Corporation. Grand Valley Health Management is a wholly owned subsidiary of Grand Valley Health Corporation. Grand Valley Surgical Center, LLC is partially 54% owned by Grand Valley Health Management and 37% owned by Grand Valley Health Corporation. All of the above relationships are based upon arms length transactions.

B. Any above mentioned Grand Valley Company may occasionally pay general accounts payable where a portion of the expense is appropriately charged to one of the other members of the holding company, and any above-mentioned Grand Valley company (except the Grand Valley Surgical Center) may be subject to the effect of the tax allocation agreement described in footnote 9. All charges are generally approved and settled by the corresponding entity typically within 30 days.

C. The total recurring charges due to Grand Valley Health Plan Year to Date Jun 30, 2017 for the transactions in letter F below were $122,291 – Grand Valley Health Corp. $0 – Grand Valley Health Management $98,291 - Grand Valley Surgical Center $24,000. The total recurring charges due from Grand Valley Health Plan Year to Date Jun 30, 2017 for the transactions in letter F below were $395,496 − Grand Valley Health Corporation $395,496 – Grand Valley Health Management $0 - Grand Valley Surgical Center, LLC $0.

D. At Jun 30, 2017 receivables from affiliates totaled $144,559 as follows: Grand Valley Health Corporation $4,421 − Grand Valley Health Management $130,066 − Grand Valley Surgical

# NOTES TO FINANCIAL STATEMENTS

Center − $10,072. At Jun 30, 2017 net liabilities from affiliates totaled $10,880 as follows: Grand Valley Health Corporation $10,880 − Grand Valley Health Management $0 − Grand Valley Surgical Center, LLC $0.

E. Guarantees - None to report.

F. Grand Valley Health Plan, Inc. under agreement pays Grand Valley Health Corporation for management services primarily for the financial staff and the Human Resources department. Grand Valley Health Plan under agreement charged Grand Valley Surgical Center, LLC administrative (credentialing) and pharmacy services.

G. Grand Valley Health Plan, Inc. is a wholly owned subsidiary of Grand Valley Health Corporation a holding company, domiciled in the State of Michigan.

H. None.

I. None.

J. Grand Valley Health Plan, Inc. did not recognize any impairment write down for its investments in Subsidiary, Controlled or Affiliated Companies during the statement period.

K. None.

L. None.

11. Debt – None to report.

12. Retirement Plans, Deferred Compensation, Post-retirement Benefits, and Compensated Absences and Other Post-retirement Benefits Plans - The Company participates in an Employee Stock Ownership Plan (ESOP) covering substantially all employees of the Company that meet eligibility requirements. The Plan invests primarily in the common stock of its parent company, Grand Valley Health Corporation. The Company accrued ESOP contributions of $39,345 during the year ended Jun 30, 2017. The Company maintains a 401(k) plan that provides for matching contributions per Board discretion. The Company accrued 401(k) plan matching contributions of $18,884 during the year ended Jun 30, 2017. There are no deferred compensation plans and no other post-retirement plans. Compensated absences are accrued to cover unused vested vacation days.

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

1) The company has 400,000 shares of Common Stock authorized, 312,996 shares issued and outstanding. The par value of $1.00, coupled with Additional Paid-in-Capital of $1,212,873.
2) The Company has no preferred stock outstanding.
3) There were no dividend restrictions during the year.
4) There were no dividends authorized or paid during the year.
5) There were no profits available for dividends.
6) There are no restrictions placed on surplus funds except for the Surplus Note.
7) The amount of the Surplus Note not repaid is $500,000.
8) There is no stock of the Company held for special purposes.
9) There are no special surplus funds other than the Surplus Note that did not change during the year.
10) There is no portion of the unassigned surplus funds that has been represented by or reduced for any purpose.
11) On February 28, 2001 the Company received an additional $500,000 in capital from its parent. Principal and interest payments on this Surplus Note shall only be repaid out of the surplus earnings of the Company and with prior written approval of the State of Michigan, Department of Insurance and Financial Services. Interest is at the rate of eight and one-half percent per annum, computed annually and not compounded. Subject to the prior written approval of the Board of Directors of Grand Valley Health Plan and the prior written approval of the Department of Insurance and Financial Services, interest shall be paid annually from earned surplus until the entire principal amount is paid in full. If Grand Valley Health Plan does not pay interest in any year, the interest shall be non-cumulative and will neither be paid nor accrued for future payment. The surplus

# NOTES TO FINANCIAL STATEMENTS

note does not have a stated maturity or repayment date. There were no principal and/or interest payments during the period. The surplus note is expressly subordinated to claims of creditors and members of Grand Valley Health Plan and any other priority claims provided by Chapter 81 of the Insurance Code, which provides that surplus notes are at the eighth level of priority. There has not been a quasi-reorganization of the Company.

12) There was no quasi-reorganization.
13) There is no effective date of quasi-reorganization.

14. Contingencies - The Company is periodically involved in professional liability claims arising from its medical practice, which are defended and handled in the ordinary course of business. Management believes there is no liability outstanding.

The management does not believe there are any other general liabilities outstanding. The Company is not under investigatory controls of the State of Michigan, Department of Insurance and Financial Services. The Company is in full compliance with prior agreements and orders of the Department of Insurance and Financial Services.

15. Leases
    A. Lessee Operating Leases
        1) The Company has operating leases for health centers, medical facilities, and an administrative office from various entities, which are considered related parties. These non-cancelable leases contain various renewal options subject to increases in the monthly rental payments. Lease terms expire at various dates through 2022. These leases require the Company to pay all utilities, maintenance and taxes. Total expense for 2017 amounted to $384,779 as of Jun 30, 2017.
        2) Future minimum lease payments are as follows:

| Year Ending December 31 | Operating Leases |
|---|---|
| 2018 | 242,475 |
| 2019 | 242,475 |
| 2020 | 238,305 |
| 2021 | 192,437 |
| Thereafter | 192,437 |

        3) The company is not involved in any material sales – leaseback transactions.

    B. Lessor Leases – None to report.

16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk – None to report.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities – None to report.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans – None to report.
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators – None to report.
20. Fair Value Measurements - None to report.

21. Other Items – None to report.

22. Events Subsequent
    A. Type I subsequent events: On February 26, 2016 the company reached an agreement concerning a long standing issue with a vendor. The agreement, which is estimated to be $130,900, was paid out in the 4th quarter of 2016. The contingent liability recorded on the Balance Sheet for $130,900 was zeroed out with the payment.
    B. Type II subsequent events: Beginning January 1, 2016 the company will not be subject to an annual fee under Section 9010 of the Affordable Care Act (ACA). The annual fee is allocated based on the ratio of the amount of net premiums written during the preceding calendar year. Based on Net Premiums written during 2015 being under $25,000,000 the company will not be responsible for paying an annual fee in 2016 or 2017.

23. Reinsurance – The Company limits a portion of its medical claims liability through stop-loss insurance. Under the terms of this agreement, the insurance company will reimburse approximately 90% of the cost of each member's applicable annual services per reinsurance contract in excess of

# NOTES TO FINANCIAL STATEMENTS

$250,000, up to a specific annual stop-loss benefit per member of $5,000,000. At Jun 30, 2017, the Company has recorded a receivable under this agreement in the amount of $0.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination
    A. None to report.
    B. None to report.
    C. None to report.
    D. None to report.
    E. Risk-Sharing Provisions of the Affordable Care Act (ACA)
        1. Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)? NO
        2. Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year. – Not applicable.
        3. Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any non-admission) and liability balances, along with the reasons for adjustments to prior year balance. – Not applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses – None to Report.

26. Inter-company Pooling Arrangements – None to report.

27. Structured Settlements – None to report.

28. Health Care Receivables – At Jun 30, 2017 the identified pharmacy rebates recorded as healthcare receivables are $0.

| A. Pharmaceutical Rebate Receivables | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| Quarter | Estimated Pharmacy Rebates as Reported on Financial Statements | Pharmacy Rebates as Billed or Otherwise Confirmed | Estimated Pharmacy Rebates for previous 3 months | Actual Rebates Received Within 90 Days of Billing | Actual Rebates Received Within 91 to 180 Days of Billing | Actual Rebates Received More Than 180 Days After Billing |
| 06/30/2017 | 0 | 0 | 0 | 0 | 0 | 494 |
| 03/31/2017 | 0 | 0 | 0 | 58,864 | 0 | 17,939 |
| 12/31/2016 | 0 | 0 | 0 | 48,581 | 55,188 | 0 |
| 09/30/2016 | 0 | 0 | 0 | 3,272 | 0 | 0 |
| 06/30/2016 | 0 | 0 | 0 | 2,735 | 36,182 | 0 |
| 03/31/2016 | 0 | 0 | 0 | 3,602 | 0 | 0 |
| 12/31/2015 | 0 | 0 | 0 | 4,991 | 0 | 0 |
| 09/30/2015 | 0 | 0 | 0 | 1,494 | 637 | 0 |

*The estimated pharmacy rebates as reported on the financial statements includes confirmed rebates that were actually received within 90 days and an estimate of the previous 3 months filled prescriptions.
Per SSAP 84.

29. Participating Policies – None to report.

30. Premium Deficiency Reserves – None to report, per certification from actuary included herein.

31. Anticipated Salvage and Subrogation - None to report.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES
## GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No [ ]

If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] 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 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<br>Name of Entity | 2<br>NAIC Company Code | 3<br>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] 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). 05/17/2016

6.4 By what department or departments?

Michigan Department of Insurance and Financial Services

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 [X] No [ ] NA [ ]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] 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 [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<br>Affiliate Name | 2<br>Location<br>(City, State) | 3<br>FRB | 4<br>OCC | 5<br>FDIC | 6<br>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 [X] No [ ]

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

## FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No [ ]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 4,421

## 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 [X]

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 [X]

14.2 If yes, please complete the following:

| | 1<br>Prior Year-End<br>Book/Adjusted<br>Carrying Value | 2<br>Current Quarter<br>Book/Adjusted<br>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 [X]

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

If no, attach a description with this statement.

# GENERAL INTERROGATORIES

16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $.....0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $.....0

16.3 Total payable for securities lending reported on the liability page $.....0

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

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

| 1<br>Name of Custodian(s) | 2<br>Custodian Address |
|---|---|
| Macatawa Bank | Grand Rapids, MI |

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<br>Name(s) | 2<br>Location(s) | 3<br>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 and complete information relating thereto:

| 1<br>Old Custodian | 2<br>New Custodian | 3<br>Date of Change | 4<br>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<br>Name of Firm or Individual | 2<br>Affiliation |
|---|---|
| | |
| | |
| | |
| | |

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<br>Central Registration Depository Number | 2<br>Name of Firm or Individual | 3<br>Legal Entity Identifier (LEI) | 4<br>Registered With | 5<br>Investment Management Agreement (IMA) Filed |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 | 122.2 % |
| 1.2 A&H cost containment percent | 3.9 % |
| 1.3 A&H expense percent excluding cost containment expenses | % |
| 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 S - CEDED REINSURANCE

**Showing All New Reinsurance Treaties - Current Year to Date**

| 1<br>NAIC Company Code | 2<br>ID Number | 3<br>Effective Date | 4<br>Name of Reinsurer | 5<br>Domiciliary Jurisdiction | 6<br>Type of Reinsurance Ceded | 7<br>Type of Reinsurer | 8<br>Certified Reinsurer Rating (1 through 6) | 9<br>Effective Date of Certified Reinsurer Rating |
|---|---|---|---|---|---|---|---|---|

NONE

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

**Current Year to Date - Allocated by States and Territories**

| | 1 | Direct Business Only | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| States, Etc. | Active Status | Accident & Health Premiums | Medicare Title XVIII | Medicaid Title XIX | Federal Employees Health Benefits Program Premiums | Life & Annuity Premiums & Other Considerations | Property/ Casualty Premiums | Total Columns 2 Through 7 | Deposit-Type Contracts |
| 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 | N | | | | | | | 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 | L | 1,182,105 | | | | | | 1,182,105 | |
| 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 | N | | | | | | | 0 | |
| 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 | 1,182,105 | 0 | 0 | 0 | 0 | 0 | 1,182,105 | 0 |
| 60. Reporting entity contributions for Employee Benefit Plans | XXX | | | | | | | 0 | |
| 61. Total (Direct Business) | (a) 1 | 1,182,105 | 0 | 0 | 0 | 0 | 0 | 1,182,105 | 0 |
| **DETAILS OF WRITE-INS** | | | | | | | | | |
| 58001. | XXX | | | | | | | | |
| 58002. | XXX | | | | | | | | |
| 58003. | XXX | | | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

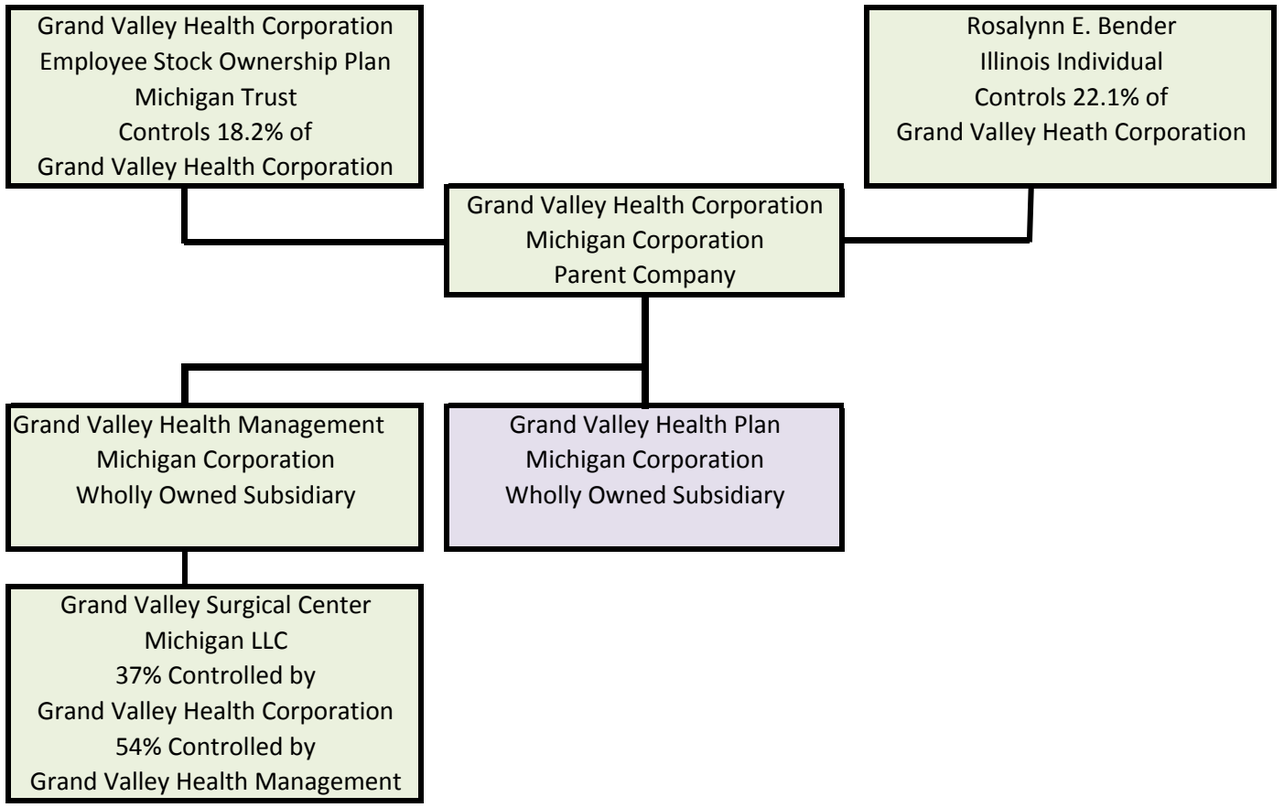
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

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

STATEMENT AS OF JUNE 30, 2017 OF THE Grand Valley Health Plan, Inc.
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMEBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

**GRAND VALLEY HEALTH CORPORATION**

ORGANIZATIONAL CHART



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

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 00000 | 38-3265342 | | | | Grand Valley Health Corporation | MI | UDP | Grand Valley Health Corporation ESOP | Ownership | 18.2 | Grand Valley Health Corporation ESOP/Rosalynn E. Bender | N | 0 |
| | | 00000 | 38-3265342 | | | | Grand Valley Health Corporation | MI | UDP | Rosalynn E. Bender | Ownership | 22.1 | Grand Valley Health Corporation ESOP/Rosalynn E. Bender | N | 0 |
| | | 00000 | 38-3247943 | | | | Grand Valley Health Managment, Inc | MI | NIA | Grand Valley Health Corporation | Ownership | 100.0 | Grand Valley Health Corporation ESOP/Rosalynn E. Bender | N | 0 |
| | | 00000 | 38-3440505 | | | | Grand Valley Health Surgical Center, LLC | MI | NIA | Grand Valley Health Management | Ownership | 54.0 | Grand Valley Health Corporation ESOP/Rosalynn E. Bender | N | 0 |
| | | 00000 | 38-3440505 | | | | Grand Valley Health Surgical Center, LLC | MI | NIA | Grand Valley Health Corporation | Ownership | 37.0 | Grand Valley Health Corporation ESOP/Rosalynn E. Bender | N | 0 |
| | | 00000 | 38-2396958 | | | | Grand Valley Health Plan, Inc. | MI | RE | Grand Valley Health Corporation | Ownership | 100.0<br>0.0 | Grand Valley Health Corporation ESOP/Rosalynn E. Bender | N | 0<br>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. 9 5 4 5 3 2 0 1 7 3 6 5 0 0 0 0 2

# OVERFLOW PAGE FOR WRITE-INS

# SCHEDULE A – VERIFICATION

**Real Estate**

| | 1<br>Year To Date | 2<br>Prior Year Ended December 31 |
|---|---|---|
| 1. Book/adjusted carrying value, December 31 of prior year | 0 | 783,313 |
| 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 | | 74,163 |
| 5. Deduct amounts received on disposals | | 843,515 |
| 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 | | 13,961 |
| 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**

NONE

| | 1<br>Year To Date | 2<br>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**

NONE

| | 1<br>Year To Date | 2<br>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**

NONE

| | 1<br>Year To Date | 2<br>Prior Year Ended December 31 |
|---|---|---|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 0 | 0 |
| 2. Cost of bonds and stocks acquired | | 0 |
| 3. Accrual of discount | | 0 |
| 4. Unrealized valuation increase (decrease) | | 0 |
| 5. Total gain (loss) on disposals | | 0 |
| 6. Deduct consideration for bonds and stocks disposed of | | 0 |
| 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) | 0 | 0 |
| 11. Deduct total nonadmitted amounts | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 0 | 0 |

# 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<br>Book/Adjusted Carrying Value Beginning of Current Quarter | 2<br>Acquisitions During Current Quarter | 3<br>Dispositions During Current Quarter | 4<br>Non-Trading Activity During Current Quarter | 5<br>Book/Adjusted Carrying Value End of First Quarter | 6<br>Book/Adjusted Carrying Value End of Second Quarter | 7<br>Book/Adjusted Carrying Value End of Third Quarter | 8<br>Book/Adjusted Carrying Value December 31 Prior Year |
|---|---|---|---|---|---|---|---|---|
| **BONDS** | | | | | | | | |
| 1. NAIC 1 (a) | 0 | | | | 0 | 0 | 0 | 0 |
| 2. NAIC 2 (a) | 0 | | | | 0 | 0 | 0 | 0 |
| 3. NAIC 3 (a) | 0 | | | | 0 | 0 | 0 | 0 |
| 4. NAIC 4 (a) | 0 | | | | 0 | 0 | 0 | 0 |
| 5. NAIC 5 (a) | 0 | | | | 0 | 0 | 0 | 0 |
| 6. NAIC 6 (a) | 0 | | | | 0 | 0 | 0 | 0 |
| 7. Total Bonds | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |
| **PREFERRED STOCK** | | | | | | | | |
| 8. NAIC 1 | 0 | | | | 0 | 0 | 0 | 0 |
| 9. NAIC 2 | 0 | | | | 0 | 0 | 0 | 0 |
| 10. NAIC 3 | 0 | | | | 0 | 0 | 0 | 0 |
| 11. NAIC 4 | 0 | | | | 0 | 0 | 0 | 0 |
| 12. NAIC 5 | 0 | | | | 0 | 0 | 0 | 0 |
| 13. NAIC 6 | 0 | | | | 0 | 0 | 0 | 0 |
| 14. Total Preferred Stock | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds & Preferred Stock | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

NONE

(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 $ ..... ; NAIC 2 $ ..... ;
NAIC 3 $ ..... ; NAIC 4 $ ..... ; NAIC 5 $ ..... ; NAIC 6 $ .....

# SCHEDULE DA - PART 1

**Short-Term Investments**

| | 1<br>Book/Adjusted Carrying Value | 2<br>Par Value | 3<br>Actual Cost | 4<br>Interest Collected Year To Date | 5<br>Paid for Accrued Interest Year To Date |
|---|---|---|---|---|---|
| 9199999 | 1,006,045 | XXX | 1,000,000 | 1,044 | |

# SCHEDULE DA - VERIFICATION

**Short-Term Investments**

| | 1<br>Year To Date | 2<br>Prior Year Ended December 31 |
|---|---|---|
| 1. Book/adjusted carrying value, December 31 of prior year | 1,005,001 | 1,003,018 |
| 2. Cost of short-term investments acquired | 1,044 | 1,983 |
| 3. Accrual of discount | | 0 |
| 4. Unrealized valuation increase (decrease) | | 0 |
| 5. Total gain (loss) on disposals | | 0 |
| 6. Deduct consideration received on disposals | | 0 |
| 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) | 1,006,045 | 1,005,001 |
| 11. Deduct total nonadmitted amounts | | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 1,006,045 | 1,005,001 |

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

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

# SCHEDULE E - PART 1 - CASH

**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 | * |
| 0199998 Deposits in ..... depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories | XXX | XXX | 0 | 0 | 326,188 | 129,812 | (29,046) | XXX |
| 0199999 Total Open Depositories | XXX | XXX | 0 | 0 | 326,188 | 129,812 | (29,046) | XXX |
| 0399999 Total Cash on Deposit | XXX | XXX | 0 | 0 | 326,188 | 129,812 | (29,046) | XXX |
| 0499999 Cash in Company's Office | XXX | XXX | XXX | XXX | | | | XXX |
| **0599999 Total** | XXX | XXX | 0 | 0 | 326,188 | 129,812 | (29,046) | XXX |

# SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1<br>Description | 2<br>Code | 3<br>Date Acquired | 4<br>Rate of Interest | 5<br>Maturity Date | 6<br>Book/Adjusted Carrying Value | 7<br>Amount of Interest Due & Accrued | 8<br>Amount Received During Year |
|---|---|---|---|---|---|---|---|
| NONE | | | | | | | |
| 8699999 Total Cash Equivalents | | | | | 0 | 0 | 0 |