



ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2017

OF THE CONDITION AND AFFAIRS OF THE

CLOVER INSURANCE COMPANY

NAIC Group Code	0000 <small>(Current Period)</small>	0000 <small>(Prior Period)</small>	NAIC Company Code	86371	Employer's ID Number	31-0522223
Organized under the Laws of	NJ		State of Domicile or Port of Entry	NJ		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[X] Dental Service Corporation[] Other[]	Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[] N/A[X]	Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[]			
Incorporated/Organized	10/25/1947		Commenced Business	02/06/1948		
Statutory Home Office	30 Montgomery Street, 15th Floor <small>(Street and Number)</small>		Jersey City, NJ, US 07302 <small>(City or Town, State, Country and Zip Code)</small>			
Main Administrative Office	30 Montgomery Street, 15th Floor <small>(Street and Number)</small>					
	Jersey City, NJ, US 07302 <small>(City or Town, State, Country and Zip Code)</small>		(201)432-2133 <small>(Area Code) (Telephone Number)</small>			
Mail Address	30 Montgomery Street, 15th Floor <small>(Street and Number or P.O. Box)</small>		Jersey City, NJ, US 07302 <small>(City or Town, State, Country and Zip Code)</small>			
Primary Location of Books and Records	30 Montgomery Street, 15th Floor <small>(Street and Number)</small>					
	Jersey City, NJ, US 07302 <small>(City or Town, State, Country and Zip Code)</small>		(201)432-2133 <small>(Area Code) (Telephone Number)</small>			
Internet Website Address	www.cloverhealth.com					
Statutory Statement Contact	Les Granow <small>(Name)</small>		(201)432-2133 <small>(Area Code)(Telephone Number)(Extension)</small>			
	les.granow@cloverhealth.com <small>(E-Mail Address)</small>		(908)378-7880 <small>(Fax Number)</small>			

OFFICERS

Name	Title
Vivek Garipalli	CEO
Les Granow	Chief Financial Officer

OTHERS

Wendy Richey, Chief Compliance Officer
Melody Pereira, Chief Security Officer #
Rachel Fish, Chief Administrative Officer

Brady Priest, General Counsel
Judah Rabinowitz, Chief Actuary
Varsha Rao, Chief Operations Officer #

DIRECTORS OR TRUSTEES

Vivek Garipalli
Justin Doheny

Edward Berde

State of New Jersey
County of Hudson ss

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

_____ (Signature) Vivek Garipalli (Printed Name) 1. CEO (Title)	_____ (Signature) Les Granow (Printed Name) 2. Chief Financial Officer (Title)	_____ (Signature) _____ (Printed Name) 3. _____ (Title)
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Subscribed and sworn to before me this _____ day of _____, 2018

a. Is this an original filing?
b. If no, 1. State the amendment number
2. Date filed
3. Number of pages attached

Yes[X] No[]

(Notary Public Signature)

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols 1-2)	4 Net Admitted Assets
1. Bonds (Schedule D)	8,025,830		8,025,830	2,834,152
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common Stocks				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....40,116,708, Schedule E Part 1), cash equivalents (\$.....1,245,025, Schedule E Part 2) and short-term investments (\$.....3,596,197, Schedule DA)	44,957,929		44,957,929	83,847,217
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities Lending Reinvested Collateral Assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	52,983,759		52,983,759	86,681,369
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	46,472		46,472	34,725
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	396,544		396,544	
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 (\$.....3,033,483) and contracts subject to redetermination (\$.....10,028,251)	13,061,734		13,061,734	3,404,418
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	17,496,313	4,159,856	13,336,457	77,133,727
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	7,630,365	1,792,497	5,837,868	8,900,431
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset	9,841		9,841	
19. Guaranty funds receivable or on deposit	34,681		34,681	
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	5,096,591	5,096,591		1,066,984
24. Health care (\$.....11,783,759) and other amounts receivable	22,490,268	10,706,509	11,783,759	5,066,396
25. Aggregate write-ins for other than invested assets	3,088,018	2,990,000	98,018	6,728,854
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	122,334,586	24,745,453	97,589,133	189,016,904
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	122,334,586	24,745,453	97,589,133	189,016,904
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Prepaid Premium Tax	98,018		98,018	
2502. Other Receivables				269,180
2503. NJ State Pharmacy Assistance Program Subsidy Receivable				222,373
2598. Summary of remaining write-ins for Line 25 from overflow page	2,990,000	2,990,000		6,237,301
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	3,088,018	2,990,000	98,018	6,728,854

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....6,077,089 reinsurance ceded)	44,742,291		44,742,291	9,481,851
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	852,220		852,220	608,981
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act				21,455,578
5. Aggregate life policy reserves	663		663	
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance				
9. General expenses due or accrued	2,787,702		2,787,702	
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				82,509,607
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates				338,483
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	844,870		844,870	
23. Aggregate write-ins for other liabilities (including \$.....0 current)	4,451		4,451	6,693,067
24. TOTAL Liabilities (Lines 1 to 23)	49,232,198		49,232,198	121,087,567
25. Aggregate write-ins for special surplus funds	X X X	X X X	4,600,138	
26. Common capital stock	X X X	X X X	2,100,000	700,000
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	101,773,869	88,173,869
29. Surplus notes	X X X	X X X	40,000,000	40,000,000
30. Aggregate write-ins for other than special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	(100,117,072)	(60,944,533)
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	48,356,935	67,929,336
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	X X X	X X X	97,589,133	189,016,903
DETAILS OF WRITE-INS				
2301. Accounts Payable				485,333
2302. Other Liabilities				4,654
2303. Ceded Reserves - Reinsurance Recovery				6,203,080
2398. Summary of remaining write-ins for Line 23 from overflow page	4,451		4,451	
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	4,451		4,451	6,693,067
2501. 9010 ACA Fee	X X X	X X X	4,600,138	
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	4,600,138	
3001.	X X X	X X X		
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		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	X X X	316,954	216,827
2. Net premium income (including \$.....0 non-health premium income)	X X X	267,218,955	45,955,135
3. Change in unearned premium reserves and reserve for rate credits	X X X		
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		
7. Aggregate write-ins for other non-health revenues	X X X		
8. TOTAL Revenues (Lines 2 to 7)	X X X	267,218,955	45,955,135
Hospital and Medical:			
9. Hospital/medical benefits		106,318,847	52,186,599
10. Other professional services		4,902,701	73,512,032
11. Outside referrals		116,784,673	
12. Emergency room and out-of-area		10,868,529	
13. Prescription drugs		31,372,214	13,283,673
14. Aggregate write-ins for other hospital and medical		2,406,561	52,116,663
15. Incentive pool, withhold adjustments and bonus amounts			
16. Subtotal (Lines 9 to 15)		272,653,525	191,098,967
Less:			
17. Net reinsurance recoveries		(2,590,885)	140,354,362
18. TOTAL Hospital and Medical (Lines 16 minus 17)		275,244,410	50,744,605
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$.....7,088,844 cost containment expenses		13,392,696	
21. General administrative expenses		19,524,942	14,694,476
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)		(19,278,000)	14,996,173
23. TOTAL Underwriting Deductions (Lines 18 through 22)		288,884,048	80,435,254
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(21,665,094)	(34,480,119)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		141,033	47,478
26. Net realized capital gains (losses) less capital gains tax of \$.....0			
27. Net investment gains (losses) (Lines 25 plus 26)		141,033	47,478
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		5,900	(137,946)
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	(21,518,161)	(34,570,587)
31. Federal and foreign income taxes incurred	X X X		
32. Net income (loss) (Lines 30 minus 31)	X X X	(21,518,161)	(34,570,587)
DETAILS OF WRITE-INS			
0601.	X X X		
0602.	X X X		
0603.	X X X		
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X		
0701.	X X X		
0702.	X X X		
0703.	X X X		
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799. TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	X X X		
1401. Other Hospital and Medical Expenses		2,406,561	52,116,663
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)		2,406,561	52,116,663
2901. Premium Taxes			(1,371)
2902. Other Income			1,940
2903. Corporate Business Tax & Audit Fees			(150,000)
2998. Summary of remaining write-ins for Line 29 from overflow page		5,900	11,485
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)		5,900	(137,946)

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	67,929,336	10,185,202
34.	Net income or (loss) from Line 32	(21,518,161)	(34,570,587)
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	9,841	(276,285)
39.	Change in nonadmitted assets	(13,214,082)	(7,233,475)
40.	Change in unauthorized and certified reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes		40,000,000
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
44.1	Paid in	1,400,000	
44.2	Transferred from surplus (Stock Dividend)		
44.3	Transferred to surplus		
45.	Surplus adjustments:		
45.1	Paid in	13,600,000	59,824,481
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	150,000	
48.	Net change in capital and surplus (Lines 34 to 47)	(19,572,401)	57,744,134
49.	Capital and surplus end of reporting year (Line 33 plus 48)	48,356,935	67,929,336
DETAILS OF WRITE-INS			
4701.	Correction of an Error	150,000	
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)	150,000	

CASH FLOW

		1	2
		Current Year	Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	172,478,573	132,121,265
2.	Net investment income	133,081	12,805
3.	Miscellaneous income		
4.	TOTAL (Lines 1 through 3)	172,611,654	132,134,070
5.	Benefit and loss related payments	189,296,422	138,185,988
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	27,800,541	20,769,349
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)		276,285
10.	TOTAL (Lines 5 through 9)	217,096,963	159,231,622
11.	Net cash from operations (Line 4 minus Line 10)	(44,485,309)	(27,097,552)
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds	1,105,000	
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)	1,105,000	
13.	Cost of investments acquired (long-term only):		
13.1	Bonds	6,300,473	2,759,365
13.2	Stocks		
13.3	Mortgage loans		
13.4	Real estate		
13.5	Other invested assets		
13.6	Miscellaneous applications		
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6)	6,300,473	2,759,365
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(5,195,473)	(2,759,365)
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes		40,000,000
16.2	Capital and paid in surplus, less treasury stock	15,000,000	59,824,481
16.3	Borrowed funds		
16.4	Net deposits on deposit-type contracts and other insurance liabilities		
16.5	Dividends to stockholders		
16.6	Other cash provided (applied)	(4,208,506)	(8,415,003)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	10,791,494	91,409,478
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)	(38,889,288)	61,552,561
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	83,847,217	22,294,656
19.2	End of year (Line 18 plus Line 19.1)	44,957,929	83,847,217

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001		
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	267,218,955						267,218,955			
2. Change in unearned premium reserves and reserve for rate credit										
3. Fee-for-service (net of \$.....0 medical expenses)										XXX
4. Risk revenue										XXX
5. Aggregate write-ins for other health care related revenues										XXX
6. Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. TOTAL Revenues (Lines 1 to 6)	267,218,955						267,218,955			
8. Hospital/medical benefits	106,318,847						106,318,847			XXX
9. Other professional services	4,902,701						4,902,701			XXX
10. Outside referrals	116,784,673						116,784,673			XXX
11. Emergency room and out-of-area	10,868,529						10,868,529			XXX
12. Prescription drugs	31,372,214						31,372,214			XXX
13. Aggregate write-ins for other hospital and medical	2,406,561						2,406,561			XXX
14. Incentive pool, withhold adjustments and bonus amounts										XXX
15. Subtotal (Lines 8 to 14)	272,653,525						272,653,525			XXX
16. Net reinsurance recoveries	(2,590,885)						(2,590,885)			XXX
17. TOTAL Hospital and Medical (Lines 15 minus 16)	275,244,410						275,244,410			XXX
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$.....7,088,844 cost containment expenses	13,392,696						13,392,696			
20. General administrative expenses	19,524,942						19,524,942			
21. Increase in reserves for accident and health contracts	(19,278,000)						(19,278,000)			XXX
22. Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. TOTAL Underwriting Deductions (Lines 17 to 22)	288,884,048						288,884,048			
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(21,665,094)						(21,665,094)			
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page										XXX
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)										XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301. Other Medical	2,406,561						2,406,561			XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page										XXX
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)	2,406,561						2,406,561			XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Columns 1 + 2 - 3)
1. Comprehensive (hospital and medical)				
2. Medicare Supplement				
3. Dental only				
4. Vision only				
5. Federal Employees Health Benefits Plan				
6. Title XVIII - Medicare	267,562,820		343,865	267,218,955
7. Title XIX - Medicaid				
8. Other health				
9. Health subtotal (Lines 1 through 8)	267,562,820		343,865	267,218,955
10. Life	571,205		571,205	
11. Property/casualty				
12. TOTALS (Lines 9 to 11)	268,134,025		915,070	267,218,955

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	269,895,665						269,186,292			709,373
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	80,599,243						79,889,870			709,373
1.4 Net	189,296,422						189,296,422			
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	50,819,380						44,742,291			6,077,089
3.2 Reinsurance assumed										
3.3 Reinsurance ceded	6,077,089									6,077,089
3.4 Net	44,742,291						44,742,291			
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net healthcare receivables (a)	8,949,866						8,949,866			
7. Amounts recoverable from reinsurers December 31, current year	17,496,313						17,496,313			
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	38,456,946						32,325,192			6,131,754
8.2 Reinsurance assumed										
8.3 Reinsurance ceded	28,975,095						22,843,341			6,131,754
8.4 Net	9,481,851						9,481,851			
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year	77,133,727						77,133,727			
12. Incurred benefits:										
12.1 Direct	273,308,233						272,653,525			654,708
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	(1,936,177)						(2,590,885)			654,708
12.4 Net	275,244,410						275,244,410			
13. Incurred medical incentive pools and bonuses										

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

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

	1	2	3	4	5	6	7	8	9	10
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	16,379,965						16,379,965			
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	16,379,965						16,379,965			
2. Incurred but Unreported:										
2.1 Direct	34,439,415						28,362,326			6,077,089
2.2 Reinsurance assumed										
2.3 Reinsurance ceded	6,077,089									6,077,089
2.4 Net	28,362,326						28,362,326			
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS										
4.1 Direct	50,819,380						44,742,291			6,077,089
4.2 Reinsurance assumed										
4.3 Reinsurance ceded	6,077,089									6,077,089
4.4 Net	44,742,291						44,742,291			

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)						
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare	16,270,110	232,663,726	755,004	43,987,288	17,025,114	9,481,851
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	16,270,110	232,663,726	755,004	43,987,288	17,025,114	9,481,851
10. Healthcare receivables (a)	228,408	22,231,486			228,408	13,510,028
11. Other non-health						
12. Medical incentive pool and bonus amounts						
13. TOTALS (Lines 9 - 10 + 11 + 12)	16,041,702	210,432,239	755,004	43,987,288	16,796,706	(4,028,177)

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

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

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior					
2. 2013	2,068	2,447	2,460	2,460	2,460
3. 2014	X X X	18,287	21,228	21,580	21,577
4. 2015	X X X	X X X	40,048	47,517	47,719
5. 2016	X X X	X X X	X X X	35,909	51,980
6. 2017	X X X	X X X	X X X	X X X	223,714

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior					
2. 2013	2,910	2,448	2,460	2,460	2,460
3. 2014	X X X	21,587	21,319	21,591	21,577
4. 2015	X X X	X X X	45,892	46,484	47,719
5. 2016	X X X	X X X	X X X	43,521	52,735
6. 2017	X X X	X X X	X X X	X X X	267,701

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2013	3,200	2,460			2,460	76.875			2,460	76.875
2. 2014	24,822	21,577	0	0.000	21,577	86.927			21,577	86.927
3. 2015	52,521	47,719	4	0.009	47,723	90.865			47,723	90.865
4. 2016	45,955	51,980	1,667	3.207	53,647	116.739	755	14	54,416	118.412
5. 2017	267,219	223,714	11,478	5.131	235,192	88.015	43,987	838	280,017	104.789

12 Total

- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Hospital and Medical . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Hospital and Medical . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Hospital and Medical . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP NONE

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

Title XVIII - Medicare

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior					
2. 2013	2,068	2,447	2,460	2,460	2,460
3. 2014	X X X	18,287	21,228	21,580	21,577
4. 2015	X X X	X X X	40,048	47,517	47,719
5. 2016	X X X	X X X	X X X	35,909	51,980
6. 2017	X X X	X X X	X X X	X X X	223,714

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior					
2. 2013	2,910	2,448	2,460	2,460	2,460
3. 2014	X X X	21,587	21,319	21,591	21,577
4. 2015	X X X	X X X	45,892	46,484	47,719
5. 2016	X X X	X X X	X X X	43,521	52,735
6. 2017	X X X	X X X	X X X	X X X	267,701

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2013	3,200	2,460			2,460	76.875			2,460	76.875
2. 2014	24,822	21,577	0	0.000	21,577	86.927			21,577	86.927
3. 2015	52,521	47,719	4	0.009	47,723	90.865			47,723	90.865
4. 2016	45,955	51,980	1,667	3.207	53,647	116.739	755	14	54,416	118.412
5. 2017	267,219	223,714	11,478	5.131	235,192	88.015	43,987	838	280,017	104.789

12 Title XVIII-Medicare

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XIX-Medicaid NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XIX-Medicaid NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XIX-Medicaid NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Other NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur Claims - Other NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Other NONE

13 Underwriting Invest Exh Pt 2D - A & H Reserve NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building)	239,658	145,879	656,454		1,041,991
2. Salaries, wages and other benefits	3,319,203	2,020,384	9,091,730		14,431,317
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)	522,893	318,283	1,438,674		2,279,850
4. Legal fees and expenses	83,244	50,670	228,015		361,929
5. Certifications and accreditation fees	23,632	14,385	64,732		102,749
6. Auditing, actuarial and other consulting services	881,077	536,308	2,429,597		3,846,982
7. Traveling expenses	219,325	133,502	600,760		953,588
8. Marketing and advertising	454,152	276,440	1,236,985		1,967,578
9. Postage, express and telephone	74,842	45,556	205,002		325,400
10. Printing and office supplies	26,229	15,966	72,169		114,364
11. Occupancy, depreciation and amortization					
12. Equipment	14,887	9,062	40,778		64,727
13. Cost or depreciation of EDP equipment and software	321,070	195,434	879,452		1,395,955
14. Outsourced services including EDP, claims, and other services	561,022	2,330,395	1,536,713		4,428,130
15. Boards, bureaus and association fees	54	33	149		236
16. Insurance, except on real estate	30,283	18,433	82,948		131,664
17. Collection and bank service charges	3,718	2,263	10,183	6,851	23,015
18. Group service and administration fees					
19. Reimbursements by uninsured plans					
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			5,184		5,184
23.2 State premium taxes			66,025		66,025
23.3 Regulatory authority licenses and fees	6,679	4,066	38,346		49,091
23.4 Payroll taxes	295,182	179,676	808,542		1,283,401
23.5 Other (excluding federal income and real estate taxes)	9,696	5,902	27,030		42,627
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses	1,998	1,216	5,472		8,686
26. TOTAL Expenses Incurred (Lines 1 to 25)	7,088,844	6,303,851	19,524,942	6,851	(a) 32,924,489
27. Less expenses unpaid December 31, current year		852,220	2,787,702		3,639,922
28. Add expenses unpaid December 31, prior year		608,981			608,981
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	7,088,844	6,060,611	16,737,240	6,851	29,893,547
DETAILS OF WRITE-INS					
2501. Sponsorships	1,998	1,216	5,472		8,686
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,998	1,216	5,472		8,686

(a) Includes management fees of \$.....30,821,063 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 45,318	58,830
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 14,094	19,075
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 80,998	69,979
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income		
10. TOTAL Gross investment income	140,410	147,885
11. Investment expenses		(g) 6,851
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		
16. TOTAL Deductions (Lines 11 through 15)		6,851
17. Net Investment income (Line 10 minus Line 16)		141,033

DETAILS OF WRITE-INS

0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page		
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)		
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		
1599. TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above)		

- (a) Includes \$ 2,982 accrual of discount less \$ 6,777 amortization of premium and less \$ 24,472 paid for accrued interest on purchases.
- (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
- (e) Includes \$ 4,883 accrual of discount less \$ 63,014 amortization of premium and less \$ 15,086 paid for accrued interest on purchases.
- (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
- (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
- (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds					
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)					
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. TOTAL Capital gains (losses)					

NONE

DETAILS OF WRITE-INS

0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page					
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)					

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			
3.2 Other than first liens			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6. Contract loans			
7. Derivatives (Schedule DB)			
8. Other invested assets (Schedule BA)			
9. Receivables for securities			
10. Securities lending reinvested collateral assets (Schedule DL)			
11. Aggregate write-ins for invested assets			
12. Subtotals, cash and invested assets (Lines 1 to 11)			
13. Title plants (for Title insurers only)			
14. Invested income due and accrued			
15. Premium and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection			
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3 Accrued retrospective premiums and contracts subject to redetermination			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	4,159,856		(4,159,856)
16.2 Funds held by or deposited with reinsured companies			
16.3 Other amounts receivable under reinsurance contracts			
17. Amounts receivable relating to uninsured plans	1,792,497		(1,792,497)
18.1 Current federal and foreign income tax recoverable and interest thereon			
18.2 Net deferred tax asset			
19. Guaranty funds receivable or on deposit			
20. Electronic data processing equipment and software			
21. Furniture and equipment, including health care delivery assets			
22. Net adjustment in assets and liabilities due to foreign exchange rates			
23. Receivables from parent, subsidiaries and affiliates	5,096,591		(5,096,591)
24. Health care and other amounts receivable	10,706,509	6,786,622	(3,919,887)
25. Aggregate write-ins for other than invested assets	2,990,000	4,744,749	1,754,749
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	24,745,453	11,531,371	(13,214,082)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. TOTAL (Lines 26 and 27)	24,745,453	11,531,371	(13,214,082)
DETAILS OF WRITE-INS			
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. Paid Claim Recoupment		1,023,836	1,023,836
2502. Prepaid Premium Tax		97,739	97,739
2503. Claims receivable		633,174	633,174
2598. Summary of remaining write-ins for Line 25 from overflow page	2,990,000	2,990,000	
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	2,990,000	4,744,749	1,754,749

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health Maintenance Organizations						
2. Provider Service Organizations						
3. Preferred Provider Organizations	20,561	25,400	26,286	27,180	27,752	316,954
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business						
7. TOTAL	20,561	25,400	26,286	27,180	27,752	316,954
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page						
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)						

Notes to Financial Statements

1. Summary of Significant Accounting Policies

A. Accounting Practices

The accompanying financial statements of Clover Insurance Company (the "Company") have been prepared in conformity with accounting practices prescribed or permitted by the state of New Jersey for determining and reporting the financial conditions and results of operations of an insurance company for determining its solvency under New Jersey Code. 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 New Jersey Department of Banking and Insurance (DOBI).

The Company was licensed in 2012 with a Certificate of Authority to sell a Medicare Advantage PPO product in Hudson County, NJ beginning in the contract year 2013.

On April 12, 2016, Clover Insurance Company acquired Ullico Life Insurance Company. On April 20, 2016, Ullico Life Insurance Company was re-domesticated to New Jersey and merged with Clover Insurance Company, with Ullico Life Insurance Company as the surviving entity. The Company was then immediately renamed to Clover Insurance Company, but retained the prior NAIC code (86371) and FID (31-0522223).

The Company is approved to sell a Medicare Advantage PPO product in the counties of Hudson, Atlantic, Mercer, Monmouth, Passaic, Essex, Union, Bergen and Somerset. The Company's strategy for marketing to new members is 85% through brokers and 15% through direct methods, such as networking, direct online, and direct mail.

The Company has no employees and, as such, has entered into an administrative services agreement with Clover Health, LLC (ASO) to make use of certain employees, equipment and facilities in the operations and management of the Company. Under the terms of this agreement that was filed and approved by NJ DOBI, the Company paid an administrative fee of 14% of the premiums it earned in 2016 through June 30, 2017, and 9% from July 1, 2017 through December 31, 2017, for all the services and expenses incurred by ASO on the Company's behalf.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of New Jersey is shown below:

		SSAP#	F/S Page	F/S Line	2017	2016
NET INCOME						
(1)	State basis (Page 4, Line 32, Columns 2 & 3)				(21,518,161)	(34,570,587)
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(201)						
(299)	Total					
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(301)						
(399)	Total				0	0
(4)	NAIC SAP (1-2-3=4)				(21,518,161)	(34,570,587)
SURPLUS						
(5)	State basis (Page 3, Line 33, Columns 3 & 4)				48,356,934	67,929,336
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(601)						
(699)	Total					
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(701)						
(799)	Total				0	0
(8)	NAIC SAP (5-6-7=8)				48,356,934	67,929,336

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

Notes to Financial Statements

also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Health capitation premiums are recognized in the period members are entitled to related health care services. Health care service costs and the related liabilities for claims payable are recorded when medical services are authorized, as well as when services are provided without authorization to the extent such services are expected to be ultimately authorized. Expenses are charged to operations as incurred.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds are stated at amortized cost using the scientific interest method. The Company does not own any mandatory convertible securities or SVO-Identified bond ETFs reported on Schedule D-1.
- (3) The Company had no common stock.
- (4) The Company had no preferred stock.
- (5) The Company had no mortgage loans.
- (6) The Company had no loan-backed securities.
- (7) The Company had no investments in subsidiaries, controlled and affiliated companies.
- (8) The Company had no joint ventures, partnership, or limited liability companies.
- (9) The Company had no derivatives.
- (10) The Company utilizes anticipated investment income as a factor in the premium deficiency calculation.
- (11) Unpaid losses and loss adjustment expenses include amounts determined from claims estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company's capitalization policy has not changed.
- (13) The Company's pharmaceutical rebate receivables are estimated based on a historical percentage of gross pharmaceutical claims methodology.

D. Going Concern

None

2. Accounting Changes and Corrections of Errors

The Company had a prior period correction of an error in the amount of \$150,000 for removal of interest expense recorded in 2016 on the surplus note.

3. Business Combinations and Goodwill

- A. Statutory Purchase Method - None
- B. Statutory Merger - None
- C. Assumption Reinsurance – None
- D. Impairment Loss – None

4. Discontinued Operations

- A. Discontinued Operation Disposed of or Classified as Held for Sale – None
- B. Change in Plan of Sale of Discontinued Operation – None
- C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal – None
- D. Equity Interest Retained in Discontinued Operation After Disposal - 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. Dollar Repurchase Agreements and/or Securities Lending Transactions – None
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
- H. Repurchase Agreements Transactions Accounted for as a Sale – None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None
- J. Real Estate – None
- K. Low-income housing tax credits (LIHTC) – None
- L. Restricted Assets –

Notes to Financial Statements

(1) Restricted Assets (Including Pledged)

	Asset Category	1 Total Gross (Admitted and Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted and Nonadmitted) Restricted from Prior Year	3 Increase /(Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted and Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a.	Subject to contractual obligation for which liability is not shown							
b.	Collateral held under security lending agreements							
c.	Subject to repurchase agreements							
d.	Subject to reverse repurchase agreements							
e.	Subject to dollar repurchase agreements							
f.	Subject to dollar reverse repurchase agreements							
g.	Placed under options contracts							
h.	Letter stock or securities restricted as to sale-excluding FHLB capital stock							
i.	FHLB capital stock							
j.	On deposit with states	\$2,139,052	\$2,334,322	(\$195,270)	\$0	\$2,139,052	1.75%	2.19%
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	\$2,139,052	\$2,334,322	(\$195,270)	\$0	\$2,139,052	1.75%	2.19%

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories – None

(3) Detail of Other Restricted Assets – None

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements – None

M. Working Capital Finance Investments – None

N. Offsetting and Netting of Assets and Liabilities – None

O. Structured Notes – None

P. 5* Securities – None

Q. Short Sales – None

R. Prepayment Penalty and Acceleration Fees - None

6. Joint Ventures, Partnerships and Limited Liability Companies

A. The Company does not have any Joint Ventures, Partnerships and Limited Liability Companies that exceed 10% of the admitted assets.

B. The Company does not have any impaired Joint Ventures, Partnerships and Limited Liability Companies.

7. Investment Income

A. All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default.

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

8. Derivative Instruments

None.

Notes to Financial Statements

9. Income Taxes

A. The statutory basis of accounting requires that the Company record deferred tax assets and liabilities for certain temporary differences between statutory basis income before federal income taxes, plus certain items recorded directly to surplus, and taxable income as reflected in the Company's federal income tax return, subject to certain limitations.

The components of the net deferred tax asset/(liability) at December 31 are as follows:

1.

Description	12/31/2017			12/31/2016			Change		
	1 Ordinary	2 Capital	3 (Col. 1 + 2) Total	4 Ordinary	5 Capital	6 (Col. 4 + 5) Total	7 (Col. 1 - 4) Ordinary	8 (Col. 2 - 5) Capital	9 (Col. 7 + 8) Total
a. Gross Deferred Tax Assets	17,276,351	-	17,276,351	20,635,169	-	20,635,169	(3,358,818)	-	(3,358,818)
b. Statutory Valuation Allowance Adjustments	(17,264,767)	-	(17,264,767)	(20,633,577)	-	(20,633,577)	3,368,810	-	3,368,810
c. Adjusted Gross Deferred Tax Assets (1a - 1b)	11,584	-	11,584	1,592	-	1,592	9,992	-	9,992
d. Deferred Tax Assets Non-admitted	-	-	-	-	-	-	-	-	-
e. Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	11,584	-	11,584	1,592	-	1,592	9,992	-	9,992
f. Deferred Tax Liabilities	1,742	-	1,742	1,592	-	1,592	150	-	150
g. Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	9,841	-	9,841	0	-	0	9,842	-	9,842

2.

Description	12/31/2017			12/31/2016			Change		
	1 Ordinary	2 Capital	3 (Col. 1 + 2) Total	4 Ordinary	5 Capital	6 (Col. 4 + 5) Total	7 (Col. 1 - 4) Ordinary	8 (Col. 2 - 5) Capital	9 (Col. 7 + 8) Total
a. Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	-	-	-	-	-	-	-	-	-
b. Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2a Above) After Application of the Threshold Limitation (The Lesser of 2b1 and 2b2 below)	8,099	-	8,099	-	-	-	8,099	-	8,099
b1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	-	-	-	-	-	-	-	-	-
b2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX		XXX	XXX		XXX	XXX	
c. Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2a and 2b Above) Offset by Gross Deferred Tax Liabilities	1,742	-	1,742	-	-	-	1,742	-	1,742
d. Deferred Tax Assets Admitted as the result of application of SSAP No. 101 Total (2a + 2b - 2c)	9,841	-	9,841	-	-	-	9,841	-	9,841

3.

Description		2017	2016
a.	Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount	0%	0%
b.	Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation in 2(b)2 Above	0	0

4.

Description	12/31/2017		12/31/2016		Change			
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col. 1 + 3) Ordinary	6 (Col. 2 + 4) Capital		
Impact of Tax-Planning Strategies								
a.	Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character as a Percentage							
1.	Adjusted Gross DTAs Amount From Note 9A1(c)	11,584	0	0	1,592	0	9,992	0
2.	Percentage of Adjusted Gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
3.	Net Admitted Adjusted Gross DTAs Amount from Note 9a1(c)	11,584	0	0	1,592	0	9,992	
4.	Percentage of Net Admitted Adjusted Gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

b.	Does the Company's tax-planning strategies include the use of reinsurance? (Yes / No)	No
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B. Regarding deferred tax liabilities that are not recognized: Not Applicable

Notes to Financial Statements

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

	Description	1 12/31/2017	2 12/31/2016	3 (Col. 1 – 2) Change
1.	Current Income Tax			
a.	Federal	0	0	0
b.	Foreign	0	0	0
c.	Subtotal	0	0	0
d.	Federal income tax on net capital gains	0	0	0
e.	Utilization of capital loss carry-forwards	0	0	0
f.	Other	0	(8,126)	(8,126)
g.	Federal and foreign income taxes incurred	0	(8,126)	(8,126)
2.	Deferred Tax Assets:			
a.	Ordinary			
1.	Discounting of unpaid losses	57,401	26,452	30,950
2.	Unearned premium reserve			
3.	Policyholder reserves	-	6,554,520	(6,554,520)
4.	Investments			
5.	Deferred acquisition costs	497,320	885,037	(387,717)
6.	Policyholder dividends accrual			
7.	Fixed assets			
8.	Compensation and benefits accrual			
9.	Pension accrual			
10.	Receivables – nonadmitted	2,624,791	3,920,666	(1,295,875)
11.	Net operating loss carry-forward	14,087,582	9,239,238	4,848,345
12.	Tax credit carry-forward	9,256	9,256	
13.	Other (including items < 5% of total ordinary tax assets)			
99.	Subtotal	17,276,351	20,635,169	(3,358,818)
b.	Statutory valuation allowance adjustment	17,264,767	20,633,577	(3,368,810)
c.	Nonadmitted			
d.	Admitted ordinary deferred tax assets (2a99 – 2b – 2c)	11,584	1,592	9,992
e.	Capital:			
1.	Investments			
2.	Net capital loss carry-forward			
3.	Real estate			
4.	Other (including items < 5% of total capital tax assets)			
99.	Subtotal			
f.	Statutory valuation allowance adjustment			
g.	Nonadmitted			
h.	Admitted capital deferred tax assets (2e99 – 2f – 2g)			
i.	Admitted deferred tax assets (2d + 2h)	11,584	1,592	9,992
3.	Deferred Tax Liabilities:			
a.	Ordinary			
1.	Investments	1,742	1,592	150
2.	Fixed assets			
3.	Deferred and uncollected premium			
4.	Policyholder reserves			
5.	Other (including items < 5% of total ordinary tax liabilities)			
99.	Subtotal	1,742	1,592	150
b.	Capital:			
1.	Investments			
2.	Real estate			
3.	Other (including items < 5% of total capital tax liabilities)			
99.	Subtotal			
c.	Deferred tax liabilities (3a99 + 3b99)	1,742	1,592	150
4.	Net deferred tax assets/liabilities (2i – 3c)	9,841	(1)	9,842

The change in net deferred income taxes is comprised of the following, before consideration of non-admitted deferred tax assets:

	12/31/2015	12/31/2014	Change
Adjusted gross deferred tax assets	11,584	1,592	(9,992)
Total deferred tax liabilities	1,742	1,592	(150)
Net deferred tax assets (liabilities)	9,841	0	(9,842)
Tax effect of change in unrealized gains (losses)			-
Total change in net deferred income tax			(9,842)

Notes to Financial Statements

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

	Amount	Tax Effect	Amount	Tax Effect
Provision computed at statutory rate	(6,872,856)	34.00%	(1,679,454)	34.00%
Permanent Differences	2,006	-0.01%	18,290	-0.37%
PY True Up (to Deferred)	(129,261)	0.64%	8,126	-0.16%
PY True Up (to Current)	-	0.00%	(8,126)	0.16%
Change in Non-admitted Assets	(328,996)	1.63%		0.00%
Rate Differential	-	0.00%	(1,302,035)	26.36%
Tax Cuts & Jobs Act Rate Change	10,688,075	-52.87%		0.00%
Change in deferred income taxes	9,841	-0.05%	-	0.00%
Change in Valuation Allowance	(3,368,810)	16.67%	2,955,073	-59.82%
Income in Equity of Subsidiaries			-	0.00%
Totals	-	0.00%	(8,126)	0.16%

	2017	2016
Federal and foreign income taxes incurred		(8,126)
Current taxes on realized capital gains		
Total statutory income taxes		(8,126)

- E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits

At December 31, 2017, the Company had unused operating loss carryforwards available to offset against future taxable income of \$67,083,726. The carryforwards begin to expire in 2028.

- F. Consolidated Federal Income Tax Return - The Company's federal income tax return is filed on a consolidated basis with:

Clover Health Investments, Corp.
Clover HMO, Corp.
Clover Health, Corp.
Clover Health Holdings, Inc.

- G. Federal or Foreign Federal Income Tax Loss Contingencies

The Company has no tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

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

- A, B, & C – On April 17, 2017, Clover Health Investments, Corp. purchased \$1,400,000 of common stock of the Company for capital funding and contributed \$3,600,000 in additional surplus. Clover Health Investments, Corp. made additional contributions to surplus to the Company of \$5,000,000 on June 21, 2017 and \$5,000,000 on July 31, 2017.
- D. Amounts Due from or to Related Parties – The Company has \$4,853,351 due from Clover Health, LLC for advances which was nonadmitted.
- E. Guarantees - None
- F. Material Management Contracts – The Company has an administrative services agreement with Clover Health, LLC (ASO) to make use of certain employees, equipment and facilities in the operations and management of the Company. Under the terms of this agreement that was filed and approved by NJ DOBI, the Company paid an administrative fee of 14% of the premiums it earned in 2016 through June 30, 2017, and 9% from July 1, 2017 through December 31, 2017 for all the services and expenses incurred by ASO on the Company's behalf. For 2017 and 2016, the Company incurred \$30,821,063 and \$25,730,552 in administrative expenses, respectively.
- G. Common Control – The Company is owned by Clover Health Holdings, Inc. which is a member of Clover Health Investments, Corp., a Delaware domesticated company.
- H. Deductions in Value – There have been no deductions in value between affiliated companies.
- I. SCA that exceed 10% of Admitted Assets – None
- J. Impaired SCAs – None
- K. Foreign Subsidiary – None
- L. Downstream Noninsurance Holding Company – None
- M. Non-Insurance SCA Investments – None
- N. Investment in Insurance SCA – None

11. Debt

- A. Debt – None
- B. FHLB (Federal Home Loan Bank) Agreements – None

Notes to Financial Statements

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

- A. Defined Benefit Plan - None
- B. Investment Policies and Strategies – None
- C. Plan Assets – None
- D. Long-term Rate-of-return-on-assets Assumption - None
- E. Defined Contribution Plans - None
- F. Multi-Employer Plan – None
- G. Consolidated/Holding Company Plans – None
- H. Post-Employment Benefits and Compensated Absences – None
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) – None

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

- (1) On April 17, 2017, Clover Health Investments, Corp. purchased \$1,400,000 of common stock of the Company for capital funding. The Company now has 140,000 shares at \$15 per share authorized, issued and outstanding.
- (2) The Company has no preferred stock issued or outstanding.
- (3) Since the Company is not a stock company, this question is not applicable.
- (4) The Company's ability to declare and pay dividends is limited by state regulations. Also such regulations do not specifically restrict the Company from paying dividends, they require the Company to be financially sound as determined by the NJ Department of Banking and Insurance.
- (5) There were no restrictions placed on the Company's surplus.
- (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being paid.
- (7) The Company has no advances to surplus not repaid.
- (8) The Company held no stock for special purposes.
- (9) There were no changes to the balances of any special surplus funds from the prior year.
- (10) Portion of unassigned funds represented or reduced by unrealized gains or losses is \$0.
- (11) The Company issued the following surplus debentures or similar obligations:

Date Issued	Interest Rate	Par Value (Face Amount of Notes)	Carrying Value of Note	Interest And/Or Principal Paid Current Year	Total Interest And/Or Principal Paid	Unapproved Interest And/Or Principal	Date of Maturity
11/15/2015	3%	\$40,000,000	\$40,000,000				
1311999 Total		\$40,000,000	*\$40,000,000				XXX

Total should agree with Page 3, Line 29.

The surplus note in the amount of \$40,000,000, listed above was issued to Clover Health Investments, Corp. in exchange for cash. The surplus note repayments of interest and principal may only be made with prior approval of the Commissioner of Insurance of the State of Delaware and only to the extent the Company has sufficient surplus earnings to make such payment.

The surplus note subordinations terms are that it will ran *pari passu* with the any other future surplus notes of the Parent and with all other similarly subordinated claims.

The liquidation preference to the insurer's common stock are that in the event that the Parent is subject to such proceeding, holders of Indebtedness, Policy Claims and Prior Claims would be afforded a greater priority under the Liquidation Act and the terms of the Notes and, accordingly, would have the right to be paid in full before any payments of interest or principal are made to the Note holders.

- (12) and (13) There have been no quasi-reorganizations.

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments - None
- B. Assessments - None
- C. Gain Contingencies – None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits – None
- E. Joint and Several Liabilities – None
- F. All Other Contingencies

The Company ended its quota share reinsurance agreement with Swiss Re effective December 31, 2016. Final settlement has been submitted to Swiss Re with a net amount receivable from Swiss Re in the amount of \$11,589,607. Swiss Re conducted an audit of claims paid and found that a portion was overpaid. These amounts are recoverable either by the Company or Swiss Re. The settlement is now being pursued through the agreement's resolution provisions which may proceed to arbitration. There is a possibility that a portion of the receivable may not be collected from Swiss Re, although in the instance where Swiss Re's assertions are accurate, then equal or greater recoveries are available and will be pursued through recoupments of claims paid.

Notes to Financial Statements

15. Leases

- A. Lessee Operating Lease – None
- B. Lessor Leases – None

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

None

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 the Uninsured Portion of Partially Insured Plans

- A. ASO Plans – None
- B. ASC Plans – None
- C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract
 - (1) Revenue from the Company's Medicare Part D Reinsurance Subsidy and Low-Income Cost Sharing for 2017 consisted of \$43,872,194 for medical and hospital services.
 - (2) As of December 31, 2017, the Company has recorded receivables from CMS for the Medicare Part D Reinsurance Subsidy and Low-Income Cost Sharing in the amount of \$5,837,868.
 - (3) In connection with the Medicare Part D Reinsurance Subsidy and Low-Income Cost Sharing, the Company has recorded allowances and reserves for adjustment of recorded revenues in the amount of \$0 at December 31, 2017.
 - (4) No adjustments to revenue were made from audit of receivables related to revenues recorded in the prior period.

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

None

20. Fair Value Measurements

- A. The Company's financial assets and liabilities carried at fair value have been classified, for disclosure purposes, based on a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. The hierarchy gives the highest priority to fair values determined using unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to fair values determined using unobservable inputs (Level 3). An asset's or liability's classification is determined based on the lowest level input that is significant to its measurement.

For example, a Level 3 fair value measurement may include inputs that are both observable (Levels 1 and 2) and unobservable (Level 3). The levels of the fair value hierarchy are as follows:

Level 1: Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.

Level 2: Inputs are other than quoted prices included in level 1 that are observable for the asset or liability through corroboration with market data at the measurement date.

Level 3: Inputs are unobservable and reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.

Fair value of actively traded fixed-income and equity securities is based on quoted market prices. Fair value of inactively traded fixed-income securities is based on quoted market prices of identical or similar securities based on observable inputs like interest rates using a market valuation approach is generally classified as Level 2. Investments measured based on the practical expedient being net asset value (NAV), based on the NAV of the fund as provided for in the audited financial statements and other fund reporting, are generally classified as Level 3.

- (1) Fair Value Measurements at Reporting Date - None
- (2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy - None
- (3) The Company's policy for determining when transfers between levels are recognized is determined at the end of the reporting period.
- (4) The Company has not valued any securities at a Level 2 or 3.
- (5) Derivative assets and liabilities- None

- B. Fair Value Information under SSAP No. 100 combined with Fair Value information Under Other Account Pronouncements – None

Notes to Financial Statements

C. Aggregate Fair Value of All Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	8,030,397	8,025,830	4,935,853	3,094,544		
Short-term Investments	3,589,681	3,596,197	897,040	2,692,641		
Cash Equivalents	1,245,025	1,245,025	1,245,025			

D. Not Practicable to Estimate Fair Value – None

21. Other Items

- A. Unusual and Infrequent Items – None
- B. Troubled Debt Restructuring – None
- C. Other Disclosures – None
- D. Business Interruption Insurance Recoveries - None
- E. State Transferable and Non-transferable Tax Credits - None
- F. Subprime-Mortgage-Related Risk Exposure – None
- G. Retained Assets – None
- H. Insurance-Linked Securities (ILS) Contracts - None

22. Events Subsequent

Type I. – Recognized Subsequent Events

Subsequent events have been considered through February 28, 2018 for the statutory statement issued on December 31, 2017.

None

Type II. – Nonrecognized Subsequent Events

Subsequent events have been considered through February 28, 2018 for the statutory statement issued on December 31, 2017.

On January 1, 2018, the Company will be subject to an annual fee under Section 9010 of the federal Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of the health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2017, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2018, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2018, to be \$4,600,138. This amount is reflected in special surplus. This assessment is expected to impact risk based capital (RBC) by 41 percentage points. Reporting the ACA assessment as of December 31, 2017, would not have triggered an RBC action level.

	<u>Current Year</u>	<u>Prior Year</u>
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of Federal Affordable Care Act (YES/NO)? YES		
B. ACA fee assessment payable for the upcoming year	\$4,600,138	\$0
C. ACA fee assessment paid	\$0	\$0
D. Premium written subject to ACA 9010 assessment	\$267,506,898	\$0
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$54,054,067	
F. Total Adjusted Capital after surplus adjustment(Five-Year Historical Line 14 minus 22B)	\$49,453,929	
G. Authorized Control Level (Five-Year Historical Line 15)	\$11,286,082	
H. Would reporting the ACA assessment as of December 31, 2017, have triggered an RBC action level (YES/NO)? NO		

23. Reinsurance

- A. Ceded Reinsurance Report

Section 1 – General Interrogatories

Notes to Financial Statements

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

Yes () No (x)

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

Yes () No (x)

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)

(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?

Yes () No (x)

Section 3 – Ceded Reinsurance Report – Part B – None

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

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. The Company estimates accrued retrospective premium adjustments for its group health insurance business based on the company's underwriting rules and experience rating practices.
- B. The Company records accrued retrospective premium as an adjustment to earned premium.
- C. The amount of net premiums written by the Company as of December 31, 2017 that are subject to retrospective rating features was \$3,116,527 that represented 1.17% of 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 Service Act.
- 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 - None
- (3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance. - None
- (4) Roll Forward of ACA Risk Corridor Asset and Liability Balances - None
- (5) ACA Risk Corridor Receivable - None

25. Changes in Incurred Losses and Loss Adjustment Expenses

Reserves for Losses and Loss and Adjustment Expense as of December 31, 2016 were \$10,090,832. As of December 31, 2017, \$16,879,091 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$755,004 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$7,543,263 unfavorable prior-year development since December 31, 2016 to December 31, 2017. The increase is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

The Company did not have any significant changes in methodologies or assumptions used in the calculation the liability for unpaid losses or loss adjustment expenses.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

Notes to Financial Statements

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	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
12/31/2017	6,158,251	6,158,251			
09/30/2017	5,596,441	5,596,441	3,907,492		
06/30/2017	5,504,799	5,504,799	3,611,110	1,842,189	
03/31/2017	4,853,132	4,853,132	3,441,961	1,049,423	147,601
12/31/2016	5,066,396	4,613,133	3,061,034	1,000,014	462,557
09/30/2016	4,682,826	4,562,427		2,877,702	1,651,441
06/30/2016	1,294,244	3,989,625		2,492,403	1,456,105
03/31/2016	555,078	3,294,751		2,275,861	956,680
12/31/2015	58,532	1,660,939		685,351	945,890
09/30/2015	73,303	1,551,192		991,821	522,606
06/30/2015	31,782	1,431,250		684,600	723,795
03/31/2015	32,246	1,281,213		605,700	649,870

B. Risk Sharing Receivables - None

29. Participating Policies

None

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	\$0
2. Date of the most recent evaluation of this liability	<u>12/31/2017</u>
3. Was anticipated investment income utilized in the calculation? (Yes / No)	<u>Yes</u>

31. Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1, 1A and 2. Yes[X] No[]
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes[X] No[] N/A[]
- 1.3 State Regulating?
- 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 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2014
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2014
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/06/2016
- 3.4 By what department or departments?
NJ Department of Banking and Finance
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes[X] No[] N/A[]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[X] No[] N/A[]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes[] No[X]
- 4.12 renewals? Yes[] No[X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes[] No[X]
- 4.22 renewals? Yes[] No[X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[] No[X]
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[] No[X]
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes[] No[X]
- 7.2 If yes, 0.000%
- 7.21 State the percentage of foreign control
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....

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

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
BDO 100 Park Ave New York, NY 10017
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes[] No[X]
- 10.2 If response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes[] No[X]
- 10.4 If response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes[] No[X] N/A[]
- 10.6 If the response to 10.5 is no or n/a please explain:
Clover Insurance Company is in the process of establishing an audit committee.
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Judah Rabinowitz, Chief Actuary, Clover Health Labs, LLC, 22 4th Street, Floor 6, San Francisco, CA 94103

GENERAL INTERROGATORIES (Continued)

- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes No
 12.11 Name of real estate holding company
 12.12 Number of parcels involved 0
 12.13 Total book/adjusted carrying value \$ 0
 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes No N/A
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes No N/A
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes No N/A
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes No
 a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 c. Compliance with applicable governmental laws, rules and regulations;
 d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 e. Accountability for adherence to the code.
 14.11 If the response to 14.1 is no, please explain:
 14.2 Has the code of ethics for senior managers been amended? Yes No
 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes No
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes No
 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

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

FINANCIAL

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

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes No
 24.02 If no, give full and complete information, relating thereto
 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes No N/A
 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ 0
 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$ 0
 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes No N/A
 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes No N/A

GENERAL INTERROGATORIES (Continued)

- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ 0
- 24.102 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ 0
- 24.103 Total payable for securities lending reported on the liability page. \$ 0

- 25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [X] No []
- 25.2 If yes, state the amount thereof at December 31 of the current year:
- 25.21 Subject to repurchase agreements \$ 0
- 25.22 Subject to reverse repurchase agreements \$ 0
- 25.23 Subject to dollar repurchase agreements \$ 0
- 25.24 Subject to reverse dollar repurchase agreements \$ 0
- 25.25 Placed under option agreements \$ 0
- 25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$ 0
- 25.27 FHLB Capital Stock \$ 0
- 25.28 On deposit with states \$ 2,139,052
- 25.29 On deposit with other regulatory bodies \$ 0
- 25.30 Pledged as collateral - excluding collateral pledged to an FHLB \$ 0
- 25.31 Pledged as collateral to FHLB - including assets backing funding agreements \$ 0
- 25.32 Other \$ 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

- 26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]
- 26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [X] N/A []
If no, attach a description with this statement.
- 27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]
- 27.2 If yes, state the amount thereof at December 31 of the current year. \$ 0

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

1 Name of Custodian(s)	2 Custodian's Address
TD Bank, NA	TD Wealth 1003 Astoria Boulevard, Cherry Hill, NJ 08034
Trustmark	P.O. Box 1758, Jackson, MS 39215-1978
Century Trust	100 S. Federal Place, Santa Fe, NM 87501
Union Bank	Global Custody Services, 350 California Street, Suite 2018, San Francisco, CA 94104
Xerox	Xerox State & Local Solutions, Inc. 100 Hancock Street, 10th Floor, Quincy, MA 02171
US Bank	2204 Lakeshore Dr., Suite 205, Homewood, AL 35209
Synovus	P.O. Box 1798, Sumter, SC 29151
Wells Fargo	MAC T9914-010, P.O. Box 2577, Waco, TX 76702-2577
PNC Bank	620 Liberty Ave., Pittsburgh, PA 15222

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

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

- 28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]
- 28.04 If yes, give full and complete information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation
Parkway Advisors LP	U

- 28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? Yes [X] No []
- 28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [X] No []

GENERAL INTERROGATORIES (Continued)

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
112629	Parkway Advisors LP .....	.....	SEC	NO

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

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 Total

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	11,622,027	11,626,594	4,567
30.2 Preferred stocks .....	.....	.....	.....
30.3 Totals	11,622,027	11,626,594	4,567

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

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

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

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

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

32.2 If no, list exceptions:

33. By self-designation 5*GI securities, the reporting entity is certifying the following elements for each self-designated 5*GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting-entity self-designated 5*GI securities? Yes No

OTHER

34.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any? \$..... 0

34.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....

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

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

1 Name	2 Amount Paid
.....

36.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any? \$..... 0

GENERAL INTERROGATORIES (Continued)

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

1 Name	2 Amount Paid
.....

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes No
- 1.2 If yes, indicate premium earned on U.S. business only: \$ 0
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ 0
- 1.31 Reason for excluding:
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. \$ 0
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ 0
- 1.6 Individual policies - Most current three years:
- 1.61 TOTAL Premium earned \$ 0
- 1.62 TOTAL Incurred claims \$ 0
- 1.63 Number of covered lives 0
- All years prior to most current three years:
- 1.64 TOTAL Premium earned \$ 0
- 1.65 TOTAL Incurred claims \$ 0
- 1.66 Number of covered lives 0
- 1.7 Group policies - Most current three years:
- 1.71 TOTAL Premium earned \$ 0
- 1.72 TOTAL Incurred claims \$ 0
- 1.73 Number of covered lives 0
- All years prior to most current three years:
- 1.74 TOTAL Premium earned \$ 0
- 1.75 TOTAL Incurred claims \$ 0
- 1.76 Number of covered lives 0

2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator	267,218,955	45,955,135
2.2 Premium Denominator	267,218,955	45,955,135
2.3 Premium Ratio (2.1 / 2.2)	1.000	1.000
2.4 Reserve Numerator	44,742,291	30,937,429
2.5 Reserve Denominator	44,742,291	30,937,429
2.6 Reserve Ratio (2.4 / 2.5)	1.000	1.000

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes No
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes No
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes No N/A
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes No
- 5.2 If no, explain:
- 5.3 Maximum retained risk (see instructions):
- 5.31 Comprehensive Medical \$ 390,000
- 5.32 Medical Only \$ 0
- 5.33 Medicare Supplement \$ 0
- 5.34 Dental & Vision \$ 0
- 5.35 Other Limited Benefit Plan \$ 0
- 5.36 Other \$ 0
- 6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes No
- 7.2 If no, give details:
- 8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year 3,984
- 8.2 Number of providers at end of reporting year 8,979
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes No
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees between 15-36 months 0
- 9.22 Business with rate guarantees over 36 months 0
- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes No
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses \$ 0
- 10.22 Amount actually paid for year bonuses \$ 0
- 10.23 Maximum amount payable withholds \$ 0
- 10.24 Amount actually paid for year withholds \$ 0
- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes No
- 11.13 An Individual Practice Association (IPA), or, Yes No
- 11.14 A Mixed Model (combination of above)? Yes No
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes No
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus.
NJ Department of Banking & Insurance
- 11.4 If yes, show the amount required. \$ 7,800,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes No
- 11.6 If the amount is calculated, show the calculation.
- 12. List service areas in which the reporting entity is licensed to operate:

1 Name of Service Area
Atlantic County
Bergen County
Burlington County
Cumberland County
Essex County
Gloucester County
Hudson County
Mercer County
Middlesex County
Monmouth County

GENERAL INTERROGATORIES (Continued)

1 Name of Service Area
Morris County
Ocean County
Passaic County
Somerset County
Union County

- 13.1 Do you act as a custodian for health savings accounts? Yes No
 13.2 If yes, please provide the amount of custodial funds held as of the reporting date: \$ 0
 13.3 Do you act as an administrator for health savings accounts? Yes No
 13.4 If yes, please provide the balance of the funds administered as of the reporting date: \$ 0
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, as authorized reinsurers? Yes No N/A
 14.2 If the answer to 14.1 is yes, please provide the following:

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

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded)
- 15.1 Direct Premium Written \$ 0
 15.2 Total incurred claims \$ 0
 15.2 Number of covered lives 0

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

FIVE-YEAR HISTORICAL DATA

	1 2017	2 2016	3 2015	4 2014	5 2013
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	97,589,133	189,016,904	35,510,435	13,059,949	5,300,451
2. TOTAL Liabilities (Page 3, Line 24)	49,232,198	121,087,567	25,325,083	7,956,012	1,800,451
3. Statutory minimum capital and surplus requirement	7,800,000	7,800,000	3,500,000	3,500,000	3,500,000
4. TOTAL Capital and Surplus (Page 3, Line 33)	48,356,935	67,929,336	10,185,352	5,103,937	3,500,000
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	267,218,955	45,955,135	52,520,881	24,822,447	3,267,404
6. TOTAL Medical and Hospital Expenses (Line 18)	275,244,410	50,744,605	45,891,731	21,245,818	2,976,486
7. Claims adjustment expenses (Line 20)	13,392,696				
8. TOTAL Administrative Expenses (Line 21)	19,524,942	14,694,476	8,257,097	2,496,628	8,016,723
9. Net underwriting gain (loss) (Line 24)	(21,665,094)	(34,480,119)	(5,233,041)	402,468	(7,725,805)
10. Net investment gain (loss) (Line 27)	141,033	47,478	255	217	
11. TOTAL Other Income (Lines 28 plus 29)	5,900	(137,946)	293,367		
12. Net income or (loss) (Line 32)	(21,518,161)	(34,570,587)	(4,931,293)	51,053	(7,725,805)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(44,485,309)	(27,097,552)	(4,273,570)	5,243,880	(6,652,444)
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	48,356,935	67,929,336	10,185,188	5,103,937	3,500,000
15. Authorized control level risk-based capital	11,283,082	2,758,522	1,266,564	1,659,014	996,357
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	27,752	20,561	7,237	2,930	278
17. TOTAL Members Months (Column 6, Line 7)	316,954	216,827	83,164	30,960	2,990
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	103.0	110.4	87.4	85.6	92.0
20. Cost containment expenses	2.7				
21. Other claims adjustment expenses	2.4				
22. TOTAL Underwriting Deductions (Line 23)	108.1	175.0	110.0	98.4	336.0
23. TOTAL Underwriting Gain (Loss) (Line 24)	(8.1)	(75.0)	(10.0)	1.6	(236.0)
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	16,796,706	5,720,862	6,376,116	384,556	
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	(4,028,177)	5,901,115	6,433,071	841,187	
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

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

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS ALLOCATED BY STATES AND TERRITORIES

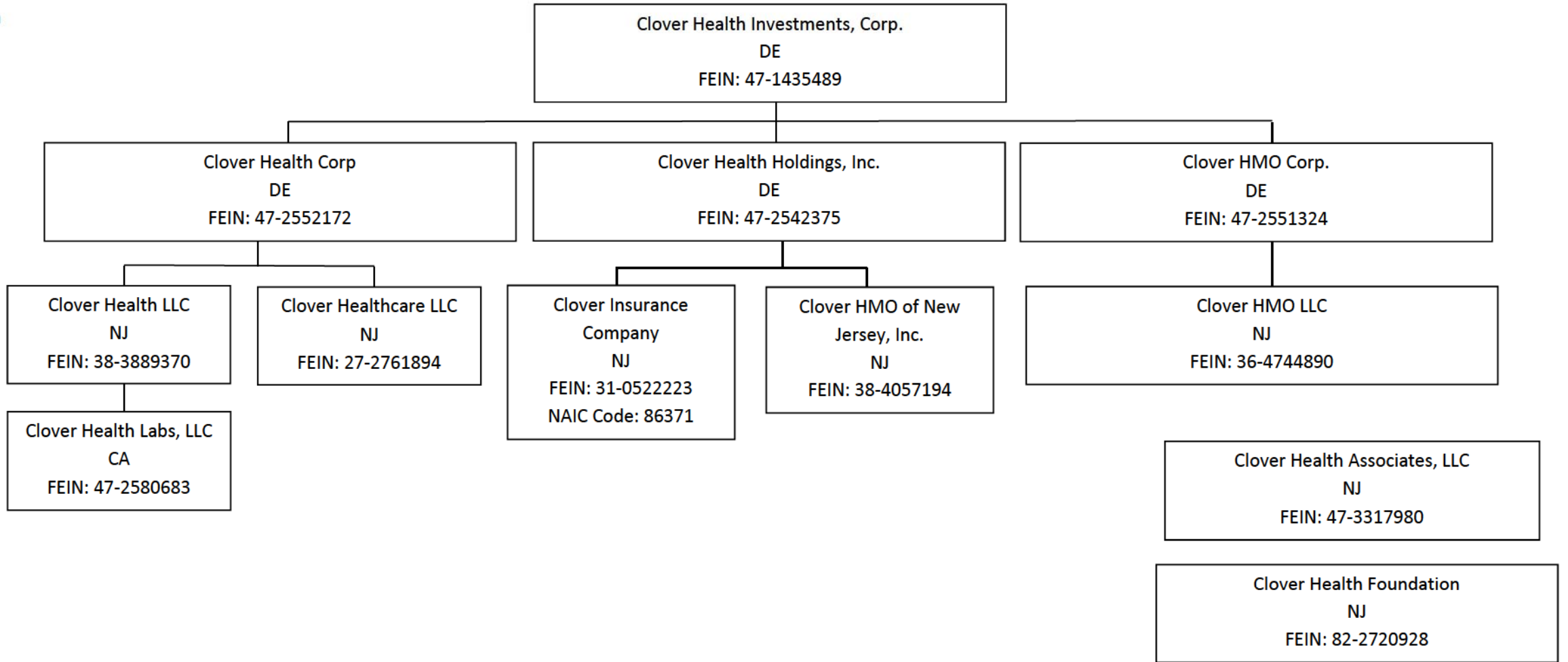
State, Etc.	1 Active Status	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit - Type Contracts
1. Alabama (AL)	L					605		605	
2. Alaska (AK)	L								
3. Arizona (AZ)	L					7,840		7,840	
4. Arkansas (AR)	L					1,062		1,062	
5. California (CA)	L					34,786		34,786	
6. Colorado (CO)	L					18,268		18,268	
7. Connecticut (CT)	L					11,285		11,285	
8. Delaware (DE)	L					1,608		1,608	
9. District of Columbia (DC)	L					774		774	
10. Florida (FL)	L					4,275		4,275	
11. Georgia (GA)	L					3,572		3,572	
12. Hawaii (HI)	L					49,265		49,265	
13. Idaho (ID)	L					3,823		3,823	
14. Illinois (IL)	L					124,774		124,774	
15. Indiana (IN)	L					11,686		11,686	
16. Iowa (IA)	L					19,799		19,799	
17. Kansas (KS)	L					14,061		14,061	
18. Kentucky (KY)	L					5,979		5,979	
19. Louisiana (LA)	L					2,411		2,411	
20. Maine (ME)	L								
21. Maryland (MD)	L					22,890		22,890	
22. Massachusetts (MA)	L					11,740		11,740	
23. Michigan (MI)	N					1,200		1,200	
24. Minnesota (MN)	L								
25. Mississippi (MS)	L					245		245	
26. Missouri (MO)	L					26,175		26,175	
27. Montana (MT)	L								
28. Nebraska (NE)	L					21,257		21,257	
29. Nevada (NV)	L					3,470		3,470	
30. New Hampshire (NH)	N								
31. New Jersey (NJ)	L		267,562,820			1,139		267,563,959	
32. New Mexico (NM)	L								
33. New York (NY)	N								
34. North Carolina (NC)	N					1,856		1,856	
35. North Dakota (ND)	L								
36. Ohio (OH)	L					37,339		37,339	
37. Oklahoma (OK)	L					2,768		2,768	
38. Oregon (OR)	L					11,034		11,034	
39. Pennsylvania (PA)	L					42,272		42,272	
40. Rhode Island (RI)	L					3,619		3,619	
41. South Carolina (SC)	L					1,092		1,092	
42. South Dakota (SD)	L					5,899		5,899	
43. Tennessee (TN)	L					1,895		1,895	
44. Texas (TX)	L					23,468		23,468	
45. Utah (UT)	L					1,102		1,102	
46. Vermont (VT)	N								
47. Virginia (VA)	L					19,131		19,131	
48. Washington (WA)	L					3,834		3,834	
49. West Virginia (WV)	L								
50. Wisconsin (WI)	L					11,003		11,003	
51. Wyoming (WY)	L					904		904	
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)	X X X								
59. Subtotal	X X X		267,562,820			571,205		268,134,025	
60. Reporting entity contributions for Employee Benefit Plans	X X X								
61. TOTAL (Direct Business)	(a). 46		267,562,820			571,205		268,134,025	
DETAILS OF WRITE-INS									
58001	X X X								
58002	X X X								
58003	X X X								
58998. Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

(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.
Explanation of basis of allocation by state, premiums by state, etc.: Premiums are allocated based on residence of member

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

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Clover Health Associates, LLC and Clover Health Foundation are affiliated entities through contracts, but not owned by Clover Health Investments, Corp.

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ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2017

OF THE CONDITION AND AFFAIRS OF THE

CLOVER INSURANCE COMPANY

NAIC Group Code	0000 <small>(Current Period)</small>	0000 <small>(Prior Period)</small>	NAIC Company Code	86371	Employer's ID Number	31-0522223
Organized under the Laws of	NJ		State of Domicile or Port of Entry	NJ		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[X] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[] N/A[X]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[]	
Incorporated/Organized	10/25/1947		Commenced Business	02/06/1948		
Statutory Home Office	30 Montgomery Street, 15th Floor <small>(Street and Number)</small>		Jersey City, NJ, US 07302 <small>(City or Town, State, Country and Zip Code)</small>			
Main Administrative Office	30 Montgomery Street, 15th Floor <small>(Street and Number)</small>					
	Jersey City, NJ, US 07302 <small>(City or Town, State, Country and Zip Code)</small>		(201)432-2133 <small>(Area Code) (Telephone Number)</small>			
Mail Address	30 Montgomery Street, 15th Floor <small>(Street and Number or P.O. Box)</small>		Jersey City, NJ, US 07302 <small>(City or Town, State, Country and Zip Code)</small>			
Primary Location of Books and Records	30 Montgomery Street, 15th Floor <small>(Street and Number)</small>					
	Jersey City, NJ, US 07302 <small>(City or Town, State, Country and Zip Code)</small>		(201)432-2133 <small>(Area Code) (Telephone Number)</small>			
Internet Website Address	www.cloverhealth.com					
Statutory Statement Contact	Les Granow <small>(Name)</small>		(201)432-2133 <small>(Area Code)(Telephone Number)(Extension)</small>			
	les.granow@cloverhealth.com <small>(E-Mail Address)</small>		(908)378-7880 <small>(Fax Number)</small>			

OFFICERS

Name	Title
Vivek Garipalli	CEO
Les Granow	Chief Financial Officer

OTHERS

Wendy Richey, Chief Compliance Officer
Melody Pereira, Chief Security Officer #
Rachel Fish, Chief Administrative Officer

Brady Priest, General Counsel
Judah Rabinowitz, Chief Actuary
Varsha Rao, Chief Operations Officer #

DIRECTORS OR TRUSTEES

Vivek Garipalli
Justin Doheny

Edward Berde

State of New Jersey
County of Hudson ss

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

(Signature) Vivek Garipalli	(Signature) Les Granow	(Signature)
(Printed Name) 1.	(Printed Name) 2.	(Printed Name) 3.
CEO (Title)	Chief Financial Officer (Title)	(Title)

Subscribed and sworn to before me this _____ day of _____, 2018

a. Is this an original filing?
b. If no, 1. State the amendment number
2. Date filed
3. Number of pages attached

Yes[X] No[]

(Notary Public Signature)

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities	4,922,006	9.273	4,922,006		4,922,006	9.273
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies						
1.22 Issued by U.S. government sponsored agencies	3,103,823	5.847	3,103,823		3,103,823	5.847
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities)						
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations						
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations						
1.43 Revenue and assessment obligations						
1.44 Industrial development and similar obligations						
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or Guaranteed by GNMA						
1.512 Issued or Guaranteed by FNMA and FHLMC						
1.513 All other						
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA						
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521						
1.523 All other						
2. Other debt and other fixed income securities (excluding short term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)						
2.2 Unaffiliated Non-U.S. securities (including Canada)						
2.3 Affiliated securities						
3. Equity interests:						
3.1 Investments in mutual funds						
3.2 Preferred stocks:						
3.21 Affiliated						
3.22 Unaffiliated						
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated						
3.32 Unaffiliated						
3.4 Other equity securities:						
3.41 Affiliated						
3.42 Unaffiliated						
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated						
3.52 Unaffiliated						
4. Mortgage loans:						
4.1 Construction and land development						
4.2 Agricultural						
4.3 Single family residential properties						
4.4 Multifamily residential properties						
4.5 Commercial loans						
4.6 Mezzanine real estate loans						
5. Real estate investments:						
5.1 Property occupied by company						
5.2 Property held for production of income (including \$.....0 of property acquired in satisfaction of debt)						
5.3 Property held for sale (including \$.....0 property acquired in satisfaction of debt)						
6. Contract loans						
7. Derivatives						
8. Receivables for securities						
9. Securities Lending (Line 10, Asset Page reinvested collateral)				X X X	X X X	X X X
10. Cash, cash equivalents and short-term investments	45,055,101	84.880	45,055,101		45,055,101	84.880
11. Other invested assets						
12. TOTAL Invested assets	53,080,930	100.000	53,080,930		53,080,930	100.000

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 6)		
2.2 Additional investment made after acquisition (Part 2, Column 9)		
3. Current year change in encumbrances:		
3.1 TOTALS, Part 1, Column 13		
3.2 TOTALS, Part 3, Column 11		
4. TOTAL gain (loss) on disposals, Part 3, Column 18		
5. Deduct amounts received on disposals, Part 3, Column 15		
6. TOTAL foreign exchange change in book/adjusted	NONE	
6.1 TOTALS, Part 1, Column 15		
6.2 TOTALS, Part 3, Column 13		
7. Deduct current year's other-than-temporary impairment recognized:		
7.1 TOTALS, Part 1, Column 12		
7.2 TOTALS, Part 3, Column 10		
8. Deduct current year's depreciation:		
8.1 TOTALS, Part 1, Column 11		
8.2 TOTALS, Part 3, Column 9		
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Lines 9 minus 10)		

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

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 (Part 2, Column 7)		
2.2 Additional investment made after acquisition (Part 2, Column 8)		
3. Capitalized deferred interest and other:		
3.1 TOTALS, Part 1, Column 12		
3.2 TOTALS, Part 3, Column 11		
4. Accrual of discount		
5. Unrealized valuation increase (decrease):		
5.1 TOTALS, Part 1, Column 9		
5.2 TOTALS, Part 3, Column 8		
6. TOTAL gain (loss) on disposals, Part 3, Column 18		
7. Deduct amounts received on disposals, Part 3, Column 15	NONE	
8. Deduct amortization of premium and mortgage interest		
9. TOTAL foreign exchange change in book value/recorded interest		
9.1 TOTALS, Part 1, Column 13		
9.2 TOTALS, Part 3, Column 13		
10. Deduct current year's other-than-temporary impairment recognized:		
10.1 TOTALS, Part 1, Column 11		
10.2 TOTALS, Part 3, Column 10		
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 (Lines 11 plus 12)		
14. Deduct total nonadmitted amounts		
15. Statement value of mortgages owned at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION BETWEEN YEARS**Other Long-Term Invested Assets**

1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition (Part 2, Column 8)		
2.2	Additional investment made after acquisition (Part 2, Column 9)		
3.	Capitalized deferred interest and other:		
3.1	TOTALS, Part 1, Column 16		
3.2	TOTALS, Part 3, Column 12		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease):		
5.1	TOTALS, Part 1, Column 13		
5.2	TOTALS, Part 3, Column 9		
6.	TOTAL gain (loss) on disposals, Part 3, Column 19		
7.	Deduct amounts received on disposals, Part 3, Column 18		
8.	Deduct amortization of premium and depreciation		
9.	TOTAL foreign exchange change in book/adjusted carrying value:		
9.1	TOTALS, Part 1, Column 17		
9.2	TOTALS, Part 3, Column 14		
10.	Deduct current year's other-than-temporary impairment recognized:		
10.1	TOTALS, Part 1, Column 15		
10.2	TOTALS, Part 3, Column 11		
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 BETWEEN YEARS****Bonds and Stocks**

1.	Book/adjusted carrying value, December 31 of prior year	2,834,152
2.	Cost of bonds and stocks acquired, Part 3, Column 7	6,300,473
3.	Accrual of Discount	2,982
4.	Unrealized valuation increase (decrease):	
4.1	Part 1, Column 12	
4.2	Part 2, Section 1, Column 15	
4.3	Part 2, Section 2, Column 13	
4.4	Part 4, Column 11	
5.	TOTAL gain (loss) on disposals, Part 4, Column 19	
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7	1,105,000
7.	Deduct amortization of premium	6,777
8.	TOTAL foreign exchange change in book/adjusted carrying value:	
8.1	Part 1, Column 15	
8.2	Part 2, Section 1, Column 19	
8.3	Part 2, Section 2, Column 16	
8.4	Part 4, Column 15	
9.	Deduct current year's other-than-temporary impairment recognized:	
9.1	Part 1, Column 14	
9.2	Part 2, Section 1, Column 17	
9.3	Part 2, Section 2, Column 14	
9.4	Part 4, Column 13	
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	8,025,830
11.	Deduct total nonadmitted amounts	
12.	Statement value at end of current period (Line 10 minus Line 11)	8,025,830

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS					
1. Governments	United States	4,922,006	4,935,853	4,922,869	4,925,000
2. (Including all obligations guaranteed by governments)	Canada				
3.	Other Countries				
4.	TOTALS	4,922,006	4,935,853	4,922,869	4,925,000
U.S. States, Territories and Possessions (Direct and guaranteed)	5. TOTALS				
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. TOTALS				
U.S. Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	7. TOTALS	2,503,914	2,495,093	2,523,739	2,505,000
Industrial and Miscellaneous, SVO Identified Funds and Hybrid Securities (unaffiliated)	8. United States	599,909	599,451	599,829	600,000
	9. Canada				
	10. Other Countries				
	11. TOTALS	599,909	599,451	599,829	600,000
Parent, Subsidiaries and Affiliates	12. TOTALS				
	13. TOTAL Bonds	8,025,830	8,030,397	8,046,437	8,030,000
PREFERRED STOCKS					
Industrial and Miscellaneous (unaffiliated)	14. United States				
	15. Canada				
	16. Other Countries				
	17. TOTALS				
Parent, Subsidiaries and Affiliates	18. TOTALS				
	19. TOTAL Preferred Stocks				
COMMON STOCKS					
Industrial and Miscellaneous (unaffiliated)	20. United States				
	21. Canada				
	22. Other Countries				
	23. TOTALS				
Parent, Subsidiaries and Affiliates	24. TOTALS				
	25. TOTAL Common Stocks				
	26. TOTAL Stocks				
	27. TOTAL Bonds and Stocks	8,025,830	8,030,397	8,046,437	

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.7	9 Total From Column 7 Prior Year	10 % From Column 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 NAIC 1	3,497,999	2,212,083			111,024	XXX	5,821,105	50.09	5,016,650	47.44	5,821,105	
1.2 NAIC 2						XXX						
1.3 NAIC 3						XXX						
1.4 NAIC 4						XXX						
1.5 NAIC 5						XXX						
1.6 NAIC 6						XXX						
1.7 TOTALS	3,497,999	2,212,083			111,024	XXX	5,821,105	50.09	5,016,650	47.44	5,821,105	
2. All Other Governments												
2.1 NAIC 1						XXX						
2.2 NAIC 2						XXX						
2.3 NAIC 3						XXX						
2.4 NAIC 4						XXX						
2.5 NAIC 5						XXX						
2.6 NAIC 6						XXX						
2.7 TOTALS						XXX						
3. U.S. States, Territories and Possessions, etc., Guaranteed												
3.1 NAIC 1						XXX						
3.2 NAIC 2						XXX						
3.3 NAIC 3						XXX						
3.4 NAIC 4						XXX						
3.5 NAIC 5						XXX						
3.6 NAIC 6						XXX						
3.7 TOTALS						XXX						
4. U.S. Political Subdivisions of States, Territories & Possessions, Guaranteed												
4.1 NAIC 1						XXX						
4.2 NAIC 2						XXX						
4.3 NAIC 3						XXX						
4.4 NAIC 4						XXX						
4.5 NAIC 5						XXX						
4.6 NAIC 6						XXX						
4.7 TOTALS						XXX						
5. U.S. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed												
5.1 NAIC 1	3,906,633	994,497				XXX	4,901,130	42.17	5,557,169	52.56	4,901,130	
5.2 NAIC 2						XXX						
5.3 NAIC 3						XXX						
5.4 NAIC 4						XXX						
5.5 NAIC 5						XXX						
5.6 NAIC 6						XXX						
5.7 TOTALS	3,906,633	994,497				XXX	4,901,130	42.17	5,557,169	52.56	4,901,130	

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.7	9 Total From Column 7 Prior Year	10 % From Column 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
6. Industrial and Miscellaneous (unaffiliated)												
6.1 NAIC 1	899,791					XXX	899,791	7.74			899,791	
6.2 NAIC 2						XXX						
6.3 NAIC 3						XXX						
6.4 NAIC 4						XXX						
6.5 NAIC 5						XXX						
6.6 NAIC 6						XXX						
6.7 TOTALS	899,791					XXX	899,791	7.74			899,791	
7. Hybrid Securities												
7.1 NAIC 1						XXX						
7.2 NAIC 2						XXX						
7.3 NAIC 3						XXX						
7.4 NAIC 4						XXX						
7.5 NAIC 5						XXX						
7.6 NAIC 6						XXX						
7.7 TOTALS						XXX						
8. Parent, Subsidiaries and Affiliates												
8.1 NAIC 1						XXX						
8.2 NAIC 2						XXX						
8.3 NAIC 3						XXX						
8.4 NAIC 4						XXX						
8.5 NAIC 5						XXX						
8.6 NAIC 6						XXX						
8.7 TOTALS						XXX						
9. SVO Identified Funds												
9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX							
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX							
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX							
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX							
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX							
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX							
9.7 TOTALS	XXX	XXX	XXX	XXX	XXX							

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SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.7	9 Total From Column 7 Prior Year	10 % From Column 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
10. Total Bonds Current Year												
10.1 NAIC 1	(d) 8,304,423	3,206,580			111,024		11,622,026	100.00	XXX	XXX	11,622,026	
10.2 NAIC 2	(d)								XXX	XXX		
10.3 NAIC 3	(d)								XXX	XXX		
10.4 NAIC 4	(d)								XXX	XXX		
10.5 NAIC 5	(d)						(c)		XXX	XXX		
10.6 NAIC 6	(d)						(c)		XXX	XXX		
10.7 TOTALS	8,304,423	3,206,580			111,024		(b) 11,622,026	100.00	XXX	XXX	11,622,026	
10.8 Line 10.7 as a % of Column 7	71.45	27.59			0.96		100.00	XXX	XXX	XXX	100.00	
11. Total Bonds Prior Year												
11.1 NAIC 1	8,944,783	1,629,036					XXX	XXX	10,573,819	100.00	10,573,819	
11.2 NAIC 2							XXX	XXX				
11.3 NAIC 3							XXX	XXX				
11.4 NAIC 4							XXX	XXX				
11.5 NAIC 5							XXX	XXX	(c)			
11.6 NAIC 6							XXX	XXX	(c)			
11.7 TOTALS	8,944,783	1,629,036					XXX	XXX	(b) 10,573,819	100.00	10,573,819	
11.8 Line 11.7 as a % of Col. 9	84.59	15.41					XXX	XXX	100.00	XXX	100.00	
12. Total Publicly Traded Bonds												
12.1 NAIC 1	8,304,423	3,206,580			111,024		11,622,026	100.00	10,573,819	100.00	11,622,026	XXX
12.2 NAIC 2												XXX
12.3 NAIC 3												XXX
12.4 NAIC 4												XXX
12.5 NAIC 5												XXX
12.6 NAIC 6												XXX
12.7 TOTALS	8,304,423	3,206,580			111,024		11,622,026	100.00	10,573,819	100.00	11,622,026	XXX
12.8 Line 12.7 as a % of Col. 7	71.45	27.59			0.96		100.00	XXX	XXX	XXX	100.00	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 7, Section 10	71.45	27.59			0.96		100.00	XXX	XXX	XXX	100.00	XXX
13. Total Privately Placed Bonds												
13.1 NAIC 1											XXX	
13.2 NAIC 2											XXX	
13.3 NAIC 3											XXX	
13.4 NAIC 4											XXX	
13.5 NAIC 5											XXX	
13.6 NAIC 6											XXX	
13.7 TOTALS											XXX	
13.8 Line 13.7 as a % of Col. 7								XXX	XXX	XXX	XXX	
13.9 Line 13.7 as a % of Line 10.7, Col. 7, Section 10								XXX	XXX	XXX	XXX	

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(a) Includes \$.....0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
 (b) Includes \$.....0 current year, \$.....0 prior year of bonds with Z designations and \$.....0 current year, \$.....0 prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.
 (c) Includes \$.....0 current year, \$.....0 prior year of bonds with 5* designations and \$.....0 current year, \$.....0 prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.
 (d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....3,596,197; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.6	9 Total From Column 7 Prior Year	10 % From Column 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
1. U.S. Governments												
1.1 Issuer Obligations	3,497,999	2,212,083			111,024	XXX	5,821,105	50.09	5,016,650	47.44	5,821,105	
1.2 Residential Mortgage-Backed Securities						XXX						
1.3 Commercial Mortgage-Backed Securities						XXX						
1.4 Other Loan-Backed and Structured Securities						XXX						
1.5 TOTALS	3,497,999	2,212,083			111,024	XXX	5,821,105	50.09	5,016,650	47.44	5,821,105	
2. All Other Governments												
2.1 Issuer Obligations						XXX						
2.2 Residential Mortgage-Backed Securities						XXX						
2.3 Commercial Mortgage-Backed Securities						XXX						
2.4 Other Loan-Backed and Structured Securities						XXX						
2.5 TOTALS						XXX						
3. U.S. States, Territories and Possessions, Guaranteed												
3.1 Issuer Obligations						XXX						
3.2 Residential Mortgage-Backed Securities						XXX						
3.3 Commercial Mortgage-Backed Securities						XXX						
3.4 Other Loan-Backed and Structured Securities						XXX						
3.5 TOTALS						XXX						
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 Issuer Obligations						XXX						
4.2 Residential Mortgage-Backed Securities						XXX						
4.3 Commercial Mortgage-Backed Securities						XXX						
4.4 Other Loan-Backed and Structured Securities						XXX						
4.5 TOTALS						XXX						
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 Issuer Obligations	3,906,633	994,497				XXX	4,901,130	42.17	5,557,169	52.56	4,901,130	
5.2 Residential Mortgage-Backed Securities						XXX						
5.3 Commercial Mortgage-Backed Securities						XXX						
5.4 Other Loan-Backed and Structured Securities						XXX						
5.5 TOTALS	3,906,633	994,497				XXX	4,901,130	42.17	5,557,169	52.56	4,901,130	
6. Industrial and Miscellaneous												
6.1 Issuer Obligations	899,791					XXX	899,791	7.74			899,791	
6.2 Residential Mortgage-Backed Securities						XXX						
6.3 Commercial Mortgage-Backed Securities						XXX						
6.4 Other Loan-Backed and Structured Securities						XXX						
6.5 TOTALS	899,791					XXX	899,791	7.74			899,791	
7. Hybrid Securities												
7.1 Issuer Obligations						XXX						
7.2 Residential Mortgage-Backed Securities						XXX						
7.3 Commercial Mortgage-Backed Securities						XXX						
7.4 Other Loan-Backed and Structured Securities						XXX						
7.5 TOTALS						XXX						
8. Parent, Subsidiaries and Affiliates												
8.1 Issuer Obligations						XXX						
8.2 Residential Mortgage-Backed Securities						XXX						
8.3 Commercial Mortgage-Backed Securities						XXX						
8.4 Other Loan-Backed and Structured Securities						XXX						
8.5 TOTALS						XXX						

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.6	9 Total From Column 7 Prior Year	10 % From Column 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
Distribution by Type												
9. SVO Identified Funds												
9.1 Exchange Traded Funds - as Identified by the SVO	X X X	X X X	X X X	X X X	X X X							
9.2 Bond Mutual Funds - as Identified by the SVO	X X X	X X X	X X X	X X X	X X X							
9.3 TOTALS	X X X	X X X	X X X	X X X	X X X							
10. Total Bonds Current Year												
10.1 Issuer Obligations	8,304,423	3,206,580			111,024	X X X	11,622,026	100.00	X X X	X X X	11,622,026	
10.2 Residential Mortgage-Backed Securities						X X X			X X X	X X X		
10.3 Commercial Mortgage-Backed Securities						X X X			X X X	X X X		
10.4 Other Loan-Backed and Structured Securities						X X X			X X X	X X X		
10.5 SVO-Designated Securities	X X X	X X X	X X X	X X X	X X X				X X X	X X X		
10.6 TOTALS	8,304,423	3,206,580			111,024		11,622,026	100.00	X X X	X X X	11,622,026	
10.7 Line 10.6 as a % of Col. 7	71.45	27.59			0.96		100.00	X X X	X X X	X X X	100.00	
11. Total Bonds Prior Year												
11.1 Issuer Obligations	8,944,783	1,629,036				X X X	X X X	X X X	10,573,819	100.00	10,573,819	
11.2 Residential Mortgage-Backed Securities						X X X	X X X	X X X				
11.3 Commercial Mortgage-Backed Securities						X X X	X X X	X X X				
11.4 Other Loan-Backed and Structured Securities						X X X	X X X	X X X				
11.5 SVO-Designated Securities	X X X	X X X	X X X	X X X	X X X		X X X	X X X				
11.6 TOTALS	8,944,783	1,629,036					X X X	X X X	10,573,819	100.00	10,573,819	
11.7 Line 11.6 as a % of Col. 9	84.59	15.41					X X X	X X X	100.00	X X X	100.00	
12. Total Publicly Traded Bonds												
12.1 Issuer Obligations	8,304,423	3,206,580			111,024	X X X	11,622,026	100.00	10,573,819	100.00	11,622,026	X X X
12.2 Residential Mortgage-Backed Securities						X X X						X X X
12.3 Commercial Mortgage-Backed Securities						X X X						X X X
12.4 Other Loan-Backed and Structured Securities						X X X						X X X
12.5 SVO-Designated Securities	X X X	X X X	X X X	X X X	X X X							X X X
12.6 TOTALS	8,304,423	3,206,580			111,024		11,622,026	100.00	10,573,819	100.00	11,622,026	X X X
12.7 Line 12.6 as a % of Col. 7	71.45	27.59			0.96		100.00	X X X	X X X	X X X	100.00	X X X
12.8 Line 12.6 as a % of Line 10.6, Col. 7, Section 10	71.45	27.59			0.96		100.00	X X X	X X X	X X X	100.00	X X X
13. Total Privately Placed Bonds												
13.1 Issuer Obligations						X X X					X X X	
13.2 Residential Mortgage-Backed Securities						X X X					X X X	
13.3 Commercial Mortgage-Backed Securities						X X X					X X X	
13.4 Other Loan-Backed and Structured Securities						X X X					X X X	
13.5 SVO-Designated Securities	X X X	X X X	X X X	X X X	X X X						X X X	
13.6 TOTALS											X X X	
13.7 Line 13.6 as a % of Col. 7								X X X	X X X	X X X	X X X	
13.8 Line 13.6 as a % of Line 10.6, Col. 7, Section 10								X X X	X X X	X X X	X X X	

SCHEDULE DA - VERIFICATION BETWEEN YEARS**Short-Term Investments**

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year	7,166,523	7,140,008		26,515	
2. Cost of short-term investments acquired	15,284,887	14,741,732		543,155	
3. Accrual of discount	5,062	5,062			
4. Unrealized valuation increase (decrease)					
5. TOTAL gain (loss) on disposals					
6. Deduct consideration received on disposals	18,797,261	18,227,590		569,671	
7. Deduct amortization of premium	63,014	63,014			
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)	3,596,197	3,596,197			
11. Deduct total nonadmitted amounts					
12. Statement value at end of current period (Line 10 minus Line 11)	3,596,197	3,596,197			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: 0

SI11 Schedule DB Part A Verification NONE

SI11 Schedule DB Part B Verification NONE

SI12 Schedule DB Part C Sn 1 - Rep. (Syn Asset) Transactions NONE

SI13 Schedule DB Part C Sn 2 - Rep. (Syn Asset) Transactions NONE

SI14 Schedule DB Verification NONE

SCHEDULE E - PART 2 - VERIFICATION BETWEEN YEARS (Cash Equivalents)

	1	2	3	4
	Total	Bonds	Money Market Mutual Funds	Other (a)
1. Book/adjusted carrying value, December 31 of prior year	599,660	599,660		
2. Cost of cash equivalents acquired	1,245,025		1,245,025	
3. Accrual of discount	(179)	(179)		
4. Unrealized valuation increase (decrease)				
5. TOTAL gain (loss) on disposals				
6. Deduct consideration received on disposals	599,481	599,481		
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)	1,245,025		1,245,025	
11. Deduct total nonadmitted amounts				
12. Statement value at end of current period (Lines 10 minus 11)	1,245,025		1,245,025	

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment:

E01 Schedule A - Part 1 Real Estate Owned NONE

E02 Schedule A - Part 2 Real Estate Acquired NONE

E03 Schedule A - Part 3 Real Estate Disposed NONE

E04 Schedule B Part 1 - Mortgage Loans Owned NONE

E05 Schedule B Part 2 - Mortgage Loans Acquired NONE

E06 Schedule B Part 3 - Mortgage Loans Disposed NONE

E07 Schedule BA Part 1 - Long-Term Invested Assets Owned NONE

E08 Schedule BA Part 2 - Long-Term Invested Assets Acquired NONE

E09 Schedule BA Part 3 - Long-Term Invested Assets Disposed NONE

SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes			6 NAIC Designation	7 Actual Cost	Fair Value		10 Par Value	11 Book/ Adjusted Carrying Value	Change in Book Adjusted Carrying Value				Interest					Dates		
		3 Code	4 F O R E I G N	5 Bond CHAR			8 Rate Used to Obtain Fair Value	9 Fair Value			12 Unrealized Valuation Increase/ (Decrease)	13 Current Year's (Amortization)/ Accretion	14 Current Year's Other- Than- Temporary Impairment Recognized	15 Total Foreign Exchange Change in B./A.C.V.	16 Rate of	17 Effective Rate of Interest	18 When Paid	19 Admitted Amount Due and Accrued	20 Amount Received During Year	21 Acquired	22 Stated Contractual Maturity Date	
U.S. Governments - Issuer Obligations																						
912828V56	US TREASURY N/B 1.125 1/31/2019				1	497,000	99,2380	496,190	500,000	497,272		272			1.125	1.636	JJ	2,339			11/22/2017	01/31/2019
912828W30	US TREASURY N/B 1.125 2/28/2019				1	496,700	99,1800	495,900	500,000	496,984		284			1.125	1.652	FA	1,896			11/22/2017	02/28/2019
912828A34	US TREASURY N/B 1.25 11/30/2018				1	898,246	99,5120	895,608	900,000	898,545		299			1.250	1.429	MN	958	5,625		11/01/2017	11/30/2018
912828A75	US TREASURY N/B 1.5 12/31/2018				1	500,039	99,6840	498,420	500,000	500,008		(31)			1.500	1.494	JD	3,771			11/01/2017	12/31/2018
912828C65	US TREASURY N/B 1.625 3/31/2019				1	499,070	99,7070	498,535	500,000	499,109		39			1.625	1.772	MS	2,065			12/11/2017	03/31/2019
912828XW5	US TREASURY N/B 1.75 6/30/2022				1	303,557	98,1910	299,484	305,000	303,688		131			1.750	1.850	JD	2,669			07/12/2017	06/30/2022
912828UU7	US TREASURY N/B Unsecured 0.875 1/				1	500,155	99,9720	499,860	500,000	500,012		(143)			0.875	0.845	JJ	1,819	4,375		01/18/2017	01/31/2018
912810RG5	US TREASURY N/B Unsecured 3.375 5/	SD			1	111,152	112,2150	117,826	105,000	111,024		(128)			3.375	3.057	MN	2,222	1,772		02/16/2017	05/15/2044
912828B33	US TREASURY NOTE	SD			1	150,000	99,6330	149,449	150,000	150,000					1.500	1.500	JJ	935	2,250		01/31/2014	01/31/2019
912828JH4	US TREASURY NOTE	SD			1	504,609	101,4410	507,207	500,000	500,352		(577)			4.000	3.878	FA	7,500	20,000		08/13/2008	08/15/2018
912828N22	US TREASURY NOTE	SD			1	99,945	99,4770	99,477	100,000	99,982		19			1.250	1.269	JD	55	1,250		12/21/2015	12/15/2018
912828PK0	US TREASURY NOTE	SD			1	97,312	100,0000	100,000	100,000	100,000		417			2.250	2.716	MN	1,125	1,125		12/08/2010	11/30/2017
912828PX2	US TREASURY NOTE	SD			1	265,083	104,8670	277,898	265,000	265,029		(9)			3.625	3.621	FA	3,602	9,606		02/14/2011	02/15/2021
0199999	Subtotal - U.S. Governments - Issuer Obligations					4,922,869	X X X	4,935,853	4,925,000	4,922,006	572				X X X	X X X	X X X	30,956	46,003		X X X	X X X
0599999	Subtotal - U.S. Governments					4,922,869	X X X	4,935,853	4,925,000	4,922,006	572				X X X	X X X	X X X	30,956	46,003		X X X	X X X
U.S. Special Revenue, Special Assessment - Issuer Obligations																						
3136G0X22	FANNIE MAE 1 10/29/2018			2	1	99,617	99,3600	99,360	100,000	99,704		87			1.000	1.361	AO	172	500		10/03/2017	10/29/2018
3133EHP23	FED FARM CREDIT 1.5 2/6/2019				1FE	498,735	99,6010	498,005	500,000	498,810		75			1.500	1.720	FA	1,146			12/06/2017	02/06/2019
313376BR5	FEDERAL HOME LOAN BANK	M			1	1,230,770	99,8910	1,203,687	1,205,000	1,210,467		(4,393)			1.750	1.270	JD	996	15,838		10/30/2017	12/14/2018
3137EAD7	FREDDIE MAC 0.875 10/12/2018				1	199,012	99,3080	198,616	200,000	199,246		234			0.875	1.362	AO	384	875		10/03/2017	10/12/2018
3137EADZ9	FREDDIE MAC 1.125 4/15/2019				1	495,605	99,0850	495,425	500,000	495,688		83			1.125	1.805	AO	1,188			12/22/2017	04/15/2019
2599999	Subtotal - U.S. Special Revenue, Special Assessment - Issuer Obligations					2,523,739	X X X	2,495,093	2,505,000	2,503,914	(3,915)				X X X	X X X	X X X	3,885	17,213		X X X	X X X
3199999	Subtotal - U.S. Special Revenue, Special Assessment					2,523,739	X X X	2,495,093	2,505,000	2,503,914	(3,915)				X X X	X X X	X X X	3,885	17,213		X X X	X X X
Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations																						
3136G1DG1	FANNIE MAE Unsecured 1.05 2/27/201			2	1	300,417	99,9490	299,847	300,000	300,061		(356)			1.050	0.919	FA	1,085	3,150		02/01/2017	02/27/2018
313382QS5	FED HOME LN BANK UNSECURED 0.9 4/5				1	299,412	99,8680	299,604	300,000	299,849		437			0.900	1.094	AO	645	2,700		03/28/2017	04/05/2018
3299999	Subtotal - Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations					599,829	X X X	599,451	600,000	599,909	80				X X X	X X X	X X X	1,730	5,850		X X X	X X X
3899999	Subtotal - Industrial & Miscellaneous (Unaffiliated)					599,829	X X X	599,451	600,000	599,909	80				X X X	X X X	X X X	1,730	5,850		X X X	X X X
7799999	Subtotals - Issuer Obligations					8,046,437	X X X	8,030,397	8,030,000	8,025,830	(3,262)				X X X	X X X	X X X	36,571	69,066		X X X	X X X
8399999	Grand Total - Bonds					8,046,437	X X X	8,030,397	8,030,000	8,025,830	(3,262)				X X X	X X X	X X X	36,571	69,066		X X X	X X X

E11 Schedule D - Part 2 Sn 1 Prfrd Stocks Owned NONE

E12 Schedule D - Part 2 Sn 2 Common Stocks Owned NONE

SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends
Bonds - U.S. Governments								
912828V56	US TREASURY N/B 1.125 1/31/2019		11/22/2017	Raymond James	X X X	497,000	500,000	1,773
912828W30	US TREASURY N/B 1.125 2/28/2019		11/22/2017	Raymond James	X X X	496,700	500,000	1,321
912828A34	US TREASURY N/B 1.25 11/30/2018		11/01/2017	VARIOUS	X X X	898,246	900,000	4,368
912828A75	US TREASURY N/B 1.5 12/31/2018		11/01/2017	International FC Stone	X X X	500,039	500,000	2,548
912828C65	US TREASURY N/B 1.625 3/31/2019		12/11/2017	Raymond James	X X X	499,070	500,000	1,629
912828XW5	US TREASURY N/B 1.75 6/30/2022		07/12/2017	Raymond James	X X X	303,557	305,000	189
912828UJ7	US TREASURY N/B Unsecured 0.875 1/		01/18/2017	Raymond James	X X X	500,155	500,000	2,045
912810RG5	US TREASURY N/B Unsecured 3.375 5/		02/16/2017	Raymond James	X X X	111,152	105,000	920
0599999	Subtotal - Bonds - U.S. Governments					3,805,920	3,810,000	14,793
Bonds - U.S. Special Revenue, Special Assessment								
3136G0X22	FANNIE MAE 1 10/29/2018		10/03/2017	VENDOR CODE #N/A NOT IN TABLE	X X X	99,617	100,000	431
3133EHP23	FED FARM CREDIT 1.5 2/6/2019		12/06/2017	Raymond James	X X X	498,735	500,000	646
313376BR5	FEDERAL HOME LOAN BANK		10/30/2017	International FC Stone	X X X	601,755	600,000	3,996
3137EAD7	FREDDIE MAC 0.875 10/12/2018		10/03/2017	VENDOR CODE #N/A NOT IN TABLE	X X X	199,012	200,000	836
3137EADZ9	FREDDIE MAC 1.125 4/15/2019		12/22/2017	Raymond James	X X X	495,605	500,000	1,109
3199999	Subtotal - Bonds - U.S. Special Revenue, Special Assessment					1,894,724	1,900,000	7,018
Bonds - Industrial and Miscellaneous (Unaffiliated)								
3136G1DG1	FANNIE MAE Unsecured 1.05 2/27/201		02/01/2017	GX Clarke	X X X	300,417	300,000	1,356
313382QS5	FED HOME LN BANK UNSECURED 0.9 4/5		03/28/2017	Raymond James	X X X	299,412	300,000	1,305
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					599,829	600,000	2,661
8399997	Subtotal - Bonds - Part 3					6,300,473	6,310,000	24,472
8399998	Summary item from Part 5 for Bonds							
8399999	Subtotal - Bonds					6,300,473	6,310,000	24,472
8999998	Summary Item from Part 5 for Preferred Stocks						X X X	
8999999	Subtotal - Preferred Stocks						X X X	
9799998	Summary Item from Part 5 for Common Stocks						X X X	
9799999	Subtotal - Common Stocks						X X X	
9899999	Subtotal - Preferred and Common Stocks						X X X	
9999999	Totals					6,300,473	X X X	24,472

SCHEDULE D - PART 4

Showing All Long-Term Bonds and Stocks SOLD, REDEEMED, or Otherwise DISPOSED OF During Current Year

1 CUSIP Identification	2 Description	3 F o r e i g n Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date
									11 Unrealized Valuation Increase/ (Decrease)	12 Current Year (Amortization/ Accretion)	13 Current Year's Other-Than- Temporary Impairment Recognized	14 Total Change in B./A.C.V. (Cols. 11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.						
Bonds - U.S. Governments																			
912828NR7	US TREASURY NOTE	10/01/2017	MATURITY	X X X	500,000	500,000	511,348	501,140		(1,140)		(1,140)		500,000				11,875	07/31/2017
912828PK0	US TREASURY NOTE	11/30/2017	MATURITY	X X X	105,000	105,000	102,178	104,562		438		438		105,000				2,363	11/30/2017
0599999 Subtotal - Bonds - U.S. Governments					605,000	605,000	613,526	605,702		(702)		(702)		605,000				14,238	X X X
Bonds - U.S. Special Revenue, Special Assessment																			
3135G0RT2	FEDERAL NATL MORTGAGE ASSOC 0.875%	12/20/2017	MATURITY	X X X	500,000	500,000	499,820	499,831		169		169		500,000				4,375	12/20/2017
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					500,000	500,000	499,820	499,831		169		169		500,000				4,375	X X X
8399997 Subtotal - Bonds - Part 4					1,105,000	1,105,000	1,113,346	1,105,533		(533)		(533)		1,105,000				18,613	X X X
8399998 Summary Item from Part 5 for Bonds																			X X X
8399999 Subtotal - Bonds					1,105,000	1,105,000	1,113,346	1,105,533		(533)		(533)		1,105,000				18,613	X X X
8999998 Summary Item from Part 5 for Preferred Stocks							X X X												X X X
8999999 Subtotal - Preferred Stocks							X X X												X X X
9799998 Summary Item from Part 5 for Common Stocks							X X X												X X X
9799999 Subtotal - Common Stocks							X X X												X X X
9899999 Subtotal - Preferred and Common Stocks							X X X												X X X
9999999 Totals					1,105,000	X X X	1,113,346	1,105,533		(533)		(533)		1,105,000				18,613	X X X

E15 Schedule D - Part 5 LT Bonds/Stocks Acquired/Disp NONE

E16 Schedule D - Part 6 Sn 1 NONE

E16 Schedule D - Part 6 Sn 2 NONE

SCHEDULE DA - PART 1

Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1 Description	Codes		4 Date Acquired	5 Name of Vendor	6 Maturity Date	7 Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value				12 Par Value	13 Actual Cost	Interest						20 Paid For Accrued Interest
	2 Code	3 Foreign					8 Unrealized Valuation Increase/ (Decrease)	9 Current Year's (Amortization)/ Accretion	10 Current Year's Other-Than-Temporary Impairment Recognized	11 Total Foreign Exchange Change in B./A.C.V.			14 Amount Due and Accrued Dec. 31 of Current Year on Bond Not in Default	15 Non-Admitted Due and Accrued	16 Rate of	17 Effective Rate of	18 When Paid	19 Amount Received During Year	
Bonds - U.S. Governments - Issuer Obligations																			
US TREASURY N/B 0.75 7/31/2018			09/22/2017	Clarke GX & Co.	07/31/2018	498,511		699			500,000	497,813	1,559		0.750	1.265	JJ		571
US TREASURY N/B 1.5 8/31/2018			09/22/2017	Clarke GX & Co.	08/31/2018	400,588		(224)			400,000	400,812	2,033		1.500	1.280	FA		414
0199999 Subtotal - Bonds - U.S. Governments - Issuer Obligations						899,099		475			900,000	898,625	3,592		X X X	X X X	X X X		985
0599999 Subtotal - Bonds - U.S. Governments						899,099		475			900,000	898,625	3,592		X X X	X X X	X X X		985
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations																			
FANNIE MAE 0.875 5/21/2018			06/13/2017	VENDOR CODE INTC NOT IN TABLE	05/21/2018	499,254		1,049			500,000	498,205	486		0.875	1.261	MN	2,188	280
FED FARM CREDIT 0.875 9/14/2018			10/03/2017	VENDOR CODE #N/A NOT IN TABLE	09/14/2018	398,662		462			400,000	398,200	1,040		0.875	1.355	MS		194
FED HOME LN BANK 0.85 6/5/2018			08/03/2017	Raymond James	06/05/2018	499,208		758			500,000	498,450	307		0.850	1.222	JD	2,125	697
FED HOME LN BANK 1.125 4/25/2018			05/12/2017	VENDOR CODE #N/A NOT IN TABLE	04/25/2018	499,876		246			500,000	499,630	1,031		1.125	1.203	AO	2,813	313
FED HOME LN BANK 1.25 7/24/2018			08/29/2017	Raymond James	07/24/2018	500,217		(129)			500,000	500,346	2,726		1.250	1.173	JJ		625
2599999 Subtotal - Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations						2,397,216		2,385			2,400,000	2,394,831	5,590		X X X	X X X	X X X	7,125	2,108
3199999 Subtotal - Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						2,397,216		2,385			2,400,000	2,394,831	5,590		X X X	X X X	X X X	7,125	2,108
Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations																			
FARMER MAC UNSECURED 0.77 3/9/2018			03/01/2017	Raymond James	03/09/2018	299,881		520			300,000	299,361	719		0.770	0.980	MS	2,310	1,110
3299999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations						299,881		520			300,000	299,361	719		X X X	X X X	X X X	2,310	1,110
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						299,881		520			300,000	299,361	719		X X X	X X X	X X X	2,310	1,110
7799999 Subtotal - Issuer Obligations						3,596,197		3,380			3,600,000	3,592,817	9,901		X X X	X X X	X X X	9,435	4,203
8399999 Total Bonds						3,596,197		3,380			3,600,000	3,592,817	9,901		X X X	X X X	X X X	9,435	4,203
8699999 Total - Parent, Subsidiaries and Affiliates											X X X				X X X	X X X	X X X		
9199999 Total Short-Term Investments						3,596,197		3,380			X X X	3,592,817	9,901		X X X	X X X	X X X	9,435	4,203

E17

E18 Schedule DB - Part A Sn 1 Opt/Cap/Floors/Collars/Swaps/Forwards Open NONE

E19 Schedule DB - Part A Sn 2 Opt/Cap/Floors/Collars/Swaps/Forwards Term. . . . NONE

E20 Schedule DB - Part B Sn 1 Futures Contracts Open NONE

E21 Schedule DB - Part B Sn 2 Futures Contracts Terminated NONE

E22 Schedule DB - Part D Sn 1 Counterparty Exposure for Derivative Instruments . NONE

E23 Schedule DB - Part D Sn 2 - Collateral Pledged By Reporting Entity NONE

E23 Schedule DB - Part D Sn 2 - Collateral Pledged To Reporting Entity NONE

E24 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE

E25 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

SCHEDULE E - PART 1 - CASH

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7 *
open depositories						
BNY Mellon - Controlled Disbursements					25,890	X X X
BNY Mellon - Trittech Premium Taxes					(1,362)	X X X
PNC Bank - PPO AP						
PNC Bank - PPO Claims					(277,852)	X X X
PNC Bank - PPO Operating					(8,117,198)	X X X
PNC Bank - Reserve Cash					32,901,415	X X X
PNC Bank - ASO Collateral					1,500	X X X
			9,324		15,584,315	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - open depositories						
		X X X				X X X
0199999 Totals - Open Depositories						
		X X X	9,324		40,116,708	X X X
suspended depositories						
Various Accounts						
Cash accounts						
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories						
		X X X				X X X
0299999 Totals - Suspended Depositories						
		X X X				X X X
0399999 Total Cash On Deposit						
		X X X	9,324		40,116,708	X X X
0499999 Cash in Company's Office						
		X X X	X X X	X X X		X X X
0599999 Total Cash						
		X X X	9,324		40,116,708	X X X

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January	52,175,799	4. April	24,267,993	7. July	12,933,049	10. October	35,597,874
2. February	42,763,658	5. May	13,124,089	8. August	42,252,539	11. November	21,798,870
3. March	52,837,501	6. June	36,701,826	9. September	65,596,860	12. December	40,213,880

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
6099999	Subtotal - Bonds - SVO Identified Funds							
8399999	Subtotals - Bonds							
Exempt Money Market Mutual Funds - as Identified by SVO								
00000026	DREYFUS GENERAL MONEY MARKET		12/31/2017	0.000	X X X	105,000		
261908107	DREYFYS TREASURY & AGENCY CASH MGT		12/31/2017	0.000	X X X	1,000		
316175504	FIDELITY TREASURY MONEY MARKET		12/31/2017	0.000	X X X	571,267		
8599999	Subtotal - Exempt Money Market Mutual Funds - as Identified by SVO					677,266		
All Other Money Market Mutual Funds								
711990333	TD BANK DEPOSIT SWEEP		12/31/2017	0.000	X X X	567,758		
8699999	Subtotal - All Other Money Market Mutual Funds					567,758		
8899999	Total Cash Equivalents					1,245,025		

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

	1 States, Etc.	2 Type of Deposit	3 Purpose of Deposit	Deposits For		All Other Special Deposits	
				the Benefit of All Policyholders		5	6
				3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1.	Alabama (AL)						
2.	Alaska (AK)						
3.	Arizona (AZ)	B	Policy Holders			55,006	57,677
4.	Arkansas (AR)	B	Policy Holders			111,024	117,826
5.	California (CA)						
6.	Colorado (CO)						
7.	Connecticut (CT)						
8.	Delaware (DE)						
9.	District of Columbia (DC)						
10.	Florida (FL)						
11.	Georgia (GA)	B	Policy Holders			100,000	100,000
12.	Hawaii (HI)						
13.	Idaho (ID)						
14.	Illinois (IL)						
15.	Indiana (IN)						
16.	Iowa (IA)						
17.	Kansas (KS)						
18.	Kentucky (KY)						
19.	Louisiana (LA)						
20.	Maine (ME)						
21.	Maryland (MD)						
22.	Massachusetts (MA)						
23.	Michigan (MI)						
24.	Minnesota (MN)						
25.	Mississippi (MS)						
26.	Missouri (MO)						
27.	Montana (MT)						
28.	Nebraska (NE)						
29.	Nevada (NV)						
30.	New Hampshire (NH)						
31.	New Jersey (NJ)	B	Policy Holders	1,103,620	1,106,139		
32.	New Mexico (NM)	B	Policy Holders			408,700	409,594
33.	New York (NY)						
34.	North Carolina (NC)						
35.	North Dakota (ND)						
36.	Ohio (OH)	B	Policy Holders			105,012	110,111
37.	Oklahoma (OK)						
38.	Oregon (OR)						
39.	Pennsylvania (PA)						
40.	Rhode Island (RI)						
41.	South Carolina (SC)	B	Policy Holders			150,000	149,449
42.	South Dakota (SD)						
43.	Tennessee (TN)						
44.	Texas (TX)						
45.	Utah (UT)						
46.	Vermont (VT)						
47.	Virginia (VA)	B	Policy Holders			105,690	104,886
48.	Washington (WA)						
49.	West Virginia (WV)						
50.	Wisconsin (WI)						
51.	Wyoming (WY)						
52.	American Samoa (AS)						
53.	Guam (GU)						
54.	Puerto Rico (PR)						
55.	U.S. Virgin Islands (VI)						
56.	Northern Mariana Islands (MP)						
57.	Canada (CAN)						
58.	Aggregate Alien and Other (OT)	X X X	X X X				
59.	TOTAL	X X X	X X X	1,103,620	1,106,139	1,035,432	1,049,542

DETAILS OF WRITE-INS							
5801.							
5802.							
5803.							
5898.	Summary of remaining write-ins for Line 58 from overflow page	X X X	X X X				
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X	X X X				

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ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2017

OF THE CONDITION AND AFFAIRS OF THE

CLOVER INSURANCE COMPANY

NAIC Group Code	0000 <small>(Current Period)</small>	0000 <small>(Prior Period)</small>	NAIC Company Code	86371	Employer's ID Number	31-0522223
Organized under the Laws of	NJ		State of Domicile or Port of Entry	NJ		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[X] Dental Service Corporation[] Other[]	Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[] N/A[X]	Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[]			
Incorporated/Organized	10/25/1947		Commenced Business	02/06/1948		
Statutory Home Office	30 Montgomery Street, 15th Floor <small>(Street and Number)</small>		Jersey City, NJ, US 07302 <small>(City or Town, State, Country and Zip Code)</small>			
Main Administrative Office	30 Montgomery Street, 15th Floor <small>(Street and Number)</small>					
	Jersey City, NJ, US 07302 <small>(City or Town, State, Country and Zip Code)</small>		(201)432-2133 <small>(Area Code) (Telephone Number)</small>			
Mail Address	30 Montgomery Street, 15th Floor <small>(Street and Number or P.O. Box)</small>		Jersey City, NJ, US 07302 <small>(City or Town, State, Country and Zip Code)</small>			
Primary Location of Books and Records	30 Montgomery Street, 15th Floor <small>(Street and Number)</small>					
	Jersey City, NJ, US 07302 <small>(City or Town, State, Country and Zip Code)</small>		(201)432-2133 <small>(Area Code) (Telephone Number)</small>			
Internet Website Address	www.cloverhealth.com					
Statutory Statement Contact	Les Granow <small>(Name)</small>		(201)432-2133 <small>(Area Code)(Telephone Number)(Extension)</small>			
	les.granow@cloverhealth.com <small>(E-Mail Address)</small>		(908)378-7880 <small>(Fax Number)</small>			

OFFICERS

Name	Title
Vivek Garipalli	CEO
Les Granow	Chief Financial Officer

OTHERS

Wendy Richey, Chief Compliance Officer
Melody Pereira, Chief Security Officer #
Rachel Fish, Chief Administrative Officer

Brady Priest, General Counsel
Judah Rabinowitz, Chief Actuary
Varsha Rao, Chief Operations Officer #

DIRECTORS OR TRUSTEES

Vivek Garipalli
Justin Doheny

Edward Berde

State of New Jersey
County of Hudson ss

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

_____ <small>(Signature)</small> Vivek Garipalli <small>(Printed Name)</small> 1. CEO <small>(Title)</small>	_____ <small>(Signature)</small> Les Granow <small>(Printed Name)</small> 2. Chief Financial Officer <small>(Title)</small>	_____ <small>(Signature)</small> <small>(Printed Name)</small> 3. <small>(Title)</small>
---	--	--

Subscribed and sworn to before me this _____ day of _____, 2018

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

Yes[X] No[]

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals						
0299998 Premiums due and unpaid not individually listed						
0299999 TOTAL Group						
0399999 Premiums due and unpaid from Medicare entities	274,538	122,005				396,544
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	274,538	122,005				396,544

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Caremark	2,052,750	2,052,750	2,052,750	2,183,005	2,183,005	6,158,251
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	2,052,750	2,052,750	2,052,750	2,183,005	2,183,005	6,158,251
0299998 Claim Overpayment Receivables - Not Individually Listed	12,032,827			2,085,811	8,493,130	5,625,508
0299999 Subtotal - Claim Overpayment Receivables	12,032,827			2,085,811	8,493,130	5,625,508
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed	30,374				30,374	
0699999 Subtotal - Other Receivables	30,374				30,374	
0799999 Gross health care receivables	14,115,951	2,052,750	2,052,750	4,268,816	10,706,509	11,783,759

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	11,084,827	13,999,775	228,408	8,112,849	11,313,235	11,853,018
2. Claim overpayment receivables	1,301,086	2,315,639		14,118,638	1,301,086	1,657,010
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables				30,374		
7. TOTALS (Lines 1 through 6)	12,385,914	16,315,414	228,408	22,261,861	12,614,322	13,510,028

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)
Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	12,836,584	3,543,381				16,379,965
0499999 Subtotals	12,836,584	3,543,381				16,379,965
0599999 Unreported claims and other claim reserves						34,439,415
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						50,819,380
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
Clover Health, LLC	462,716	218,412	2,309,715	2,105,747	5,096,591		
0199999 Total - Individually listed receivables	462,716	218,412	2,309,715	2,105,747	5,096,591		
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	462,716	218,412	2,309,715	2,105,747	5,096,591		

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
	NONE			
0399999 TOTAL Gross Payables .....	..... XXX .....	.....	.....	.....

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
4. TOTAL Capitation Payments						
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	269,186,292	100.000	X X X	X X X		269,186,292
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	269,186,292	100.000	X X X	X X X		269,186,292
13. TOTAL (Line 4 plus Line 12)	269,186,292	100.000	X X X	X X X		269,186,292

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999	TOTALS		X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description		1	2	3	4	5	6
		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment						
2.	Medical furniture, equipment and fixtures	NONE					
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	TOTAL						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	606									606
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	7,840									7,840
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	1,062									1,062
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	34,786									34,786
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	18,268									18,268
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	11,285									11,285
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	1,609									1,609
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	774									774
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 District of Columbia



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	4,275									4,275
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	3,572									3,572
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
 BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	49,265									49,265
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
 BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	3,823									3,823
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	124,774									124,774
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	11,686									11,686
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
 BUSINESS IN THE STATE OF IOWA DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	19,799									19,799
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
 BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	14,061									14,061
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	5,979									5,979
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	2,411									2,411
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	22,890									22,890
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	11,740									11,740
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	1,200									1,200
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	245									245
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	26,175									26,175
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	21,257									21,257
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	3,470									3,470
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	20,432							20,432		
2. First Quarter	25,400							25,400		
3. Second Quarter	26,286							26,286		
4. Third Quarter	27,180							27,180		
5. Current Year	27,752							27,752		
6. Current Year Member Months	316,954							316,954		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	1,361,286							1,361,286		
8. Non-Physician	81,532							81,532		
9. TOTAL	1,442,818							1,442,818		
10. Hospital Patient Days Incurred	45,127							45,127		
11. Number of Inpatient Admissions	5,502							5,502		
12. Health Premiums Written (b)	267,562,820							267,562,820		
13. Life Premiums Direct	1,139									1,139
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	267,562,820							267,562,820		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	269,186,292							269,186,292		
18. Amount Incurred for Provision of Health Care Services	272,653,525							272,653,525		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....267,562,820



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	1,856									1,856
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
 BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	37,339									37,339
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	2,768									2,768
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	11,034									11,034
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	42,272									42,272
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	3,619									3,619
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	1,092									1,092
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	5,899									5,899
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	1,895									1,895
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
 BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	23,468									23,468
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF UTAH DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	1,102									1,102
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	19,131									19,131
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	3,834									3,834
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	11,003									11,003
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct	904									904
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 86371

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	20,432							20,432		
2. First Quarter	25,400							25,400		
3. Second Quarter	26,286							26,286		
4. Third Quarter	27,180							27,180		
5. Current Year	27,752							27,752		
6. Current Year Member Months	316,954							316,954		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	1,361,286							1,361,286		
8. Non-Physician	81,532							81,532		
9. TOTAL	1,442,818							1,442,818		
10. Hospital Patient Days Incurred	45,127							45,127		
11. Number of Inpatient Admissions	5,502							5,502		
12. Health Premiums Written (b)	267,562,820							267,562,820		
13. Life Premiums Direct	571,205									571,205
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	267,562,820							267,562,820		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	269,186,292							269,186,292		
18. Amount Incurred for Provision of Health Care Services	272,653,525							272,653,525		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....267,562,820

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
9999999 Total (Sum of 0799999 and 1099999)											

SCHEDULE S - PART 2**Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0699999 Subtotal - Life and Annuity - Affiliates - Non-U.S. - Total						
0799999 Total - Life and Annuity - Affiliates						
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
60009	72-1267013	10/01/2012	SOUTHERN NATL LIFE INS CO INC	LA		6,077,089
0899999 Subtotal - Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
1099999 Total - Life and Annuity - Non-Affiliates						
1199999 Total - Life and Annuity						
1499999 Subtotal - Accident and Health - Affiliates - U.S. - Total						
1799999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Total						
1899999 Total - Accident and Health - Affiliates						
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
82627	06-0839705	10/01/2015	SWISS RE LIFE & HLTH AMER INC	MO	13,336,457	
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
2199999 Total - Accident and Health - Non-Affiliates						
2299999 Total - Accident and Health						
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)						
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)						
9999999 Total (Sum of 1199999 and 2299999)						

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0699999 Subtotal - General Account - Authorized - Affiliates - Non-U.S. - Total													
0799999 Total - General Account - Authorized - Affiliates													
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
82627	06-0839705	01/10/2015	SWISS RE LIFE & HLTH AMER INC	MO	QA/AI	MR	(97,668)						
11835	04-1590940	01/01/2017	PARTNERRE AMER INS CO	DE	SSL/AI	MR	441,533						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
1099999 Total - General Account - Authorized - Non-Affiliates													
1199999 Total - General Account Authorized													
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
1799999 Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Total													
1899999 Total - General Account - Unauthorized - Affiliates													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
2899999 Subtotal - General Account - Certified - Affiliates - Non-U.S. - Total													
2999999 Total - General Account - Certified - Affiliates													
3399999 Total - General Account - Certified													
3499999 Total - General Account - Authorized, Unauthorized and Certified													
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
4099999 Subtotal - Separate Accounts - Authorized - Affiliates - Non-U.S. - Total													
4199999 Total - Separate Accounts - Authorized - Affiliates													
4599999 Total - Separate Accounts - Authorized													
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
5199999 Subtotal - Separate Accounts - Unauthorized - Affiliates - Non-U.S. - Total													
5299999 Total - Separate Accounts - Unauthorized - Affiliates													
5599999 Total - Separate Accounts - Unauthorized - Non-Affiliates													
5699999 Total - Separate Accounts - Unauthorized													
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
6299999 Subtotal - Separate Accounts - Certified - Affiliates - Non-U.S. - Total													
6399999 Total - Separate Accounts - Certified - Affiliates													
6699999 Total - Separate Accounts - Certified - Non-Affiliates													
6799999 Total - Separate Accounts - Certified													
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified													
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)													
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)													
9999999 Total (Sum of 3499999 and 6899999)													

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare	344	137,836	12,955		
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	(2,591)				
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	10,237				
8. Reinsurance recoverable on paid losses	13,336	77,134	6,174		
9. Experience rating refunds due or unpaid			674		
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7**Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance**

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	52,983,759		52,983,759
2. Accident and health premiums due and unpaid (Line 15)	13,458,278		13,458,278
3. Amounts recoverable from reinsurers (Line 16.1)	13,336,457	(13,336,457)	0
4. Net credit for ceded reinsurance	X X X	19,514,648	19,514,648
5. All other admitted assets (Balance)	17,810,639		17,810,639
6. TOTAL Assets (Line 28)	97,589,133	6,178,191	103,767,325
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	44,742,291	6,077,089	50,819,380
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	4,489,906	101,103	4,591,009
15. TOTAL Liabilities (Line 24)	49,232,198	6,178,192	55,410,390
16. TOTAL Capital and Surplus (Line 33)	48,356,935	X X X	48,356,935
17. TOTAL Liabilities, Capital and Surplus (Line 34)	97,589,133	6,178,192	103,767,324
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	6,077,089		
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	13,336,457		
22. Other ceded reinsurance recoverables	101,103		
23. TOTAL Ceded Reinsurance Recoverables	19,514,648		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance	19,514,648		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama (AL)	605					605
2. Alaska (AK)						
3. Arizona (AZ)	7,840					7,840
4. Arkansas (AR)	1,062					1,062
5. California (CA)	34,786					34,786
6. Colorado (CO)	18,268					18,268
7. Connecticut (CT)	11,285					11,285
8. Delaware (DE)	1,608					1,608
9. District of Columbia (DC)	774					774
10. Florida (FL)	4,275					4,275
11. Georgia (GA)	3,572					3,572
12. Hawaii (HI)	49,265					49,265
13. Idaho (ID)	3,823					3,823
14. Illinois (IL)	124,774					124,774
15. Indiana (IN)	11,686					11,686
16. Iowa (IA)	19,799					19,799
17. Kansas (KS)	14,061					14,061
18. Kentucky (KY)	5,979					5,979
19. Louisiana (LA)	2,411					2,411
20. Maine (ME)						
21. Maryland (MD)	22,890					22,890
22. Massachusetts (MA)	11,740					11,740
23. Michigan (MI)	1,200					1,200
24. Minnesota (MN)						
25. Mississippi (MS)	245					245
26. Missouri (MO)	26,175					26,175
27. Montana (MT)						
28. Nebraska (NE)	21,257					21,257
29. Nevada (NV)	3,470					3,470
30. New Hampshire (NH)						
31. New Jersey (NJ)	1,139					1,139
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)	1,856					1,856
35. North Dakota (ND)						
36. Ohio (OH)	37,339					37,339
37. Oklahoma (OK)	2,768					2,768
38. Oregon (OR)	11,034					11,034
39. Pennsylvania (PA)	42,272					42,272
40. Rhode Island (RI)	3,619					3,619
41. South Carolina (SC)	1,092					1,092
42. South Dakota (SD)	5,899					5,899
43. Tennessee (TN)	1,895					1,895
44. Texas (TX)	23,468					23,468
45. Utah (UT)	1,102					1,102
46. Vermont (VT)						
47. Virginia (VA)	19,131					19,131
48. Washington (WA)	3,834					3,834
49. West Virginia (WV)						
50. Wisconsin (WI)	11,003					11,003
51. Wyoming (WY)	904					904
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CAN)						
58. Aggregate other alien (OT)						
59. TOTALS	571,204					571,204

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Relation- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
.. 0 ..	Clover Health Investment .....	.. 0 ..	47-1435489	000000000	0000000000	.....	Clover Health Investments, Corp .....	.. DE ..	.. UIP ..	NJ Healthcare Investments	Ownership .....	..... 57.8	NJ Healthcare Investments .....	.. N	0000000
.. 0 ..	Clover Health Investment	86371	31-0522223	000000000	0000000000	.....	CLOVER INS CO .....	.. NJ ..	.. RE ..	Clover Health Holdings, Inc.	Ownership .....	..... 100.0	NJ Healthcare Investments .....	.. N	0000000
.. 0 ..	Clover Health Investment .....	.. 0 ..	38-3889370	000000000	0000000000	.....	Clover Health, LLC .....	.. NJ ..	.. NIA ..	Clover Health Corp.	Ownership .....	..... 100.0	NJ Healthcare Investments .....	.. N	0000000
.. 0 ..	Clover Health Investment .....	.. 0 ..	27-2761894	000000000	0000000000	.....	Clover Healthcare, LLC .....	.. NJ ..	.. NIA ..	Clover Health Corp.	Ownership .....	..... 100.0	NJ Healthcare Investments .....	.. N	0000000
.. 0 ..	Clover Health Investment .....	.. 0 ..	36-4744890	000000000	0000000000	.....	Clover HMO, LLC .....	.. NJ ..	.. NIA ..	Clover HMO Corp.	Ownership .....	..... 100.0	NJ Healthcare Investments .....	.. N	0000000
.....	Clover Health Investment	00000	47-2552172	000000000	0000000000	.....	Clover Health Corp. ....	.. DE ..	.. NIA ..	Clover Health Investments, Corp	Ownership .....	..... 100.0	NJ Healthcare Investments .....	.. N	0000000
.....	Clover Health Investment	00000	47-2580683	000000000	0000000000	.....	Clover Health Labs, LLC .....	.. CA ..	.. NIA ..	Clover Health, LLC	Ownership .....	..... 100.0	NJ Healthcare Investments .....	.. N	0000000
.....	Clover Health Investment	00000	47-2551324	000000000	0000000000	.....	Clover HMO Corp. ....	.. DE ..	.. NIA ..	Clover Health Investments, Corp	Ownership .....	..... 100.0	NJ Healthcare Investments .....	.. N	0000000
.....	Clover Health Investment	00000	47-2542375	000000000	0000000000	.....	Clover Health Holdings, Inc. ....	.. DE ..	.. UDP ..	Clover Health Investments, Corp	Ownership .....	..... 100.0	NJ Healthcare Investments .....	.. N	0000000
.....	Clover Health Investment	00000	47-3317980	000000000	0000000000	.....	Clover Health Associates, LLC .....	.. NJ ..	.. NIA ..	Clover HMO Corp.	Management .....	.....	NJ Healthcare Investments .....	.. N	0000000
.....	Clover Health Investment	00000	82-2720928	000000000	0000000000	.....	Clover Health Foundation .....	.. NJ ..	.. NIA ..	Clover Health Investment, Corp	Management, Influence, Other .....	.....	NJ Healthcare Investments .....	.. N	0000000

Asterisk	Explanation
0000001

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
14203	45-4535883	Clover Insurance Company		15,000,000			(30,821,063)				(15,821,063)	
	38-3889370	Clover Health, LLC					30,821,063				30,821,063	
	47-1435489	Clover Health Investment, Corp		(15,000,000)							(15,000,000)	
9999999 Control Totals									XXX			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.

MARCH FILING

- | | |
|---|-----|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | Yes |
| 2. Will an actuarial opinion be filed by March 1? | Yes |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | Yes |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | Yes |

APRIL FILING

- | | |
|--|-----|
| 5. Will Management's Discussion and Analysis be filed by April 1? | Yes |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | Yes |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | Yes |

JUNE FILING

- | | |
|--|-----|
| 8. Will an audited financial report be filed by June 1? | Yes |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | Yes |

AUGUST FILING

- | | |
|---|-----|
| 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? | Yes |
|---|-----|

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 it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|--|----|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | No |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | No |
| 13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | No |
| 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | No |
| 17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | No |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | No |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | No |

APRIL FILING

- | | |
|--|-----|
| 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | No |
| 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | No |
| 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | Yes |
| 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? | Yes |

AUGUST FILING

- | | |
|--|----|
| 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | No |
|--|----|

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



8637120173600000 2017 Document Code: 360

Health Life Supplement



8637120172050000 2017 Document Code: 205

Schedule SIS



8637120174200000 2017 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



8637120173710000 2017 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



8637120173700000 2017 Document Code: 370

Medicare Part D Coverage Supplement



8637120173650000 2017 Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner



8637120172240000 2017 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA



8637120172250000 2017 Document Code: 225

Approval for Relief related to Require. for Audit Committees



8637120172260000 2017 Document Code: 226

LTC Supplemental Interrogatories



8637120173060000 2017 Document Code: 306

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Health Life Supplement - LHA Guaranty Association Reconciliation



86371201721100000

2017

Document Code: 211

Management's Report of Internal Control over Financial Reporting



86371201722300000

2017

Document Code: 223

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1-2)	4 Net Admitted Assets
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)				
2504. Direct Reserve Life				6,102,364
2505. Policy /Contract Claims Reins Reserves				100,053
2506. State Guaranty Assessment Fee				34,681
2507. Intangible Assets -Licenses	2,990,000	2,990,000		
2508. Other Assets				203
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	2,990,000	2,990,000		6,237,301

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. Escheat Liability	4,451		4,451	
2397. Summary of remaining write-ins for Line 23 (Lines 2304 through 2396)	4,451		4,451	
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	X X X	X X X		
3097. Summary of remaining write-ins for Line 30 (Lines 3004 through 3096)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	X X X		
0797. Summary of remaining write-ins for Line 7 (Lines 0704 through 0796)	X X X		
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496)			
2904. Corp Business Tax and Audit Fees			11,485
2905. Penalties and Fines		5,900	
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996)		5,900	11,485

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)			
2504. Intangible Assets-Licenses	2,990,000	2,990,000	
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	2,990,000	2,990,000	

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Schedule B - Verification Between Years	SI02
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Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
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Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
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ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2017

OF THE CONDITION AND AFFAIRS OF THE

CLOVER INSURANCE COMPANY

NAIC Group Code	0000 <small>(Current Period)</small>	0000 <small>(Prior Period)</small>	NAIC Company Code	86371	Employer's ID Number	31-0522223
Organized under the Laws of	NJ		State of Domicile or Port of Entry	NJ		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[X] Dental Service Corporation[] Other[]	Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[] N/A[X]	Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[]			
Incorporated/Organized	10/25/1947		Commenced Business	02/06/1948		
Statutory Home Office	30 Montgomery Street, 15th Floor <small>(Street and Number)</small>		Jersey City, NJ, US 07302 <small>(City or Town, State, Country and Zip Code)</small>			
Main Administrative Office	30 Montgomery Street, 15th Floor <small>(Street and Number)</small>					
	Jersey City, NJ, US 07302 <small>(City or Town, State, Country and Zip Code)</small>		(201)432-2133 <small>(Area Code) (Telephone Number)</small>			
Mail Address	30 Montgomery Street, 15th Floor <small>(Street and Number or P.O. Box)</small>		Jersey City, NJ, US 07302 <small>(City or Town, State, Country and Zip Code)</small>			
Primary Location of Books and Records	30 Montgomery Street, 15th Floor <small>(Street and Number)</small>					
	Jersey City, NJ, US 07302 <small>(City or Town, State, Country and Zip Code)</small>		(201)432-2133 <small>(Area Code) (Telephone Number)</small>			
Internet Website Address	www.cloverhealth.com					
Statutory Statement Contact	Les Granow <small>(Name)</small>		(201)432-2133 <small>(Area Code)(Telephone Number)(Extension)</small>			
	les.granow@cloverhealth.com <small>(E-Mail Address)</small>		(908)378-7880 <small>(Fax Number)</small>			

OFFICERS

Name	Title
Vivek Garipalli	CEO
Les Granow	Chief Financial Officer

OTHERS

Wendy Richey, Chief Compliance Officer
Melody Pereira, Chief Security Officer #
Rachel Fish, Chief Administrative Officer

Brady Priest, General Counsel
Judah Rabinowitz, Chief Actuary
Varsha Rao, Chief Operations Officer #

DIRECTORS OR TRUSTEES

Vivek Garipalli
Justin Doheny

Edward Berde

State of New Jersey
County of Hudson ss

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

_____ <small>(Signature)</small> Vivek Garipalli <small>(Printed Name)</small> 1. CEO <small>(Title)</small>	_____ <small>(Signature)</small> Les Granow <small>(Printed Name)</small> 2. Chief Financial Officer <small>(Title)</small>	_____ <small>(Signature)</small> <small>(Printed Name)</small> 3. <small>(Title)</small>
---	--	--

Subscribed and sworn to before me this _____ day of _____, 2018

a. Is this an original filing?
b. If no, 1. State the amendment number
2. Date filed
3. Number of pages attached

Yes[X] No[]

(Notary Public Signature)



Statement of Actuarial Opinion
 STATEMENT OF ACTUARIAL OPINION
 STATUTORY ANNUAL STATEMENT
 FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2017

THE CLOVER INSURANCE COMPANY

This Opinion is	· Unqualified	· Qualified	· Adverse	· Inconclusive
Identification Section	· Prescribed Wording Only	· Prescribed Wording with Additional Wording	· Revised Wording	
Scope Section	· Prescribed Wording Only	· Prescribed Wording with Additional Wording	· Revised Wording	
Reliance Section	· Prescribed Wording Only	· Prescribed Wording with Additional Wording	· Revised Wording	
Opinion Section			· Revised Wording	
Relevant Comments			· Revised Wording	
· The Actuarial Memorandum includes "Deviation from Standard" wording regarding conformity with an Actuarial Standard of Practice				

Identification

I, Judah Rabinowitz, FSA, MAAA, am Chief Actuary of Clover Insurance Company and a member of the American Academy of Actuaries. I was appointed by, or by the authority of, the Board of Directors of said insurer to render this opinion as stated in the letter to the commissioner dated February 26, 2018. I meet the Academy qualification standards for rendering the opinion and am familiar with the valuation requirements applicable to life and health insurance companies.

Scope

I have examined the actuarial assumptions and actuarial methods used in determining reserves and related actuarial items listed below, as shown in the annual statement of the company, as prepared for filing with state regulatory offices, as of December 31, 2017.

Item	Amount
A. Claims Unpaid (Page 3, Line 1)	\$44,742,291
B. Accrued Medical Incentive Pool and Bonus Amounts (Page 3, Line 2)	\$0
C. Unpaid Claims Adjustment Expenses (Page 3, Line 3)	\$852,220
D. Aggregate health policy reserves (Page 3, Line 4) including unearned premium reserves, premium deficiency reserves and additional policy reserves from the Underwriting and Investment Exhibit – Part 2D	\$0
E. Aggregate life policy reserves (Page 3, Line 5)	\$663
F. Property/casualty unearned premium reserves (Page 3, Line 6)	\$0
G. Aggregate health claim reserves (Page 3, Line 7)	\$0
H. Any other loss reserves, actuarial liabilities, or related items presented as liabilities in the	\$2,590,885

Statement of Actuarial Opinion

annual statement not included in the items above	
I. Specified actuarial items presented as assets in the annual statement, as follows: Receivables related to risk-sharing provisions, including Medicare Part D risk-sharing or provider risk-sharing and Medicare Risk Adjustment (Accrued Retrospective Premium - Page 2, Line 15.3)	\$13,061,734

Reliance

In forming my opinion on the liabilities listed above I relied upon data prepared by Les Granow, CPA and Jason Siegel, FSA, MAAA, as certified in the attached statements. I evaluated that data for reasonableness and consistency. I also reconciled that data to the Underwriting and Investment Exhibit, Part 2B of the company's current annual statement. In other respects, my examination included review of the actuarial assumptions and actuarial methods used and tests of the calculations I considered necessary.

Opinion

In my opinion, the amounts carried in the balance sheet on account of the items identified above:

- A. Are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles;
- B. Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the statement was prepared;
- C. Meet the requirements of the Insurance Laws and regulations of the state of New Jersey; and are at least as great as the minimum aggregate amounts required by the state in which this statement is filed;
- D. Except as noted below, make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements;
- E. Except as noted below, are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement of the preceding year-end; and
- F. Include appropriate provision for all actuarial items that ought to be established.

The Underwriting and Investment Exhibit – Part 2B was reviewed for reasonableness and consistency with the applicable Actuarial Standards of Practice.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this statement of opinion.

Relevant Comments

On April 20, 2016, Clover Insurance Company (formerly Ullico Life Insurance Company ("Ullico")) (the "Company") completed a series of transactions that resulted in the redomestication of Ullico from Texas to New Jersey and an inter-affiliate merger resulting in Ullico being the surviving entity and adopting the name "Clover Insurance Company") (all three transactions collectively herein referred to as the "Transactions"). The Transactions and related corporate changes were approved or not objected to by the Texas Department of Insurance (TDI) and the New Jersey Department of Banking and Insurance (NJ DOBI), as applicable and pursuant to each state's law.

Statement of Actuarial Opinion

A Uniform Certificate of Authority Application (UCAA) Corporate Amendment Application, dated December 29, 2016, was filed in 46 states to reflect the name change, redomestication and change of address (among other corporate changes).

The former Ullico business is in "run off" and no policies were written for years prior to the Transaction. Since the acquisition, Clover Insurance Company has continued the business decision not to market or write any accept new life policies. Activity regarding the "run off" policies are appropriately reported in statutory filings. All policies in place at the time of the Transaction were 100% ceded to Sagicor Financial Corporation and Southern Financial Life Insurance which administers the processing of claims. The policies are also reinsured at over 100%.

The model used to compute the incurred but not paid claims, and its associated assumptions, are described in detail in the actuarial memorandum to be filed with the state of New Jersey.

Line H of the above exhibit represents the net impact of claims ceded to Clover's reinsurer, Swiss RE. These items are reflected in Annual Statement Page 4, Line 17.

Differences between my estimates and actual amounts depend on the extent to which future experience conforms to the assumptions made in this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from predicted amounts to the extent that actual experience deviates from expected experience.

Judah Rabinowitz, FSA, MAAA
Clover Insurance Company
22 4th Street
San Francisco, CA 94103
551-247-6652

February 26, 2018
Date



SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended DECEMBER 31, 2017
(To be filed by March 1)

PART 1 - INTERROGATORIES

1. Is the reporting insurer is a member of a group of insurers or other holding company system? Yes[X] No[]
 If yes, do the below amounts represent 1) total gross compensation paid to each individual by or on behalf of all companies that are part of the group: Yes[X] No[]
 or 2) allocation to each insurer: Yes[] No[X]

2. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity? Yes[] No[X]

3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement? Yes[] No[X]

PART 2 - OFFICERS AND EMPLOYEES COMPENSATION

1	2	3	4	5	6	7	8	9	10
Name and Principal Position	Year	Salary	Bonus	Stock Awards	Option Awards	Sign-on Payments	Severance Payments	All Other Compensation	Totals
1. Vivek Garipalli Chief Executive Officer	2017								
	2016								
	2015								
2. Leslie Granow Chief Accounting Officer	2017	294,231	75,000		61,512				430,743
	2016	125,000	75,000		30,406			10,000	240,406
	2015								
3. Mark Spektor Chief Medical Officer	2017	492,308							492,308
	2016	486,538						21,154	507,692
	2015	480,770	385,101					3,846	869,717
4. Kris Gale Chief Technology Officer	2017	256,000	250,000		24,519				530,519
	2016	255,000	250,000		24,519			10,000	539,519
	2015	235,000	250,000		25,022				510,022
5. Brady Priest General Counsel	2017	269,846	75,000		66,884			477	412,207
	2016	134,000	75,000		12,795			10,000	231,795
	2015								
6. Wendy Richey Chief Medicare Compliance Officer	2017	295,385			7,942				303,327
	2016	223,846			6,175			12,770	242,791
	2015								
7. Rachel Fish Chief Administrative Officer	2017	256,000			46,858				302,858
	2016	205,192			7,081			23,494	235,767
	2015	46,769							46,769
8. Wilson Keenan Chief Operating Officer	2017	158,000						27,000	185,000
	2016	212,308						51,545	263,853
	2015	140,000							140,000
9. Judah Rabinowitz Chief Actuary	2017	317,846	200,009		4,645			9,946	532,446
	2016	284,423	115,705		6,374			29,929	436,431
	2015	99,269							99,269
10. Ronald Williams Head of Information Security	2017	256,000	75,000						331,000
	2016	194,000	75,000					10,000	279,000
	2015								

PART 3 - DIRECTOR COMPENSATION

1 Name and Principal Position or Occupation and Company (if Outside Director)	Paid or Deferred for Services as Director				6 All Other Compensation Paid or Deferred	7 Totals
	2 Direct Compensation	3 Stock Awards	4 Option Awards	5 Other		
Vivek Garipalli						
Justin Doheny						
Edward Berde						

PART 4 NARRATIVE DESCRIPTION OF MATERIAL FACTORS

Provide a narrative description of any material factors necessary to gain an understanding of the information disclosed in the tables.

SUPPLEMENTAL COMPENSATION EXHIBIT (continued)

PART 4 - NARRATIVE DESCRIPTION OF MATERIAL FACTORS

Clover Insurance Company (NAIC: 86371) has no employees. Clover Health, LLC manages and provides employees, payroll, benefits and other administrative functions on behalf of Clover Insurance Company, pursuant to an administrative services agreement between Clover Insurance Company and Clover Health, LLC. Compensation information of Clover Health, LLC is confidential and proprietary. Vivek Garipalli, CEO, does not receive any compensation for his work for any of the companies within the holding company structure. The members of the Board of Directors of Clover Insurance Company do not receive any compensation.