

QUARTERLY STATEMENT

OF THE

WINhealth Partners, Inc.

of **Cheyenne**

in the state of **Wyoming**

TO THE

Insurance Department

OF THE

STATE OF

STATE OF WYOMING

FOR THE QUARTER ENDED

September 30, 2015

HEALTH

2015



95401201520100103

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2015
OF THE CONDITION AND AFFAIRS OF THE

WINhealth Partners

NAIC Group Code 0000 , 0000 NAIC Company Code 95401 Employer's ID Number 83-0309681
(Current Period) (Prior Period)

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

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 August 24, 1994 Commenced Business May 13, 1996

Statutory Home Office 1200 East 20th Street, Suite A , Cheyenne, WY US 82001
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1200 East 20th Street, Suite A
(Street and Number)
Cheyenne, WY US 82001 307-773-1300
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1200 East 20th Street, Suite A , Cheyenne, WY US 82001
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1200 East 20th Street, Suite A Cheyenne, WY US 82001 307-773-1300
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address WINhealthplans.com

Statutory Statement Contact Lonny Dale Warren 307-773-1338
(Name) (Area Code) (Telephone Number) (Extension)
lwarren@winhealthplans.com 307-638-7701
(E-Mail Address) (Fax Number)

OFFICERS

	Name	Title
1.	<u>Vacant</u>	<u>Vacant</u>
2.	<u>Kevin Roy Mallory</u>	<u>Secretary</u>
3.	<u>John Hurst Babson MD</u>	<u>Treasurer</u>

VICE-PRESIDENTS

Name	Title	Name	Title
<u>Mary Anne Augustin #</u>	<u>Assistant Secretary</u>	<u>Kirk Thomas Shamley MD</u>	<u>Medical Director</u>
<u>Lonny Dale Warren</u>	<u>Vice President - Chief Financial Officer</u>	<u>Mari - Frances Keane Foster</u>	<u>Vice President - General Counsel</u>
<u>Keri Ann DeBall</u>	<u>Vice President - Operations</u>	<u>Stephanie Bryant #</u>	<u>Vice President - Chief Compliance Officer</u>
<u>Dana Gay Pepper #</u>	<u>Vice President - Health Management</u>	<u>Tanr Chef Temple #</u>	<u>Vice President - Sales and Client Services</u>

DIRECTORS OR TRUSTEES

<u>Margo Ann Karsten</u>	<u>Prabhu Dayal Emmady MD #</u>	<u>Carol Anne Fischer MD</u>	<u>Kevin Roy Mallory</u>
<u>John Hurst Babson MD</u>	<u>Patrick Francis Madigan</u>	<u>William Leroy Larson #</u>	<u>Rene Robinette Hinkle MD #</u>

State of Wyoming

County of Laramie 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.

<u>(Signature)</u>	<u>(Signature)</u>	<u>(Signature)</u>
<u>Receivership Supervisor</u>	<u>Kevin Roy Mallory</u>	<u>John Hurst Babson MD</u>
<u>(Printed Name)</u>	<u>(Printed Name)</u>	<u>(Printed Name)</u>
<u>1.</u>	<u>2.</u>	<u>3.</u>
<u>Joseph B. Holloway</u>	<u>Secretary</u>	<u>Treasurer</u>
<u>(Title)</u>	<u>(Title)</u>	<u>(Title)</u>

Subscribed and sworn to before me this
12th day of November , 2015

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

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	320,079		320,079	320,194
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$ 2,082,393 encumbrances)				2,098,206
4.2 Properties held for the production of income (less \$ 0 encumbrances)				
4.3 Properties held for sale (less \$ 0 encumbrances)				
5. Cash (\$ (2,866,266)), cash equivalents (\$ 0), and short-term investments (\$ 5,419,037)	2,552,771		2,552,771	5,185,841
6. Contract loans (including \$ 0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	2,872,850		2,872,850	7,604,241
13. Title plants less \$ 0 charged off (for Title insurers only)				
14. Investment income due and accrued	156		156	469
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	363,573	99,089	264,484	231,121
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums	14,707,521	14,069,124	638,397	4,666,482
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	8,501,658		8,501,658	11,962,513
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts	382,224		382,224	200,464
17. Amounts receivable relating to uninsured plans	4,806		4,806	141,089
18.1 Current federal and foreign income tax recoverable and interest thereon	172,195		172,195	172,195
18.2 Net deferred tax asset	662,040	662,040		
19. Guaranty funds receivable or on deposit	3,106		3,106	3,106
20. Electronic data processing equipment and software	247,512	199,797	47,715	61,077
21. Furniture and equipment, including health care delivery assets (\$ 0)	157,367	157,367		
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$ 0) and other amounts receivable	297,866	297,866		
25. Aggregate write-ins for other than invested assets	397,493	136,130	261,363	44,942
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	28,770,367	15,621,413	13,148,954	25,087,699
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	28,770,367	15,621,413	13,148,954	25,087,699

DETAILS OF WRITE-IN LINES				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Receivables CSR Rebates	209,839		209,839	
2502. Prepaid Expenses	133,500	133,500		
2503. Receivable APTC Rebates	22,696		22,696	
2598. Summary of remaining write-ins for Line 25 from overflow page	31,458	2,630	28,828	44,942
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	397,493	136,130	261,363	44,942

NONE

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 1,302,954 reinsurance ceded)	15,427,493	288,386	15,715,879	8,513,474
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	471,476		471,476	352,481
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	525,718		525,718	462,523
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	1,168,306		1,168,306	867,849
9. General expenses due or accrued	1,101,187		1,101,187	1,333,764
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable	174,273		174,273	294,735
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$ 917,607 current) and interest thereon \$ 19,315 (including \$ 19,315 current)	936,922		936,922	
15. Amounts due to parent, subsidiaries and affiliates	67,458		67,458	49,415
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers, and \$ 0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$ 0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$ 0 current)	4,582,576		4,582,576	7,556,352
24. Total liabilities (Lines 1 to 23)	24,455,409	288,386	24,743,795	19,430,593
25. Aggregate write-ins for special surplus funds	X X X	X X X		
26. Common capital stock	X X X	X X X		
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	4,785,038	4,785,038
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other than special surplus funds	X X X	X X X		757,242
31. Unassigned funds (surplus)	X X X	X X X	(16,379,879)	114,826
32. Less treasury stock, at cost:				
32.1 0 shares common (value included in Line 26 \$ 0)	X X X	X X X		
32.2 0 shares preferred (value included in Line 27 \$ 0)	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	(11,594,841)	5,657,106
34. Total liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	13,148,954	25,087,699

DETAILS OF WRITE-IN LINES					
2301. Risk Adjustment Payable		2,867,618		2,867,618	6,063,477
2302. Cost Sharing Reserve Refund Payable		1,303,898		1,303,898	825,080
2303. Transitional Reinsurance Fee Payable		376,256		376,256	412,503
2398. Summary of remaining write-ins for Line 23 from overflow page		34,804		34,804	255,292
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)		4,582,576		4,582,576	7,556,352
2501.		X X X	X X X		
2502.		X X X	X X X		
2503.		X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page		X X X	X X X		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)		X X X	X X X		
3001. Reserve Health Insurance Providers Fee for 2015		X X X	X X X		757,242
3002.		X X X	X X X		
3003.		X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page		X X X	X X X		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)		X X X	X X X		757,242

NONE

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year	Prior Year Ended
	To Date		To Date	December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	X X X	119,918	108,880	150,735
2. Net premium income (including \$ 0 non-health premium income)	X X X	66,830,754	51,918,872	69,763,067
3. Change in unearned premium reserves and reserve for rate credits	X X X	(63,192)	(224,242)	(139,455)
4. Fee-for-service (net of \$ 0 medical expenses)	X X X			
5. Risk revenue	X X X			
6. Aggregate write-ins for other health care related revenues	X X X	99,521	175,260	208,625
7. Aggregate write-ins for other non-health revenues	X X X	79		751
8. Total revenues (Lines 2 to 7)	X X X	66,867,162	51,869,890	69,832,988
Hospital and Medical:				
9. Hospital/medical benefits		39,895,924	32,390,644	48,128,879
10. Other professional services		5,602,143	4,524,980	6,531,771
11. Outside referrals	1,826,301	1,826,301	1,212,160	1,720,049
12. Emergency room and out-of-area	1,167,158	10,409,334	6,659,717	10,143,602
13. Prescription drugs		9,306,464	6,490,176	9,876,127
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)	2,993,459	67,040,166	51,277,677	76,400,428
Less:				
17. Net reinsurance recoveries		8,815,353	5,615,493	16,285,463
18. Total hospital and medical (Lines 16 minus 17)	2,993,459	58,224,813	45,662,184	60,114,965
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 2,835,534 cost containment expenses		5,198,480	3,392,210	5,461,118
21. General administrative expenses		6,616,247	5,384,530	7,026,380
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)	2,993,459	70,039,540	54,438,924	72,602,463
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(3,172,378)	(2,569,034)	(2,769,475)
25. Net investment income earned		58,189	136,397	142,614
26. Net realized capital gains (losses) less capital gains tax of \$ 0				
27. Net investment gains (losses) (Lines 25 plus 26)		58,189	136,397	142,614
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 0)]				
29. Aggregate write-ins for other income or expenses				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	(3,114,189)	(2,432,637)	(2,626,861)
31. Federal and foreign income taxes incurred	X X X		(826,893)	(157,907)
32. Net income (loss) (Lines 30 minus 31)	X X X	(3,114,189)	(1,605,744)	(2,468,954)

DETAILS OF WRITE-IN LINES				
0601. Wellness Program Revenue	X X X	99,321	153,363	186,728
0602. Administration Revenue	X X X	200	21,897	21,897
0603.	X X X			
0698. Summary of remaining write-ins for Line 06 from overflow page	X X X			
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)	X X X	99,521	175,260	208,625
0701. Miscellaneous Revenue	X X X	79		751
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 07 from overflow page	X X X			
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 07 above)	X X X	79		751
1401. Transitional Reinsurance				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)				

NONE

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	5,657,105	8,664,142	8,664,142
34. Net income or (loss) from Line 32	(3,114,189)	(1,605,744)	(2,468,954)
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0			
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			523,880
39. Change in nonadmitted assets	(14,137,757)	(1,094,032)	(1,061,963)
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Lines 34 to 47)	(17,251,946)	(2,699,776)	(3,007,037)
49. Capital and surplus end of reporting period (Line 33 plus 48)	(11,594,841)	5,964,366	5,657,105

DETAILS OF WRITE-IN LINES			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)			

NONE

CASH FLOW

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	53,227,381	51,678,813	71,828,647
2. Net investment income	(73,268)	136,825	193,059
3. Miscellaneous income	100,476	137,908	166,343
4. Total (Lines 1 to 3)	53,254,589	51,953,546	72,188,049
5. Benefit and loss related payments	47,364,194	43,872,334	64,590,495
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	11,420,706	7,863,367	11,099,000
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)		(40,508)	(726,613)
10. Total (Lines 5 through 9)	58,784,900	51,695,193	74,962,882
11. Net cash from operations (Line 4 minus Line 10)	(5,530,311)	258,353	(2,774,833)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds			
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains (or losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)			
13. Cost of investments acquired (long-term only):			
13.1 Bonds			
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate	22,167	17,500	20,175
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	22,167	17,500	20,175
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(22,167)	(17,500)	(20,175)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds	3,000,000		
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	(80,592)	(148,476)	(401,010)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	2,919,408	(148,476)	(401,010)
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)	(2,633,070)	92,377	(3,196,018)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	5,185,841	8,381,859	8,381,859
19.2 End of period (Line 18 plus Line 19.1)	2,552,771	8,474,236	5,185,841

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

20.0001			
20.0002			
20.0003			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	13,847	9,056	4,791							
2. First Quarter	13,769	8,718	5,051							
3. Second Quarter	13,284	8,234	5,050							
4. Third Quarter	13,186	8,061	5,125							
5. Current Year										
6. Current Year Member Months	119,918	74,430	45,488							
Total Member Ambulatory Encounters for Period:										
7. Physician	72,222	44,321	27,901							
8. Non-Physician	78,688	48,857	29,831							
9. Totals	150,910	93,178	57,732							
10. Hospital Patient Days Incurred	3,257	2,458	799							
11. Number of Inpatient Admissions	812	618	194							
12. Health Premiums Written (a)	69,826,506	47,606,434	22,220,072							
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	69,492,942	47,606,434	21,886,508							
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	61,842,303	44,673,768	17,168,535							
18. Amount Incurred for Provision of Health Care Services	67,040,166	48,061,148	18,979,018							

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

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 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	8,590,075	42,503,954	39,542	15,676,337	8,629,617	8,513,474
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	8,590,075	42,503,954	39,542	15,676,337	8,629,617	8,513,474
10. Health care receivables (a)	12,364	59,257			12,364	
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9 - 10 + 11 + 12)	8,577,711	42,444,697	39,542	15,676,337	8,617,253	8,513,474

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Accounting practices

The financial statements of WINhealth Partners are presented on the basis of accounting practices prescribed or permitted by the Wyoming Insurance Department.

The Wyoming Insurance Department recognizes only statutory accounting practices prescribed or permitted by the state of Wyoming for determining and reporting the financial condition and results of operation of an insurance company, for determining its solvency under the Wyoming Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Wyoming.

WINhealth Partners does not employ any accounting practices that depart from the NAIC Accounting Practices and Procedures manual.

	<u>State of Domicile</u>	2015	2014
<u>NET INCOME</u>			
(1) WINhealth Partners state basis (Page 4, Line 32, Columns 2 & 3)	Wyoming	\$ (3,114,189)	\$ (2,468,954)
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:			
(3) State Permitted Practices that increase/(decrease) NAIC SAP:			
(4) NAIC SAP (1-2-3=4)		\$ (3,114,189)	\$ (2,468,954)
<u>SURPLUS</u>			
(5) WINhealth Partners state basis (Page 3, Line 33, Columns 3 & 4)		\$ (11,594,841)	\$ 5,657,106
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:			
(7) State Permitted Practices that increase/(decrease) NAIC SAP:			
(8) NAIC SAP (5-6-7=8)		\$ (11,594,841)	\$ 5,657,106

B. Use of estimates in the preparation of the financial statements

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

C. Accounting policy

The Company recognized premiums from members as income in the period in which the Company is obligated to provide services to those members. Premiums collected in advance are recorded as premiums received in advance as a part of total liabilities.

In addition, the Company uses the following accounting policies:

1. Short-term investments are stated at amortized cost.
2. Bonds not backed by other loans are stated at amortized cost using the effective interest method.
3. Common stock - none.
4. Preferred stock - none.
5. Mortgage loans - none.
6. Loan backed securities - none.
7. Investments in subsidiaries, controlled and affiliated companies - none.
8. Investments in joint ventures, partnerships and limited liability companies - none.
9. Derivatives - none.
10. The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 54, Individual and Group Accident and Health Contracts.
11. Claims payable represents actuarially derived estimates of the ultimate net cost of all claims that

NOTES TO FINANCIAL STATEMENTS

are incurred but not paid at the balance sheet date. Such losses are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.

12. The Company has not modified its capitalization policy from the prior year.
13. Pharmacy rebates receivable are calculated using prior years' payment trends.

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

There have been no accounting changes due to codification or corrections of errors for the year ended 12/31/15.

3. BUSINESS COMBINATIONS AND GOODWILL

A. Statutory Purchase Method

There were no business combinations accounted for under the Statutory Purchase Method for the year ended 12/31/15.

B. Statutory Merger

There were no business combinations taking the form of Statutory Merger for the year ended 12/31/15.

C. Assumption Reinsurance

There was no goodwill resulting from assumption reinsurance for the year ended 12/31/15.

D. Impairment Loss

There was no impairment loss to recognize for business combinations and goodwill for the year ended 12/31/15.

4. DISCONTINUED OPERATIONS

None

5. INVESTMENTS

A. Mortgage Loans, including Mezzanine Real Estate Loans

None

B. Debt Restructuring

None

C. Reverse Mortgages

None

D. Loan-Backed Securities

None

E. Repurchase Agreements and/or Lending Transactions

None

NOTES TO FINANCIAL STATEMENTS

H. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	(1)	(2)	(3)	(4)	(5)	(6)
	Total Gross Restricted from Current Year	Total Gross Restricted From Prior Year	Increase/ (Decrease) From Prior Year	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$		
b. Collateral held under security lending agreements						
c. Subject to repurchase agreements						
d. Subject to reverse repurchase agreements						
e. Subject to dollar repurchase agreements						
f. Subject to dollar reverse repurchase agreements						
g. Placed under option contracts						
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock						
i. FHLB capital stock						
j. On deposit with states	330,907	330,222	685	330,907	1.15%	2.52%
k. On deposit with other regulatory bodies						
l. Pledged as collateral to FHLB(including assets backing funding agreements)						
m. Pledged as collateral not captured in other categories						
n. Other restricted assets						
o. Total Restricted Assets	\$ 330,907	\$ 330,222	\$ 685	\$ 330,907	1.15%	2.52%

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate).

None

(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, are Reported in the Aggregate)

None

I. Working Capital Finance Investments

None

J. Offsetting and Netting of Assets and Liabilities

None

K. Structured Notes

None

NOTES TO FINANCIAL STATEMENTS

6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.
- B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. INVESTMENT INCOME

No due or accrued income was excluded from surplus.

8. DERIVATIVE INSTRUMENTS

None

9. INCOME TAXES

- A. Components of Deferred Tax Assets/(Liabilities)
No Change
- B. Unrecognized DTLs
None
- C. Current Income Taxes Incurred Consist of the Following Major Components:
No Change
- D. Among the More Significant Book to tax adjustments were the following:
No Change
- E. Capital Loss Carryforwards
No Change
- F. Consolidated Federal Income Tax Return
None
- G. Federal or Foreign Income Tax Loss Contingencies
None

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

- A. Nature of Relationship
No Change
- B. Detail of Transactions Greater than ½% of Admitted Assets

Cheyenne Regional Medical Center:

During June 2015, the Company entered into a loan agreement with Center. The Center loaned the Company \$6,000,000. The Company entered into the agreement on June 1, 2015 and is required to pay the loan within 180 days. The loan is secured by the Company's building and the Company's

NOTES TO FINANCIAL STATEMENTS

premium revenue. This loan carries an interest rate of 5% per annum and interest is due monthly. \$3,000,000 of the loan was paid back to the Center during September of 2015. The total balance due at September 30, 2015 including accrued interest was \$3,019,315.

Participating Physicians:

No Change

C. Change in Terms of Intercompany Arrangements

No Change

D. Amounts Due to or from Related Parties

No Change

E. Guarantees of Contingencies for Related Parties

None

F. Management, Service Contracts, Cost Sharing Arrangements

No Change

G. Nature of Relationships that Could Affect Operations

None

H. Amount Deducted for Investment in Upstream Company

None

I. Detail of Investments in Affiliates Greater than 10% of Admitted Asset

None

J. Impairment in Investments in Subsidiary, Controlled or Affiliated Companies

None

K. Investments in Foreign Insurance Subsidiary

None

L. Investments in Downstream Noninsurance Holding Company

None

11. DEBT

A. Items of Debt, including Capital Notes

During June 2015, the Company entered into a loan agreement with Center. The Center loaned the Company \$6,000,000. The Company entered into the agreement on June 1, 2015 and is required to pay the loan within 180 days. The loan is secured by the Company's building and the Company's premium revenue. This loan carries an interest rate of 5% per annum and interest is due monthly. \$3,000,000 of the loan was paid back to the Center during September of 2015. The total balance due at September 30, 2015 including accrued interest was \$3,019,315. \$74,795 in interest was been paid

NOTES TO FINANCIAL STATEMENTS

between July 1, 2015 to September 30, 2015.

B. FHLB agreements

N/A

12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

A. Defined Benefit Plan

None

B. N/A

C. N/A

D. N/A

E. Defined Contribution Plan

No Change

F. Multiemployer Plans

None

G. Consolidated/Holding Company Plans

None

H. Postemployment Benefits and Compensated Absences

None

I. Impact of Medicare Modernization Act on Postretirement Benefits

None

13. CAPITAL AND SURPLUS, SHAREHOLDERS' DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATION.

1. Outstanding Shares

None

2. Dividend Rate of Preferred Stock

None

3. Dividend Restrictions

None

4. The Date and Amount of Dividends Paid

None

5. The portion of the Company's profits that may be paid as ordinary dividends.

NOTES TO FINANCIAL STATEMENTS

None

6. Restrictions Placed on Unassigned Funds

None

7. Amount of Advances to Surplus Not Repaid

N/A

8. Amount of Stock Held by WINhealth Partners

N/A

9. Changes in Special Surplus Funds

None

10. Changes in Unassigned Funds

None

11. Surplus Notes

None

12. The impact of any restatement due to prior quasi reorganizations is as follows:

None

13. The effective date(s) of all quasi-reorganizations in the prior 10 years is/are

None

14. LIABILITIES, CONTINGENCIES, AND ASSESSMENTS

A. Contingent Commitments

None

B. Assessments

(1)

Where Amount is Unknown

The Company is aware of an insolvent insurance company. It is expected that the insolvency will result in a guaranty fund assessment against the Company at some future date. At this time, the Company is unable to estimate the possible amount, if any, of such assessments. Accordingly, the Company is unable to determine the impact, if any, such assessments may have on the Company's financial position results of operations.

Where Amount is Known

None

(2)

a	Assets recognized from paid and accrued premium tax	3,106
.	offsets and policy surcharges prior year-end	\$ _____

NOTES TO FINANCIAL STATEMENTS

b	Decrease current year:	.		
	Premium tax offset applied		\$	
c	Increase current year:	.		
	Premium tax credit allowed Wyoming Health Insurance Pool		\$	
	80%		\$	
	Wyoming Life & Health Insurance Guarantee Association		\$	
d	Asset recognized from paid and accrued tax offsets and			
	policy surcharges current year end		\$	3,106

C. Gain Contingencies

None

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from lawsuits

The company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits.

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

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

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

(f) Per Claim [X]

(g) Per Claimant []

E. Joint and Several Liabilities

None

F. All other contingencies

None

15. LEASES

A. Lessee Operating Lease

(1)

a. No Change

b. No Change

c. No Change

(2)

a. At January 1, 2015, the minimum aggregate rental commitments are as follows:

Year Ending

Operating

NOTES TO FINANCIAL STATEMENTS

	<u>December 31</u>		<u>Leases</u>
1	2015		
.			\$ <u>327,696</u>
2	2016		
.			\$ <u>247,696</u>
3	2017		
.			\$ _____
4	2018		
.			\$ _____
5	2019		
.			\$ _____
6	Total		\$ <u>575,392</u>
.			

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

B. Lessor Leases

None

16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

(1) The table below summarizes the face amount of the Company's financial instruments with off-balance –sheet risk.

	<u>Assets</u>		<u>Liabilities</u>	
	2015	2014	2015	2014
a. Swaps	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
b. Futures	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
.	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
c. Options	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
d. Total	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

17. SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

A. Transfers of Receivables Reported as Sales

None

B. Transfer and Servicing of Financial Assets

None

C. Wash Sales

None

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND UNINSURED PORTION OF PARTIALLY INSURED PLANS

A. ASO Plans

No Change

B. ASC Plans:

No Change

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract:

NOTES TO FINANCIAL STATEMENTS

None

19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

None

20. FAIR VALUE MEASUREMENT

None

21. OTHER ITEMS

A. Extraordinary Items

None

B. Troubled Debt Restructuring

None

C. Other Disclosures and Unusual Items

None

D. Business Interruption Insurance Recoveries

None

E. State Transferable and Non-transferable Tax Credits

\$3,106 non-transferable

F. Subprime-Mortgage-Related Risk Exposure

None

G. Retained Assets

None

22. EVENTS SUBSEQUENT

Type I – Recognized subsequent Events:

Subsequent events have been considered through November 12, 2015 for the statutory statements issued on November 16, 2015.

On October 1, 2015 notification from Health and Human Services, HHS, was received that payments for the 2014 risk corridor year would not exceed 12.6%. This is based on the results of the first year of the Risk Corridor program which resulted in \$2.87 billion of risk corridor payments compared to \$362 million in risk corridor charges. Per HHS announcement of October 1, 2015 the Risk Corridor program is a three year program and the total loss or gain of the program will not be known until the fall of 2017. At this time the Company does not have sufficient information to determine if the full amount of its projected risk corridor asset will be collected. The HHS announcement indicated that they are dedicated to the risk corridor program and that they will be working on other sources of funding for the risk corridor payments.

The risk corridor receivable in excess of the 12.6% of the 2014 risk corridor year is not available for the payment of policyholder obligations. Assets having economic value other than those which can be used to fulfill policy obligations should not be recognized on the balance sheet, and are, therefore, considered nonadmitted. The result of nonadmitting the amount of risk corridor receivables for 2014

NOTES TO FINANCIAL STATEMENTS

and 2015 had the effect of reducing admitted assets by \$14,069,124. This also had the effect of reducing the Company's total capital and surplus by \$14,069,124.

Type II – Nonrecognized Subsequent Events:

On October 21, 2015, the Insurance Commissioner of the State of Wyoming ("the Commissioner") was appointed as Receiver of WINhealth Partners ("WINhealth") by the District Court, First Judicial District pursuant to 26-28-105(a)(i) and (ix) of the Wyoming Insurance Code. The Rehabilitation Order authorizes the Commissioner, to take control of the assets and books and records of WINhealth and to act in all ways and exercise all powers necessary for the purpose of the Order and the receivership provisions of the Insurance Code.

23. REINSURANCE

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes () No (X)

If yes, give full details.

- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (X)

If yes, give full details.

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

Yes () No (X)

- a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate \$ _____.

- b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement? \$ _____

- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

NOTES TO FINANCIAL STATEMENTS

Yes () No (X)

If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of payment or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$ -0-
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes (X) No ()

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$ 0.00

B. Uncollectible Reinsurance

None

C. Commutation of Ceded Reinsurance

None

D. Certified Reinsurance Rating Downgraded or Status to Revocate

None

- (1) Reporting Entity’s Certified Reinsurer Rating Downgraded or Status Subject to Revocation

24. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION

- A. WINhealth Partners estimates accrued retrospective premium adjustments for its group health insurance business through a mathematical approach using current claims history and completion factors.
- B. WINhealth Partners records accrued retrospective premium as an adjustment to earned premium.
- C. The amount of net premium written by WINhealth Partners at December 31, 2014 that are subject to retrospective rating features was \$17,503,811, that represented 23% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.
- D. Medical loss ratio rebates required pursuant to the Public Health Services Act.

	1	2	3	4	5
	Individuals	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					

NOTES TO FINANCIAL STATEMENTS

(1)	Medical loss ratio rebates incurred					
(2)	Medical loss ratio rebates paid					
(3)	Medical loss ratio rebates unpaid					
(4)	Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(5)	Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(6)	Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	
Current Reporting Year-to-Date						
(7)	Medical loss ratio rebates incurred					
(8)	Medical loss ratio rebates paid					
(9)	Medical loss ratio rebates unpaid					
(10)	Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(11)	Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(12)	Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	0

E. Risk-Sharing Provisions of the Affordable Care Act

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

(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	
Liabilities		
2.	Risk adjustment user fees payable for ACA Risk Adjustment	
3.	Premium adjustments payable due to ACA Risk Adjustment Operations (Revenue & Expense)	2,867,618
Operations (Revenue & Expense)		
4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	2,867,618
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	6,136,444
2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	1,302,954
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	376,256
5.	Ceded reinsurance premiums payable due to ACA Reinsurance	174,273
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	
Operations (Revenue & Expense)		
7.	Ceded reinsurance premiums due to ACA Reinsurance	174,273
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	6,299,612
9.	ACA Reinsurance contributions not reported as ceded premium	153,938
c.	Temporary ACA Risk Corridors Program	
Assets		
1.	Accrued retrospective premium due to ACA Risk Corridors	638,397
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)	10,041,039
4.	Effect of ACA Risk Corridors on change in reserves for rate credits	

NOTES TO FINANCIAL STATEMENTS

	Accrued During the Prior Year on Business Written Before December 31 of The Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 Of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
	1 (Receivable)	2 (Payable)	3 (Receivable)	4 (Payable)	5 (Receivable)	6 (Payable)	7 (Receivable)	8 (Payable)	R E F	9 (Receivable)	10 (Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable	\$								A		
2. Premium adjustments payable	\$	6,063,477		6,063,477					B		
3. Subtotal ACA Permanent Risk Adjustment Program	\$	6,063,477		6,063,477							
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$	10,971,483	12,493,171		(1,521,688)		2,661,468		C	1,139,780	
2. Amounts recoverable for claims unpaid (contra liability)	\$	2,661,468			2,661,468		(2,661,468)		D		
3. Amounts receivable relating to uninsured plans	\$								E		
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$		412,503	294,630		117,873			F		117,873
5. Ceded reinsurance premiums payable	\$		294,735	294,735					G		
6. Liability for amounts held under uninsured plans	\$								H		
7. Subtotal ACA Transitional Reinsurance Program	\$	13,632,951	707,238	12,493,171	589,365	1,139,780	117,873	0	0	1,139,780	117,873
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$	4,666,482				4,666,482	(4,028,085)		I	638,397	
2. Reserve for rate credits or policy exp. rating refunds	\$								J		
3. Subtotal ACA Risk Corridors Program	\$	4,666,482				4,666,482	(4,028,085)			638,397	
d. Total for ACA Risk Sharing Provisions	\$	18,299,433	6,770,715	12,493,171	6,652,842	5,806,262	117,873	(4,028,085)		1,778,177	117,873

Explanation of Adjustments:	
A	
B	
C	Moved from IBNR to paid claims
D	Moved from IBNR to paid claims
E	
F	
G	
H	
I	Reduced admitted amount down to expect receipt
J	

25. CHANGES IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

Reserves for incurred claims and claim adjustment expenses attributable to insured events of prior years has increased by \$103,779 from \$8,513,474 to \$8,617,253 at December 31, 2014 to September 30, 2015 as a result of re-estimation of unpaid claims and claims adjustment expenses principally on comprehensive hospital and medical line of business.

26. INTERCOMPANY POOLING ARRANGEMENTS

None

27. STRUCTURED SETTLEMENTS

N/A

28. HEALTH CARE RECEIVABLES

NOTES TO FINANCIAL STATEMENTS

A. Pharmacy Rebate Receivables

No Change

B. Risk Sharing Receivables

None

29. PARTICIPATING POLICIES

None

30. PREMIUM DEFICIENCY RESERVES

No Change

31. ANTICIPATE SALVAGE AND SUBROGATION

The Company took into account estimated anticipated salvage and subrogation in its determination of the liability for unpaid claims/losses and reduced such liability by \$0.

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 [] No [X]

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 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 [] N/A [X]
 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. _____ 08/31/2015 _____

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. _____ 12/31/2013 _____

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). _____ 05/15/2015 _____

6.4 By what department or departments?
 Wyoming Department of Insurance

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 [] N/A []

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []

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 [X] No []

GENERAL INTERROGATORIES

7.2 If yes, give full information

On October 21, 2015, the Insurance Commissioner of the State of Wyoming ("the Commissioner") was appointed as Receiver of WINhealth Partners ("WINhealth") by the District Court, First Judicial District pursuant to 26-28-105(a)(i) and (ix) of the Wyoming Insurance Code. The Rehabilitation Order authorizes the Commissioner, to take control of the assets and books and records of WINhealth and to act in all ways and exercise all powers necessary for the purpose of the Order and the receivership provisions of

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 affiliate 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
.....
.....

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?

- (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.

Yes [X] No []

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

.....

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

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

.....

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

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

.....

FINANCIAL

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

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

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]

GENERAL INTERROGATORIES

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	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)	\$ _____	\$ _____
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?
 If no, attach a description with this statement. Yes [] No []

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

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ _____
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ _____
16.3 Total payable for securities lending reported on the liability page	\$ _____

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

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

1 Name of Custodian(s)	2 Custodian Address
U. S. Bank	2020 Carey Avenuee, Cheyenne, WY 82001
.....

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

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

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

GENERAL INTERROGATORIES

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

1 Central Registration Depository	2 Name(s)	3 Address
.....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation 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 | 91.46 % |
| 1.2 A&H cost containment percent | 4.24 % |
| 1.3 A&H expense percent excluding cost containment expenses | 9.90 % |
- 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. \$ _____

NONE Schedule S

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Current Year To Date - Allocated by States and Territories

States, Etc.	1	Direct Business Only							
		2	3	4	5	6	7	8	9
	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							
2. Alaska	AK	N							
3. Arizona	AZ	N							
4. Arkansas	AR	N							
5. California	CA	N							
6. Colorado	CO	N							
7. Connecticut	CT	N							
8. Delaware	DE	N							
9. District of Columbia	DC	N							
10. Florida	FL	N							
11. Georgia	GA	N							
12. Hawaii	HI	N							
13. Idaho	ID	N							
14. Illinois	IL	N							
15. Indiana	IN	N							
16. Iowa	IA	N							
17. Kansas	KS	N							
18. Kentucky	KY	N							
19. Louisiana	LA	N							
20. Maine	ME	N							
21. Maryland	MD	N							
22. Massachusetts	MA	N							
23. Michigan	MI	N							
24. Minnesota	MN	N							
25. Mississippi	MS	N							
26. Missouri	MO	N							
27. Montana	MT	N							
28. Nebraska	NE	N							
29. Nevada	NV	N							
30. New Hampshire	NH	N							
31. New Jersey	NJ	N							
32. New Mexico	NM	N							
33. New York	NY	N							
34. North Carolina	NC	N							
35. North Dakota	ND	N							
36. Ohio	OH	N							
37. Oklahoma	OK	N							
38. Oregon	OR	N							
39. Pennsylvania	PA	N							
40. Rhode Island	RI	N							
41. South Carolina	SC	N							
42. South Dakota	SD	N							
43. Tennessee	TN	N							
44. Texas	TX	N							
45. Utah	UT	N							
46. Vermont	VT	N							
47. Virginia	VA	N							
48. Washington	WA	N							
49. West Virginia	WV	N							
50. Wisconsin	WI	N							
51. Wyoming	WY	L	69,826,506					69,826,506	
52. American Samoa	AS	N							
53. Guam	GU	N							
54. Puerto Rico	PR	N							
55. U.S. Virgin Islands	VI	N							
56. Northern Mariana Islands	MP	N							
57. Canada	CAN	N							
58. Aggregate other alien	OT	XXX							
59. Subtotal	XXX	69,826,506						69,826,506	
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. Totals (Direct Business)	(a) 1	69,826,506						69,826,506	

DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58	XXX								
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX								

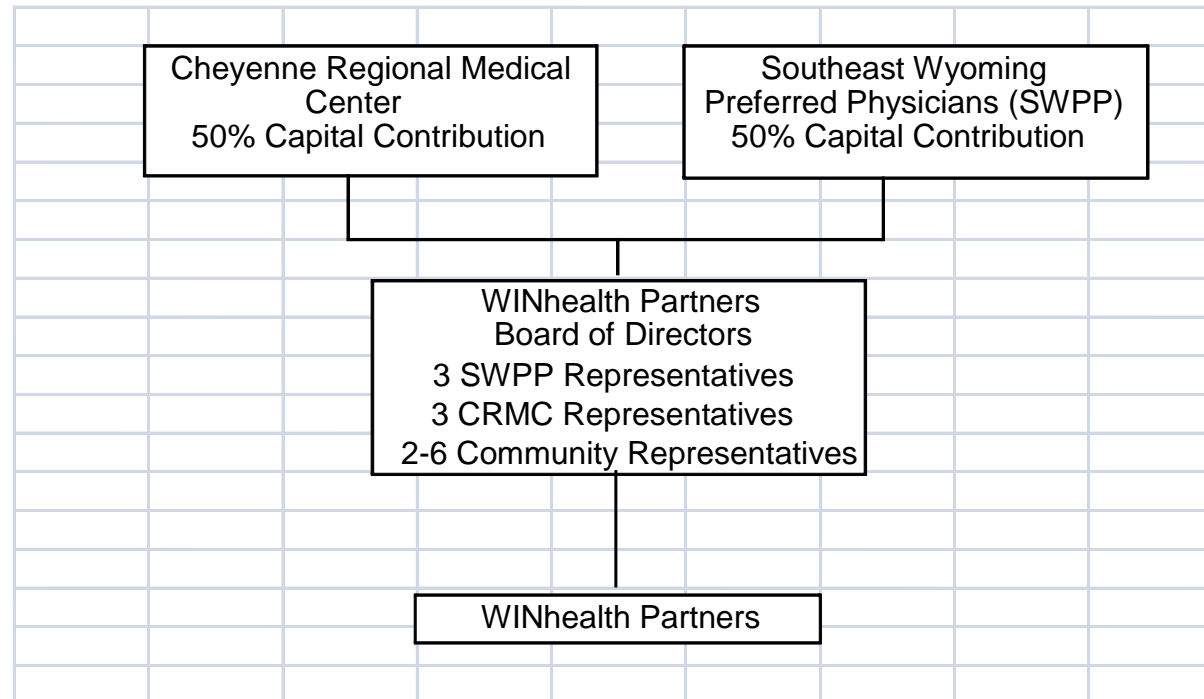
NONE

(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



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
		95401	83-0309681				WINhealth Partners	WY		Cheyenne Regional Medical Center (CRMC)	Ownership	50.0	Board of Directors	0
		95401	83-0309681				WINhealth Partners	WY		Southeast Wyoming Preferred Physicians (SWPP)	Ownership	50.0	Board of Directors	0
		00000	83-6000194				Cheyenne Regional Medical Center (CRMC)	WY	UDP	Board of Directors	Board of Directors		Board of Directors	0
		00000	83-0309794				Sotheast Wyoming Preferred Physicians (SWPP)	WY	UDP	Board of Directors	Board of Directors		Board of Directors	0
		00000	27-3271272				Wyoming Health Solutions, LLC	WY	NIA	Ownership	Ownership	50.0	Board of Directors	0
		00000	27-3271272				Wyoming Health Solutions, LLC	WY	NIA	Ownership	Ownership	50.0	Board of Directors	0

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Asterik	Explanation
	NONE

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:

Question 1: WINhealth does not sell Medicare Part D Coverage

Bar Code:



95401201536500103

OVERFLOW PAGE FOR WRITE-INS

Page 2 - Continuation**ASSETS**

	Current Year			Prior Year
	1	2	3	4
REMAINING WRITE-INS AGGREGATED AT LINE 25 FOR OTHER THAN INVESTED ASSETS	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
2504. Withhold Lock Box	17,003		17,003	
2505. Receivable for Transitional Reinsurance Fees	9,101	2,630	6,471	19,026
2506. Receivable Wellness Program	5,354		5,354	6,121
2507. Exchange Fee Receivable				19,795
2597. Totals (Lines 2501 through 2596) (Page 2, Line 2598)	31,458	2,630	28,828	44,942

OVERFLOW PAGE FOR WRITE-INS**Page 3 - Continuation****LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
WRITE-INS AGGREGATED AT LINE 23 FOR OTHER LIABILITIES				
2304. Exchange Fees Payable	34,804		34,804	
2305. APTC Rebates Payable				249,280
2306. Health Care Provider Fee				
2307. Prepaid Wellness Program Revenue				6,012
2397. Totals (Lines 2304 through 2396) (Page 3, Line 23)	34,804		34,804	255,292

SCHEDULE A - VERIFICATION**Real Estate**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	2,098,206	2,127,444
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		20,175
2.2 Additional investment made after acquisition	22,167	
3. Current year change in encumbrances	(2,082,393)	
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation	37,980	49,413
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		2,098,206
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		2,098,206

SCHEDULE B - VERIFICATION**Mortgage Loans**

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

NONE**SCHEDULE BA - VERIFICATION****Other Long-Term Invested Assets**

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

NONE**SCHEDULE D - VERIFICATION****Bonds and Stocks**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	320,194	320,366
2. Cost of bonds and stocks acquired		
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of		
7. Deduct amortization of premium	115	172
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	320,079	320,194
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	320,079	320,194

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

S102

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)	5,646,196	12,891,466	12,798,503	(43)	3,287,407	5,646,196	5,739,116	6,318,227
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	5,646,196	12,891,466	12,798,503	(43)	3,287,407	5,646,196	5,739,116	6,318,227
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	5,646,196	12,891,466	12,798,503	(43)	3,287,407	5,646,196	5,739,116	6,318,227

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated, short-term and cash-equivalent bonds by NAIC designation:

NAIC 1 \$ 0; NAIC 2 \$ 0; NAIC 3 \$ 0; NAIC 4 \$ 0; NAIC 5 \$ 0; NAIC 6 \$ 0

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	5,419,037	X X X	5,419,037	326	

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	5,998,033	7,131,091
2. Cost of short-term investments acquired	30,008,990	9,719,045
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	30,587,986	10,852,103
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	5,419,037	5,998,033
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	5,419,037	5,998,033

NONE Schedule DB - Part A and 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 B - Part 2 and 3**
- NONE Schedule BA - Part 2 and 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**

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
U.S. Bank	Cheyenne, WY				541,236	977,669	612,859	
U. S. Bank	Cheyenne, WY				(301,515)	(2,719,952)	(3,824,320)	
Bank of America	Wilmington, DE				296,357	438,961	344,695	
U. S. Bank	Cheyenne, WY					100	100	
0199998	Deposits in () depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories	X X X	X X X					X X X
0199999	Total - Open Depositories	X X X	X X X		536,078	(1,303,222)	(2,866,666)	X X X
Suspended Depositories								
0299998	Deposits in () depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories	X X X	X X X					X X X
0299999	Total Suspended Depositories	X X X	X X X					X X X
0399999	Total Cash on Deposit	X X X	X X X		536,078	(1,303,222)	(2,866,666)	X X X
0499999	Cash in Company's Office	X X X	X X X	X X X	400	400	400	X X X
0599999	Total	X X X	X X X		536,478	(1,302,822)	(2,866,266)	X X X

NONE **Schedule E - Part 2**

NONE **Medicare Part D**