



# QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2019  
OF THE CONDITION AND AFFAIRS OF THE

## Network Health Plan

NAIC Group Code 2678 (Current Period) , 2678 (Prior Period) NAIC Company Code 95737 Employer's ID Number 39-1442058

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

Country of Domicile United States

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

Incorporated/Organized 09/30/1982 Commenced Business 04/01/1983

Statutory Home Office 1570 Midway Place , Menasha, WI, US 54952  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1570 Midway Place Menasha, WI, US 54952 920-720-1200  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address P.O. Box 120 Menasha, WI, US 54952  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1570 Midway Place Menasha, WI, US 54952 920-720-1200  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address networkhealth.com

Statutory Statement Contact Brian Keith Ollech 920-720-1886  
(Name) (Area Code) (Telephone Number) (Extension)

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(E-Mail Address) (FAX Number)

### OFFICERS

Name	Title	Name	Title
<u>Coreen Dicus-Johnson</u>	<u>Chief Executive Officer, President</u>	<u>Brian Keith Ollech</u>	<u>Chief Financial Officer, Treasurer</u>
<u>Penelope Anne Ransom</u>	<u>Chief Administrative Officer, Secretary</u>		

### OTHER OFFICERS

\_\_\_\_\_

### DIRECTORS OR TRUSTEES

<u>John Bykowski</u>	<u>Catherine Ann Jacobson</u>	<u>Essie Mae Whitelaw</u>	<u>Larry Arlen Rambo</u>
<u>Jonathan Walter Sohn</u>	<u>Bernard John Sherry</u>	<u>Christopher Craig Zwygart</u>	<u>David Alan Olson</u>
<u>Scott Ronald Hawig</u>			

State of Wisconsin

ss

County of Winnebago

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Coreen Dicus-Johnson  
Chief Executive Officer, President

Brian Keith Ollech  
Chief Financial Officer, Treasurer

Penelope Anne Ransom  
Chief Administrative Officer, Secretary

a. Is this an original filing? Yes [ X ] No [ ]

b. If no:

1. State the amendment number \_\_\_\_\_
2. Date filed \_\_\_\_\_
3. Number of pages attached \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE Network Health Plan

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	51,656,907		51,656,907	51,025,853
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....	2,100,502		2,100,502	2,174,034
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....8,912,153 ), cash equivalents (\$ .....32,496,768 ) and short-term investments (\$ ..... 0 ) .....	41,408,921		41,408,921	32,843,562
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....	0		0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	95,166,330	0	95,166,330	86,043,449
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	238,042		238,042	269,464
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	1,091,997	164,299	927,698	2,446,282
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ .....9,080,771 ) and contracts subject to redetermination (\$ ..... ) .....	9,080,771		9,080,771	9,606,725
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	3,691,998		3,691,998	4,537,814
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset .....	1,096,220	425,819	670,401	800,238
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	368,036	368,036	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	20,849	20,849	0	0
24. Health care (\$ .....2,010,003 ) and other amounts receivable .....	2,010,003		2,010,003	2,555,249
25. Aggregate write-ins for other-than-invested assets .....	263,459	0	263,459	236,191
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	113,027,705	979,003	112,048,702	106,495,412
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	113,027,705	979,003	112,048,702	106,495,412
<b>DETAILS OF WRITE-INS</b>				
1101. ....			0	0
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. APTC Receivable .....	263,459		263,459	236,191
2502. ....			0	0
2503. ....			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	263,459	0	263,459	236,191

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE Network Health Plan

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded).....	21,246,433	2,809,764	24,056,197	31,834,466
2. Accrued medical incentive pool and bonus amounts .....	3,780,624	499,974	4,280,598	809,817
3. Unpaid claims adjustment expenses .....	721,686		721,686	862,358
4. Aggregate health policy reserves including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act .....			0	0
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....	2,526,667		2,526,667	2,260,979
9. General expenses due or accrued .....	4,489,766		4,489,766	5,993,143
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....	6,445,391		6,445,391	3,897,120
10.2 Net deferred tax liability.....	0		0	0
11. Ceded reinsurance premiums payable .....	203,894		203,894	1,555,695
12. Amounts withheld or retained for the account of others .....			0	0
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	274,617		274,617	947,785
16. Derivatives.....			0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers) .....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... 8,123 current) .....	8,123	0	8,123	1,634
24. Total liabilities (Lines 1 to 23).....	39,697,201	3,309,738	43,006,939	48,162,997
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	200,000	200,000
27. Preferred capital stock .....	XXX	XXX		0
28. Gross paid in and contributed surplus .....	XXX	XXX	27,672,597	27,672,597
29. Surplus notes .....	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	41,169,166	30,459,818
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	69,041,763	58,332,415
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	112,048,702	106,495,412
<b>DETAILS OF WRITE-INS</b>				
2301. Unclaimed Property.....	8,123		8,123	1,634
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) .....	8,123	0	8,123	1,634
2501. ....	XXX	XXX		0
2502. ....	XXX	XXX		0
2503. ....	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	762,662	794,418	1,058,209
2. Net premium income (including \$ non-health premium income).....	XXX	282,972,844	299,365,717	401,045,832
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0	0
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX		0	0
5. Risk revenue .....	XXX		0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	282,972,844	299,365,717	401,045,832
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....	24,489,970	209,674,400	206,723,058	295,551,485
10. Other professional services .....	647,991	5,547,869	7,697,738	9,567,202
11. Outside referrals .....			0	0
12. Emergency room and out-of-area .....	686,877	5,880,794	8,156,385	10,200,801
13. Prescription drugs .....	1,991,994	17,054,741	20,274,535	26,690,766
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		3,470,646	0	926,128
16. Subtotal (Lines 9 to 15) .....	27,816,832	241,628,450	242,851,716	342,936,382
<b>Less:</b>				
17. Net reinsurance recoveries .....		7,320,195	4,344,607	8,512,211
18. Total hospital and medical (Lines 16 minus 17) .....	27,816,832	234,308,255	238,507,109	334,424,171
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 2,263,783 ..... cost containment expenses.....		5,709,793	5,993,046	6,867,320
21. General administrative expenses.....		32,148,240	32,085,062	47,288,602
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....			0	0
23. Total underwriting deductions (Lines 18 through 22) .....	27,816,832	272,166,288	276,585,217	388,580,093
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	10,806,556	22,780,500	12,465,739
25. Net investment income earned .....		1,786,347	780,134	1,350,870
26. Net realized capital gains (losses) less capital gains tax of \$ 5,824 .....		21,909	(108,630)	(111,840)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	1,808,256	671,504	1,239,030
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....			0	0
29. Aggregate write-ins for other income or expenses .....	0	4,000	30,000	31,895
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	12,618,812	23,482,004	13,736,664
31. Federal and foreign income taxes incurred .....	XXX	2,542,448	5,402,447	3,557,503
32. Net income (loss) (Lines 30 minus 31) .....	XXX	10,076,364	18,079,557	10,179,161
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX	0		
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0	0
1401. ....			0	0
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	0	0	0
2901. Loss on Sale of assets.....		4,000	30,000	31,895
2902. ....		0	0	0
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	4,000	30,000	31,895

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

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	58,332,415	52,961,552	52,961,552
34. Net income or (loss) from Line 32 .....	10,076,364	18,079,557	10,179,161
35. Change in valuation basis of aggregate policy and claim reserves .....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	0
38. Change in net deferred income tax .....	(131,306)	(1,238,312)	(1,966,543)
39. Change in nonadmitted assets .....	764,290	5,493,144	9,658,243
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles .....		0	0
44. Capital Changes:			
44.1 Paid in .....		0	0
44.2 Transferred from surplus (Stock Dividend) .....		0	0
44.3 Transferred to surplus .....		0	0
45. Surplus adjustments:			
45.1 Paid in .....		0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....		0	0
46. Dividends to stockholders .....		(12,500,000)	(12,500,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	0	8	2
48. Net change in capital and surplus (Lines 34 to 47) .....	10,709,348	9,834,397	5,370,863
49. Capital and surplus end of reporting period (Line 33 plus 48)	69,041,763	62,795,949	58,332,415
<b>DETAILS OF WRITE-INS</b>			
4701. Rounding.....		8	2
4702. ....		0	0
4703. ....		0	0
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	8	2

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE Network Health Plan

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	284,411,316	293,263,619	408,506,770
2. Net investment income .....	1,884,559	975,462	1,517,456
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	286,295,875	294,239,081	410,024,226
5. Benefit and loss related payments .....	237,042,567	234,101,206	323,829,158
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	39,498,082	33,848,375	51,999,399
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	0	6,251,019	6,087,550
10. Total (Lines 5 through 9) .....	276,540,649	274,200,600	381,916,107
11. Net cash from operations (Line 4 minus Line 10) .....	9,755,226	20,038,481	28,108,119
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	4,420,180	11,024,975	15,025,952
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	45,954	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	4,420,180	11,070,929	15,025,952
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	5,016,759	4,242,232	13,139,630
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	2
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	5,016,759	4,242,232	13,139,632
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(596,579)	6,828,697	1,886,320
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	12,500,000	12,500,000
16.6 Other cash provided (applied).....	(593,288)	3,348,799	5,400,705
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(593,288)	(9,151,201)	(7,099,295)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	8,565,359	17,715,977	22,895,144
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	32,843,562	9,948,418	9,948,418
19.2 End of period (Line 18 plus Line 19.1) .....	41,408,921	27,664,395	32,843,562

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE Network Health Plan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	87,693	7,657	42,288	.0	.0	.0	.0	.0	37,748	.0
2. First Quarter .....	84,839	8,031	39,242	.0	.0	.0	.0	.0	37,566	.0
3. Second Quarter .....	85,817	7,748	39,021	.0	.0	.0	.0	.0	39,048	.0
4. Third Quarter .....	82,728	7,417	35,912						39,399	
5. Current Year	0									
6. Current Year Member Months	762,662	70,280	343,816						348,566	
Total Member Ambulatory Encounters for Period:										
7. Physician .....	84,781	15,907	68,874							
8. Non-Physician .....	34,959	4,796	30,163							
9. Total	119,740	20,703	99,037	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	5,886	1,655	4,231							
11. Number of Inpatient Admissions	1,360	328	1,032							
12. Health Premiums Written (a).....	284,790,236	56,551,481	156,721,551						71,517,204	
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned .....	284,790,236	56,551,481	156,721,551						71,517,204	
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services .....	245,208,579	44,190,645	141,659,845						59,358,089	
18. Amount Incurred for Provision of Health Care Services	241,628,450	41,644,812	140,625,550						59,358,088	

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

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE Network Health Plan

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
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0199999 Individually listed claims unpaid.....	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered.....						0
0499999 Subtotals	0	0	0	0	0	0
0599999 Unreported claims and other claim reserves	XXX	XXX	XXX	XXX	XXX	24,056,197
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX	
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	24,056,197
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	4,280,598

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STATEMENT AS OF SEPTEMBER 30, 2019 OF THE Network Health Plan

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE**

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	27,708,461	146,623,695	4,032,504	20,023,693	31,740,965	31,834,466
2. Medicare Supplement .....					.0	.0
3. Dental only .....					.0	.0
4. Vision only .....					.0	.0
5. Federal Employees Health Benefits Plan .....					.0	.0
6. Title XVIII - Medicare .....					.0	.0
7. Title XIX - Medicaid .....		59,358,089			.0	.0
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8).....	27,708,461	205,981,784	4,032,504	20,023,693	31,740,965	31,834,466
10. Health care receivables (a) .....		(727,360)		2,010,003	.0	2,737,363
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts .....		3,470,778		4,280,598	.0	809,817
13. Totals (Lines 9-10+11+12)	27,708,461	210,179,922	4,032,504	22,294,288	31,740,965	29,906,920

6

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

# STATEMENT AS OF September 30, 2019 OF THE Network Health Plan

## NOTES TO FINANCIAL STATEMENTS

These items are based on illustrations taken from the NAIC Annual Statement Instructions

### 1. Summary of Significant Accounting Policies and Going Concern

Network Health Plan (NHP), or the "Company", is incorporated in the state of Wisconsin under the provisions of Chapter 611 of the Wisconsin Statutes as a Wisconsin stock insurance corporation. NHP is engaged in the business of health insurance for health care services provided to groups and individuals. NHP contracts with various health care facilities to provide covered medical services and supplies to NHP participants for a fixed monthly premium. The majority of these services are provided in northeastern Wisconsin however, NHP initiated these services in southern Wisconsin beginning in Q3 2015.

NHP's sole corporate member is Network Health, Inc. (NHI). Prior to November 1, 2014, NHI was formally known as Ministry Holdings, Inc. whose sole corporate member was Ministry Health Care, Inc. On November 1, 2014 Ministry Health Care, Inc. and Froedtert Health, Inc. became the joint corporate members of NHI.

Network Health Administrative Services, LLC (NHAS) was started in 2015 and is a nonstock, not-for-profit corporation, whose sole member is NHI. NHAS is engaged in the business of third-party administration of claims for self-funded health insurance clients. NHAS is structured as a single-member LLC, and is treated as a "disregarded entity" with activities reflected on NHI's tax return.

Network Health PAC LLC (PAC) is a nonstock corporation, whose sole member is NHI. PAC is a State based Political Action Committee, established for the purpose of collecting campaign contributions from NHI employees and donating those funds to campaigns for and /or against candidates, ballot initiatives, or legislation. PAC has filed with the Internal Revenue Service for a Section 527 Tax Exempt Status. As a 527 Tax Exempt organization all contributions received by the PAC from NHI employees will not be taxable to the organization as income and any disbursement of those funds for qualified expenditures will also not be deductible for tax purposes. PAC commenced business on May 9, 2018.

Network Health Insurance Corporation is also a subsidiary of NHI and an affiliate of NHP.

#### A. Accounting Practices

The statutory financial statements of NHP are presented on the basis of accounting practices prescribed or permitted by the Office of the Commissioner of Insurance of the State of Wisconsin (OCI).

The OCI recognizes only statutory accounting practices prescribed or permitted by the State of Wisconsin for determining the financial condition and results of operations of a service insurance corporation and for determining its solvency under the Wisconsin insurance law. The National Association of Insurance Commissioners (NAIC) Accounting Practices and Procedures Manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Wisconsin.

A reconciliation of NHP's net income and capital and surplus between NAIC SAP and practices prescribed by the State of Wisconsin is shown below:

<u>NET INCOME</u>	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>2019</u>	<u>2018</u>
(1) Company state basis (page 4, Line 32, Columns 2 &3)	xxx	xxx	xxx	\$ 10,076,364	\$ 10,179,161
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:				\$	\$
(3) State Permitted Practices that increase/(decrease) NAIC SAP:				\$	\$
(4) NAIC SAP (1-2-3=4)	xxx	xxx	xxx	\$ 10,076,364	\$ 10,179,161
<u>SURPLUS</u>					
(5) Company state basis (Page 3, Line 33, Columns 3&4)	xxx	xxx	xxx	\$ 69,041,763	\$ 58,332,415
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:				\$ (20,849)	\$ (6,423)
(7) State Permitted Practices that increase/(decrease) NAIC SAP:				\$	\$
(8) NAIC SAP (5-6-7=8)	xxx	xxx	xxx	\$ 69,062,612	\$ 58,338,838

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

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

#### C. Accounting Policy

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

Properties occupied by the company and properties held for the production of income are carried at depreciated cost less encumbrances.

In addition, NHP uses the following accounting policies;

1. Short-term investments are stated at cost which approximates fair value.
2. Investment grade bonds other than loan-backed and structured securities are stated at amortized cost using the interest method. Non-investment grade bonds with NAIC designations of 3 through 6 are stated at the lower of amortized value or fair value.
3. Basis at which common stock is stated  
Not applicable

## STATEMENT AS OF September 30, 2019 OF THE Network Health Plan

3. Basis at which preferred stocks are stated  
Not applicable
  4. Description of the valuation basis of the mortgage loans  
Not applicable
  5. Basis at which the loan-backed securities are stated, and adjustment methodology used for each type of security (prospective or retrospective).  
Not applicable
  6. The accounting policies of the reporting entity with respect to investment in subsidiaries, controlled and affiliated entities  
Not applicable
  7. The accounting policies of the reporting entity with respect to investment in joint ventures, partnerships and limited liability companies.  
Not applicable
  8. A Description of the accounting policy for derivatives  
Not Applicable
  9. NHP does not anticipate investment income when evaluating the need for premium deficiency reserves.  
  
Unpaid claims and claim adjustment expenses include an amount determined from individual case estimates and loss reports and an amount for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
  10. NHP has not modified its capitalization policy from the prior period.
  11. Pharmaceutical rebates are estimated based on the development of amounts received for prior quarter rebates.
- D. Going Concern
- After evaluating the entity's ability to continue as a going concern, management is not aware of any conditions or events which raised substantial doubts concerning the entity's ability to continue as a going concern as of the date of the filing of this statement.

### 2. Accounting Changes and Corrections of Errors

- A. None

### 3. Business Combinations and Goodwill

- A. Statutory Purchase Method  
Not applicable
- B. Statutory Merger  
Not applicable
- C. Assumption Reinsurance  
Not applicable
- D. Impairment Loss  
Not applicable

### 4. Discontinued Operations

- A. Discontinued Operation Disposed of or Classified as Held for Sale  
Not applicable
- B. Effect of Discontinued Operations on Assets, Liabilities, Surplus and Income  
Not applicable

### 5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans  
Not applicable
- B. Debt Restructuring  
Not applicable

## STATEMENT AS OF September 30, 2019 OF THE Network Health Plan

C. Reverse Mortgages

Not applicable

D. Loan-Backed Securities

Not applicable

E. Repurchase Agreements and/or Securities Lending Transactions

Not applicable

F. Real Estate

Not applicable

G. Investments in low-income housing tax credits (LIHTC)

Not applicable

H. Restricted Assets

(1) Restricted Assets (Including Pledged)

	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/Decrease (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
H.							
	Restricted Assets (Including Pledged)						
a.	Subject to contractual obligation for which liability is not shown						
b.	Collateral held under security lending agreements						
c.	Subject to repurchase agreements						
d.	Subject to reverse repurchase agreements						
e.	Subject to dollar repurchase agreements						
f.	Subject to dollar reverse repurchase agreements						
g.	Placed under option contracts						
h.	Letter stock or securities restricted as to sale - excluding FHLB capital stock						
i.	FHLB capital stock						
j.	4,244,808	4,065,180	179,628	-	4,244,808	3.79%	3.81%
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.	4,244,808	4,065,180	179,628	-	4,244,808	3.79%	3.81%

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

Not applicable

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

Not applicable

I. Working Capital Finance Investments

Not Applicable

J. Offsetting and Netting of Assets and Liabilities

Not Applicable

K. Structured Notes

Not Applicable

L. 5\* Securities

Not Applicable

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

A. Investments in Joint Ventures, Partnerships and Limited Liability Companies that exceed 10% of the admitted assets

Not applicable

B. Write-downs for Impairment of Joint Ventures, Partnerships, and LLCs

Not applicable

# STATEMENT AS OF September 30, 2019 OF THE Network Health Plan

## 7. Investment Income

### A. Accrued Investment Income

NHP does not admit investment income due and accrued if amounts are over 90 days past due.

### B. Amounts Non-admitted

Not applicable

## 8. Derivative Instruments

Not applicable

## 9. Income Taxes

No significant changes

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

### A. Nature of Relationships

No changes

### B. Detail of Transactions Greater than ½% of Admitted Assets

Not applicable

### C. Change in Terms of Intercompany Agreements

No changes

### D. Amounts Due to or from Related Parties

Due to/from	9/30/2019		12/31/2018	
	Due to NHP	Due from NHP	Due to NHP	Due from NHP
NHIC	-	30,016	-	213,555
NHI	-	148,200	-	620,618
NHAS	-	96,401	-	113,612
Other	20,849	-	6,423	-
Totals	20,849	274,617	6,423	947,785

### E. Guarantees or Contingencies for Related Parties

Not applicable

### F. Management, Service Contracts, Cost Sharing Arrangements

No change

### G. Nature of Relationships that Could Affect Operations

Not applicable

### H. Amount Deducted for Investment in Upstream Parent

Not applicable

### I. Detail of Investments in SCA Greater than 10% of Admitted Assets

Not applicable

### J. Write-down for Impairments of Investments in SCA

Not applicable

### K. Foreign Subsidiary Valued Using CARVM

Not applicable

### L. Downstream Holding Company Valued Using Look-Through Method

Not applicable

### M. All SCA investments for value of admitted and non-admitted assets

Not applicable

### N. Investment in an insurance SCA for which the audited statutory equity reflects a departure from the NAIC statutory accounting practices and procedures

Not applicable

# STATEMENT AS OF September 30, 2019 OF THE Network Health Plan

## 11. Debt

Not applicable

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

### A. Employee Benefits

Not applicable

### B. Description of Investment Policies

Not applicable

### C. Fair Value Measurements of Plan Assets

Not applicable

### D. Rate of Return Assumptions

Not Applicable

### E. Defined Contribution Plans

Not Applicable

### F. Multiemployer Plans

Not Applicable

### G. Consolidated/Holding Company Plans

Not Applicable

### H. Postemployment Benefits and Compensated Absences

Not Applicable

### I. Impact of Medicare Modernization Act on Postretirement Benefits

Not Applicable

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

1. No change
2. No change
3. No change
4. No change
5. No change
6. No change
7. No change
8. No change
9. No change
10. No change
11. No change
12. No change
13. No change

## 14. Liabilities, Contingencies and Assessments

### A. Contingent Commitments

Not applicable

### B. Assessments

Not applicable

### C. Gain Contingencies

Not applicable

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

Not applicable

# STATEMENT AS OF September 30, 2019 OF THE Network Health Plan

E. Joint and Several Liabilities

Not applicable

F. All Other Contingencies

The Company has no contingent liabilities arising from litigation, income taxes, or other matters which are not considered material in relation to the financial position of the Company. Further, the Company has no assets that it considers to be impaired.

**15. Leases**

A. Lessee Leasing Arrangements

Not applicable

B. Lessor Leases

Not applicable

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

Not applicable

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

Not applicable

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

A. ASO Plans

Not applicable

B. ASC Plans

Not applicable

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contracts

Not applicable

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

Name and Address of Managing General Agent or Third Party Administration	FEIN Number	Exclusive Contract	Types of Business Written	Types of Authority Granted	Total Direct Premium Written/Produced By
Managed Health Services Insurance Corp 10700 W Research Dr #300, Milwaukee, WI 53226	39-1678579	NO	Health Coverage	CLAIMS PAYMENT	\$ 71,517,204
				Total	\$ 71,517,204

**20. Fair Value Measurements**

SSAP 100, Fair Value Measurements, establishes a framework for measuring fair value. Financial instruments are categorized in a fair value hierarchy based on the reliability of inputs to the valuation techniques as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that NHP has the ability to access.

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable; or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. NHP believes its valuation methods are appropriate and consistent with other market participants. The use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

A. Inputs Used for Assets Measured at Fair Value

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Money Market Mutual Fund	\$ 32,496,768	\$ 0	\$ 0	\$ 32,496,768
Total assets at fair value	\$ 32,496,768	\$ 0	\$ 0	\$ 32,496,768

## STATEMENT AS OF September 30, 2019 OF THE Network Health Plan

- (2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

Not applicable

- (3) Reasons for any transfers between levels

Not applicable

- (4) Valuation Techniques for Fair Value Measurements Categorized within Level 2 and Level 3

Not applicable

- (5) Derivative Assets and Liabilities

Not applicable

- B. Other Fair Value Disclosures

Not applicable

- C. Fair Value for all Financial Instruments

	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds (US Government & Agency Securities)	\$ 52,618,496	\$ 51,656,907	\$ 36,867,862	\$ 14,789,046	\$ -	\$ -
Cash Equivalents (Money Market Funds)	\$ 32,496,768	\$ 32,496,768	\$ 32,496,768	\$ -	\$ -	\$ -

- D. Not Practicable to Estimate Fair Value

Not applicable

### 21. Other Items

- A. Unusual or Infrequent Items

There were no unusual or infrequent items for 2018.

- B. Troubled Debt Restructuring: Debtors

Not applicable

- C. Other Disclosures

Not applicable

- D. Business Interruption Insurance Recoveries

Not applicable

- E. State Transferable and Non-transferable Tax Credits

Not applicable

- F. Subprime Mortgage Related Risk Exposure

Not applicable

- G. Retained Assets

Not applicable

- H. Disclosure for possible proceeds as the issuer, ceding insurer, or counterparty of insurance-linked securities

Not applicable

### 22. Events Subsequent

Type I – Recognized Subsequent Events:

Subsequent events have been considered through November 13, 2019, for the statutory statement issued on September 30, 2019.

Type II – Non-recognized Subsequent Events:

Subsequent events have been considered through November 13, 2019, for the statutory statement issued on September 30, 2019.



## STATEMENT AS OF September 30, 2019 OF THE Network Health Plan

### 23. Reinsurance

#### A. Ceded Reinsurance Report

##### Section 1 – General Interrogatories

- (1) No Change
- (2) No Change

##### Section 2 – Ceded Reinsurance Report – Part A

- (1) No Change
- (2) No Change

##### Section 2 – Ceded Reinsurance Report – Part A

- (1) No Change
- (2) No Change

##### Section 3 – Ceded Reinsurance Report – Part B

- (1) No Change
- (2) No Change

#### B. Uncollectible Reinsurance

Not applicable

#### C. Communication of Ceded Reinsurance

Not applicable

#### D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not applicable

Effective January 1, 2019 NHP contracted with a new reinsurer listed on schedule S, and increased retention limits. The new carrier is Axis Insurance Company, domiciled in Illinois. The retention limits increased from \$450,000 to \$750,000 all lines of business, from December 31, 2018 to September 30, 2019, respectively. NHP receives 100% reimbursement for claims in excess of \$750,000.

### 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. NHP's retrospectively rated contracts are based upon actual claims expense, a per member, per month amount for those services provided at NHP's risk, and a per member, per month amount for administrative fees. NHP accrues retrospective premium adjustments for its retrospectively rated group health insurance business by comparing premiums billed to the sum of estimated claims costs for these contracts, fixed costs and administrative costs. In addition, NHP has health insurance business that is subject to a medical loss ratio rebate pursuant to the Public Health Service Act.
- B. NHP records accrued retrospective premium as an adjustment to earned premiums.
- C. Net premiums written by NHP as of September 30, 2019 and December 31, 2018, subject to retrospective ratings totaled \$50,821,306 and \$71,281,642 respectively. These premiums represented 17.9 percent and 17.8 percent, of the total net premiums written by NHP in 2019 and 2018. NHP has received \$4,182,804 and \$10,379,269 of additional premiums in 2019 and 2018 respectively for writing business subject to retroactivity. No other premiums written by NHP are subject to retrospective rating features.
- D. NHP made no payments resulting from MLR
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA)
  - (1) Yes, during 2018 NHP wrote premiums subject to the Affordable Care Act
  - (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets,

# STATEMENT AS OF September 30, 2019 OF THE Network Health Plan

	2019	2018
a. Permanent ACA Risk Adjustment Program		
Assets		
1 Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	\$ 3,008,766	\$ 9,606,725
Liabilities		
2 Risk adjustment user fees payable for ACA Risk Adjustment	\$ -	-
3 Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	\$ -	-
Operations (Revenue & Expense)		
4 Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ 3,008,766	\$ 10,379,269
5 Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ -	-
b. Transitional ACA Reinsurance Program		
Assets		
1 Amounts recoverable for claims paid due to ACA Reinsurance	\$ -	\$ 7,488
2 Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ -	-
3 Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ -	-
Liabilities		
4 Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ -	-
5 Ceded reinsurance premiums payable due to ACA Reinsurance	\$ -	-
6 Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ -	-
Operations (Revenue & Expense)		
7 Ceded reinsurance premiums due to ACA Reinsurance	\$ -	-
8 Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ -	-
9 ACA Reinsurance contributions - not reported as ceded premium	\$ -	-
c. Temporary ACA Risk Corridors Program		
Assets		
1 Accrued retrospective premium due to ACA Risk Corridors	\$ -	-
Liabilities		
2 Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ -	-
Operations (Revenue & Expense)		
3 Effect of ACA Risk Corridors on net premium income (paid/received)	\$ -	-
4 Effect of ACA Risk Corridors on change in reserves for rate credits	\$ -	-

Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
				Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)	
1	2	3	4	5	6	7	8	Ref	9	10
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)

(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.									
a. Permanent ACA Risk Adjustment Program										
1 Premium adjustment receivable	9,606,725		4,880,785		4,725,940		3,100,977		A	7,826,917
2 Premium adjustments (payable)					-				B	
3 Subtotal ACA Permanent Risk Adjustment Program	9,606,725		4,880,785		4,725,940		3,100,977			7,826,917
b. Transitional ACA Reinsurance Program										
1 Amounts recoverable for claims paid	-		-		-		-		C	-
2 Amounts recoverable for claims unpaid (contra liability)					-				D	
3 Amounts receivable relating to uninsured plans					-				E	
4 Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium					-				F	
5 Ceded reinsurance premiums payable					-				G	
6 Liability for amounts hold under uninsured plans					-				H	
7 Subtotal ACA Transitional Reinsurance Program	-		-		-		-			-
c. Temporary ACA Risk Corridors Program										
1 Accrued retrospective premium					-				I	
2 Reserve for rate credits or policy experience rating refunds					-				J	
3 Subtotal ACA Risk Corridors Program	-		-		-		-			-
d. Total for ACA Risk Sharing Provisions	9,606,725		4,880,785		4,725,940		3,100,977			7,826,917

## STATEMENT AS OF September 30, 2019 OF THE Network Health Plan

### 25. Change in Incurred Claims and Claim Adjustment Expenses

Claims Payable Roll Forward	
12/31/2018 Reserve	\$ 31,834,466
<b>Claims Incurred</b>	
Current Period	\$ 230,203,617
Prior Years	\$ (93,501)
Total Incurred	\$ 230,110,116
<b>Claims Paid</b>	
Current Period	\$ 210,179,924
Prior Years	\$ 27,708,461
Total Paid	\$ 237,888,385
9/30/19 Reserve	\$ 24,056,197

There has been a \$93,501 favorable prior year development since December 31, 2018 to September 30, 2019. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

### 26. Intercompany Pooling Arrangements

Not applicable

### 27. Structured Settlements

Not applicable

### 28. Health Care Receivables

#### A. Pharmaceutical Rebate Receivables

No change

#### B. Risk Sharing Receivable

Calendar Year	Evaluation Period Year Ending	Risk Sharing Receivable as Estimated in the Prior Year	Risk Sharing Receivable as Estimated in the Current Year	Risk Sharing Receivable Billed	Risk Sharing Receivable Not Yet Billed	Actual Risk Sharing Amounts Received in Year Billed	Actual Risk Sharing Amounts Received First Year Subsequent	Actual Risk Sharing Amounts Received Second Year Subsequent	Actual Risk Sharing Amounts Received - All Other
2019	2018	7,547,839	7,547,839	7,547,839	-	-	7,547,973	-	-
	2019	xxx	-	xxx	xxx	xxx	xxx	xxx	xxx
2018	2017	5,777,399	7,547,839	7,547,839	-	-	7,383,025	-	-
	2018	xxx	-	xxx	xxx	xxx	xxx	xxx	xxx
2017	2016	1,555,647	-	-	-	-	3,357,195	3,357,195	-
	2017	xxx	4,728,762	xxx	xxx	xxx	xxx	xxx	xxx
2016	2015	-	1,555,647	-	-	-	-	-	-
	2016	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx

### 29. Participating Policies

Not applicable

### 30. Premium Deficiency Reserves

Not applicable

### 31. Anticipated Salvage and Subrogation

Not applicable

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [X]
- 2.2 If yes, date of change: .....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [X] No [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ ] No [X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [X]  
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [X] NA [ ]  
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ....12/31/2017
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....12/31/2017
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....10/05/2018
- 6.4 By what department or departments?  
Office of the Commissioner of Insurance, State of Wisconsin.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] NA [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [X] No [ ] NA [ ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [X]
- 7.2 If yes, give full information:  
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... Yes [ ] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... Yes [ ] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

**GENERAL INTERROGATORIES**

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes  No

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

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

9.2 Has the code of ethics for senior managers been amended? ..... Yes  No

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

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

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

**FINANCIAL**

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:..... \$ .....0

**INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes  No

11.2 If yes, give full and complete information relating thereto:  
 .....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ .....0

13. Amount of real estate and mortgages held in short-term investments: ..... \$ .....0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes  No

14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ .....0	\$ .....
14.22 Preferred Stock .....	\$ .....0	\$ .....
14.23 Common Stock .....	\$ .....0	\$ .....
14.24 Short-Term Investments .....	\$ .....0	\$ .....
14.25 Mortgage Loans on Real Estate .....	\$ .....	\$ .....
14.26 All Other .....	\$ .....	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....0	\$ .....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....

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

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

If no, attach a description with this statement.

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

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ .....0  
 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ .....0  
 16.3 Total payable for securities lending reported on the liability page ..... \$ .....0

## GENERAL INTERROGATORIES

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity’s offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? .....

Yes  No

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

1 Name of Custodian(s)	2 Custodian Address
Wells Fargo Bank, N.A.....	550 S. 4th Street, Minneapolis, MN 55415.....

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? .....

Yes  No

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

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

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

1 Name of Firm or Individual	2 Affiliation
Patrick Mahoney, Portfolio Manager, Wells Fargo.....	U.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s assets? .....

Yes  No

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity’s assets? .....

Yes  No

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
2027.....	Wells Fargo, N.A.....	41-1592157.....	SEC.....	NO.....

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? .....

Yes  No

18.2 If no, list exceptions:

.....

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

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- 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 5GI securities? .....

Yes  No

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is
- c. shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? .....

Yes  No

## GENERAL INTERROGATORIES

### PART 2 - HEALTH

- |  |                |  |
|--|----------------|--|
| 1. Operating Percentages:  |                |  |
| 1.1 A&H loss percent.....  | 83.6 %         |  |
| 1.2 A&H cost containment percent .....   | 0.8 %          |  |
| 1.3 A&H expense percent excluding cost containment expenses.....   | 12.6 %         |  |
| 2.1 Do you act as a custodian for health savings accounts?.....  | Yes [ ] No [X] |  |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date.....  | \$             |  |
| 2.3 Do you act as an administrator for health savings accounts?.....   | Yes [ ] No [X] |  |
| 2.4 If yes, please provide the balance of the funds administered as of the reporting date.....   | \$             |  |
| 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....   | Yes [ ] No [X] |  |
| 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?..... | Yes [ ] No [X] |  |





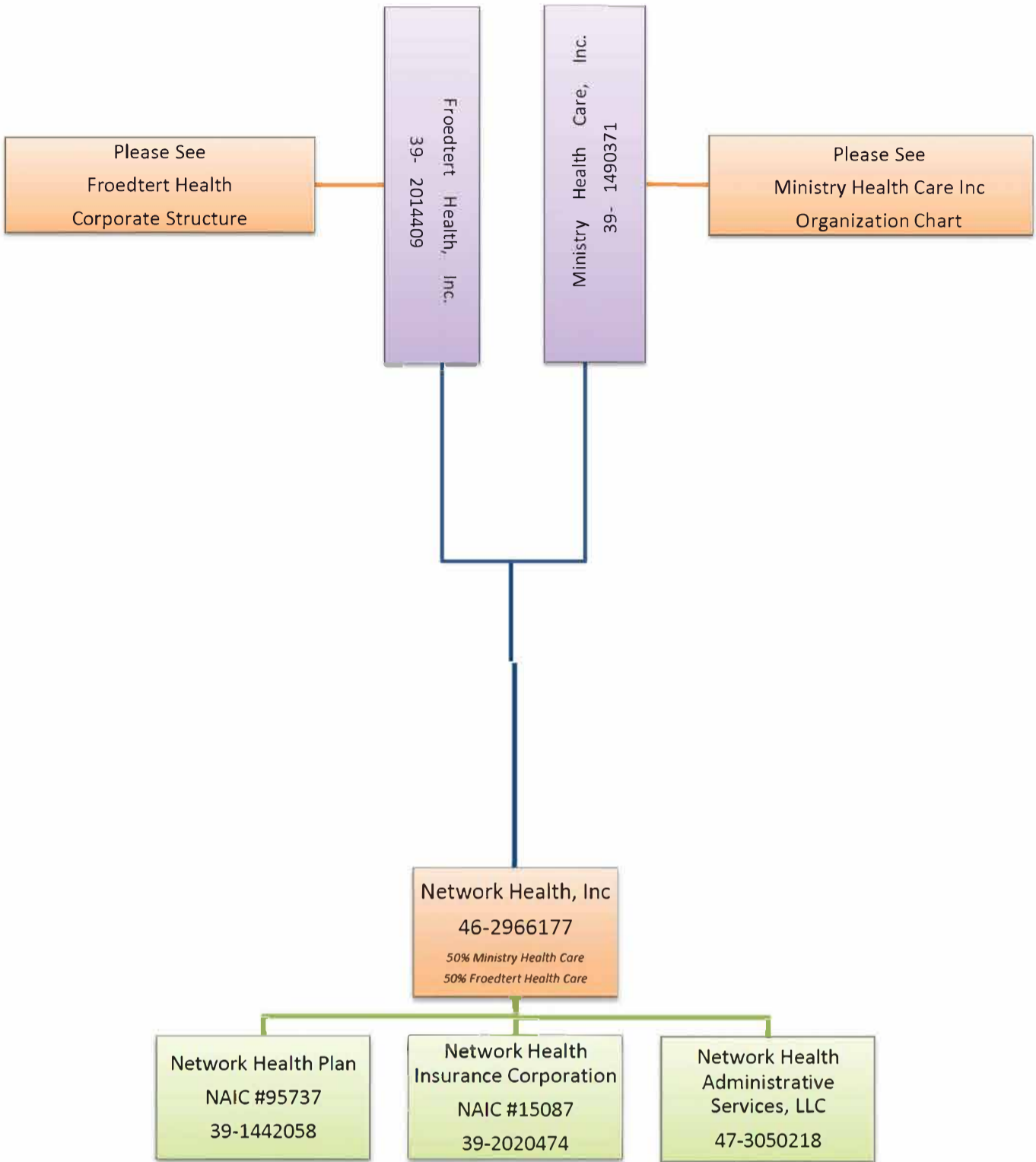
**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

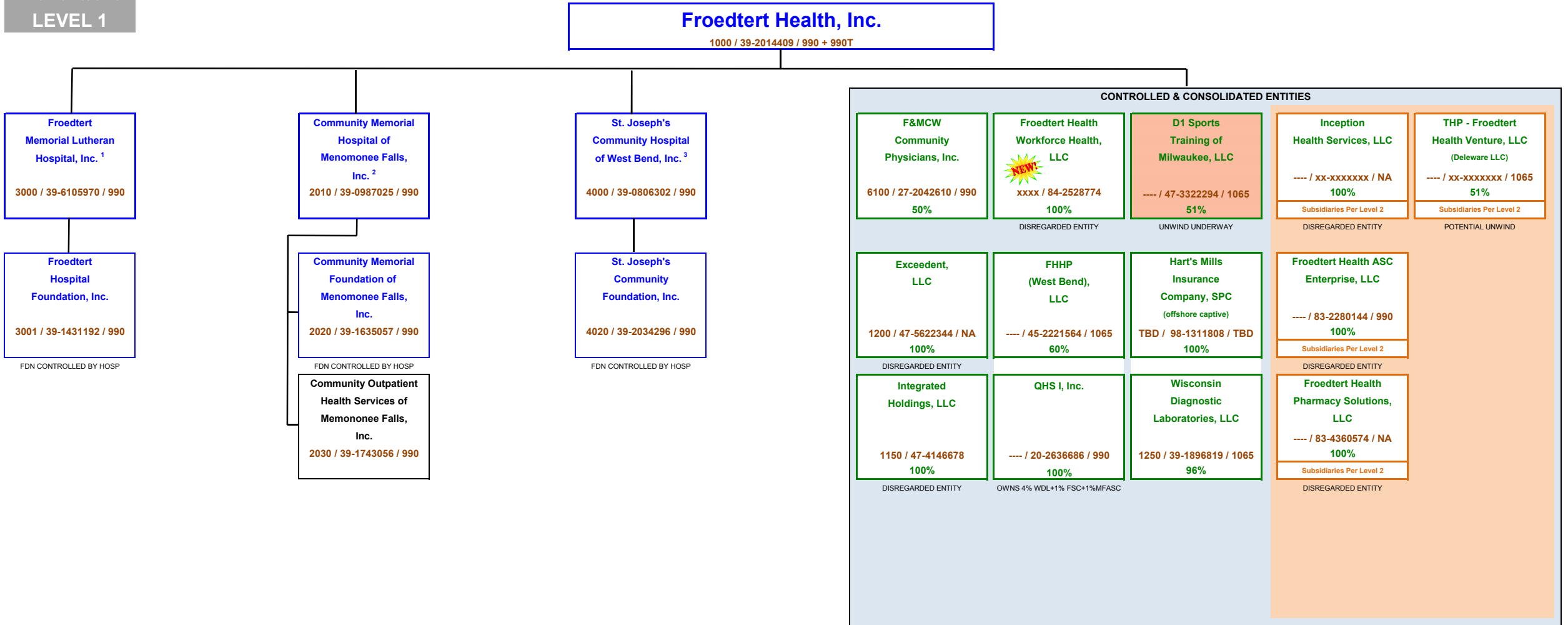
States, Etc.	1 Active Status (a)	Direct Business Only							8 Total Columns 2 Through 7	9 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums			
1. Alabama	AL	N							0	
2. Alaska	AK	N							0	
3. Arizona	AZ	N							0	
4. Arkansas	AR	N							0	
5. California	CA	N							0	
6. Colorado	CO	N							0	
7. Connecticut	CT	N							0	
8. Delaware	DE	N							0	
9. Dist. Columbia	DC	N							0	
10. Florida	FL	N							0	
11. Georgia	GA	N							0	
12. Hawaii	HI	N							0	
13. Idaho	ID	N							0	
14. Illinois	IL	N							0	
15. Indiana	IN	N							0	
16. Iowa	IA	N							0	
17. Kansas	KS	N							0	
18. Kentucky	KY	N							0	
19. Louisiana	LA	N							0	
20. Maine	ME	N							0	
21. Maryland	MD	N							0	
22. Massachusetts	MA	N							0	
23. Michigan	MI	N							0	
24. Minnesota	MN	N							0	
25. Mississippi	MS	N							0	
26. Missouri	MO	N							0	
27. Montana	MT	N							0	
28. Nebraska	NE	N							0	
29. Nevada	NV	N							0	
30. New Hampshire	NH	N							0	
31. New Jersey	NJ	N							0	
32. New Mexico	NM	N							0	
33. New York	NY	N							0	
34. North Carolina	NC	N							0	
35. North Dakota	ND	N							0	
36. Ohio	OH	N							0	
37. Oklahoma	OK	N							0	
38. Oregon	OR	N							0	
39. Pennsylvania	PA	N							0	
40. Rhode Island	RI	N							0	
41. South Carolina	SC	N							0	
42. South Dakota	SD	N							0	
43. Tennessee	TN	N							0	
44. Texas	TX	N							0	
45. Utah	UT	N							0	
46. Vermont	VT	N							0	
47. Virginia	VA	N							0	
48. Washington	WA	N							0	
49. West Virginia	WV	N							0	
50. Wisconsin	WI	L	213,273,032		71,517,204				284,790,236	
51. Wyoming	WY	N							0	
52. American Samoa	AS	N							0	
53. Guam	GU	N							0	
54. Puerto Rico	PR	N							0	
55. U.S. Virgin Islands	VI	N							0	
56. Northern Mariana Islands	MP	N							0	
57. Canada	CAN	N							0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	213,273,032	0	71,517,204	0	0	0	0	284,790,236	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	XXX	213,273,032	0	71,517,204	0	0	0	0	284,790,236	0
<b>DETAILS OF WRITE-INS</b>										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page.	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG ..... 1 R – Registered – Non-domiciled RRGs ..... 0  
 E – Eligible – Reporting entities eligible or approved to write surplus lines in the state ..... 0 Q – Qualified – Qualified or accredited reinsurer ..... 0  
 N – None of the above – Not allowed to write business in the state ..... 56



**LEVEL 1**



15.1

Members of the obligated group in blue (FH Parent, FMLH, FHF, CMH, CMF, SJH & SJCF)

In addition to Obligated Group members, Corporations & LLC's in green are consolidated given >50% governance and/or economic control.

Entities in orange are sole corporate members to other entities. Details per Page 2

Definition: "Disregarded Entity" - Not recognized for tax purposes as an entity separate from its owner.

Convention: (Lawson Company Number) / (Federal Tax Identification Number) / (Tax Form Filed)

<sup>1</sup> Legal name identified above | d/b/a Froedtert Hospital ["FMLH"]

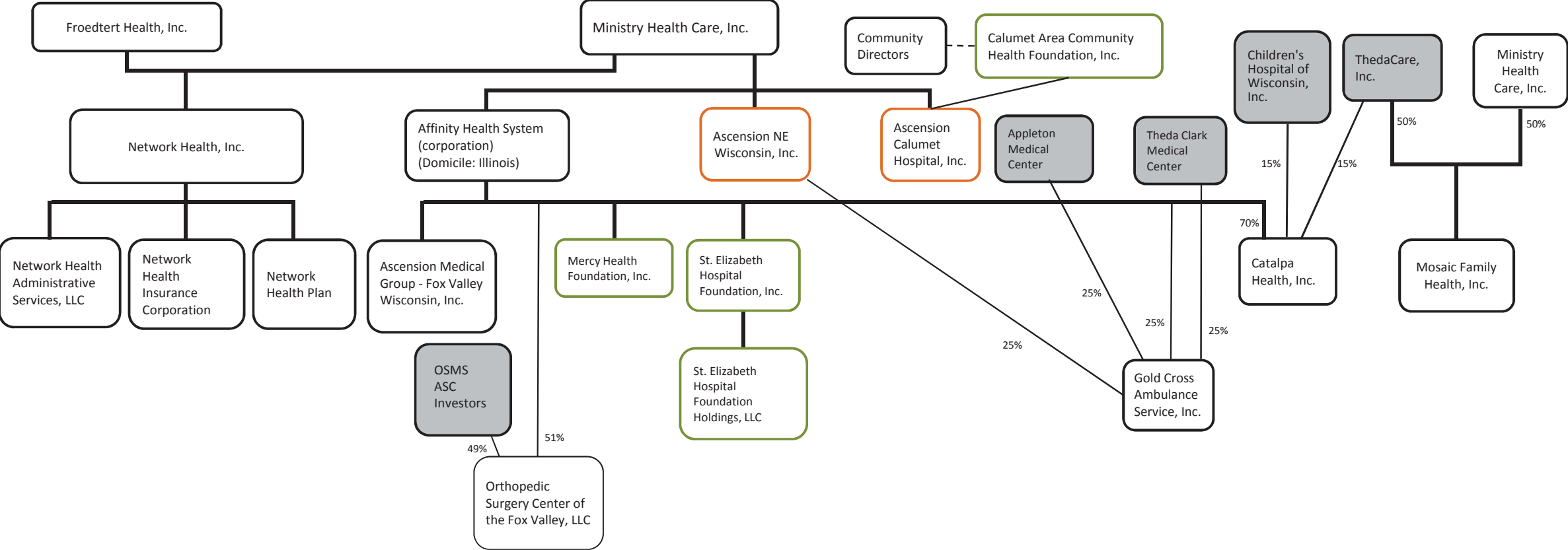
<sup>2</sup> Legal name identified above | d/b/a Froedtert Menomonee Falls Hospital ["FMF"]

<sup>3</sup> Legal name identified above | d/b/a Froedtert West Bend Hospital ["FWB"]

<sup>4</sup> d/b/a Froedtert Kenosha Hospital

<sup>5</sup> d/b/a Froedtert Pleasant Prairie Hospital

### Eastern Region (Fox Valley) Structure



Sole member or shareholder unless otherwise noted.  
 Domicile: State of Wisconsin unless otherwise noted.

- Shareholder/LLC Member/Partner (dotted line)
- \_\_\_\_\_ Corporate Member (solid line)
- ===== Sponsor (two solid lines)
- \_\_\_\_\_ Hospital (red box)
- \_\_\_\_\_ Insurance (blue box)
- \_\_\_\_\_ Foundation (green box)
- \_\_\_\_\_ Not part of Ministry/Affinity (shaded boxes)

15.2

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE Network Health Plan

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
02678	Network Health Plan.....	95737	39-1442058				Network Health Plan.....	WI	RE	Network Health Inc.....	Ownership.....	100.0	Network Health Inc.....	N	1
02678	Network Health Insurance Corporation.....	15087	39-2020474				Network Health Insurance Corporation.....	WI	IA	Network Health Inc.....	Ownership.....	100.0	Network Health Inc.....	N	1
00000		00000	47-3050218				Network Health Administrative Services LLC.....	WI	NIA	Network Health Inc.....	Ownership.....	100.0	Network Health Inc.....	N	1
00000		00000	39-6105970				Froedtert Memorial Lutheran Hospital Inc.....	WI	NIA	Froedtert Health Inc.....	Other.....	0.0	Froedtert Health Inc.....	N	0
00000		00000	39-1431192				Froedtert Hospital Foundation Inc.....	WI	NIA	Froedtert Memorial Lutheran Hospital Inc.....	Other.....	0.0	Froedtert Health Inc.....	N	0
00000		00000	20-1499345				Froedtert Surgery Center, LLC.....	WI	NIA	Community Memorial Hospital of Menomonee Falls Inc.....	Other.....	0.0	Froedtert Health Inc.....	N	0
00000		00000	39-1635057				Community Memorial Foundation of Menomonee Falls Inc.....	WI	NIA	Community Memorial Hospital of Menomonee Falls Inc.....	Other.....	0.0	Froedtert Health Inc.....	N	0
00000		00000	39-1743056				Community Outpatient Health Svcs of Menom. Falls Inc.....	WI	NIA	Community Memorial Hospital of Menomonee Falls Inc.....	Other.....	0.0	Froedtert Health Inc.....	N	0
00000		00000	39-0987025				Community Memorial Hospital of Menomonee Falls Inc.....	WI	NIA	Froedtert Health Inc.....	Other.....	0.0	Froedtert Health Inc.....	N	0
00000		00000	39-2034296				St. Joseph's Community Foundation Inc.....	WI	NIA	St. Joseph Community Hospital of West Bend, Inc.....	Other.....	0.0	Froedtert Health Inc.....	N	0
00000		00000	39-1954169				West Bend Surgery Center LLC.....	WI	NIA	St. Joseph Community Hospital of West Bend, Inc.....	Other.....	0.0	Froedtert Health Inc.....	N	0
00000		00000	84-2528774				Froedtert Health Workforce Health, LLC.....	WI	NIA	Froedtert Health Inc.....	Other.....	0.0	Froedtert Health Inc.....	N	0
00000		00000	39-0806302				St. Joseph Community Hospital of West Bend Inc.....	WI	NIA	Froedtert Health Inc.....	Other.....	0.0	Froedtert Health Inc.....	N	0
00000		00000	27-2042610				F&MCW Community Physicians Inc.....	WI	NIA	Froedtert Health Inc.....	Other.....	0.0	Froedtert Health Inc.....	N	0
00000		00000	47-3322294				D1 Sports Training of Milwaukee, LLC.....	WI	NIA	Froedtert Health Inc.....	Other.....	0.0	Froedtert Health Inc.....	N	0
00000		00000	81-4904300				Drexel Town Square Surgery Center, LLC.....	WI	NIA	Froedtert Health Inc.....	Other.....	0.0	Froedtert Health Inc.....	N	0
00000		00000	47-5622344				Exceedent, LLC.....	WI	NIA	Froedtert Health Inc.....	Other.....	0.0	Froedtert Health Inc.....	N	0
00000		00000	45-2221564				FHHP (West Bend), LLC.....	WI	NIA	Froedtert Health Inc.....	Other.....	0.0	Froedtert Health Inc.....	N	0
00000		00000	98-1311808				Harts Mills Insurance Company, SPC.....	WI	NIA	Froedtert Health Inc.....	Other.....	0.0	Froedtert Health Inc.....	N	0
00000		00000	20-2636740				Inception Health, LLC (f/k/s CCS).....	WI	NIA	Froedtert Health Inc.....	Other.....	0.0	Froedtert Health Inc.....	N	0
00000		00000	47-4146678				Integrated Holdings, LLC.....	WI	NIA	Froedtert Health Inc.....	Other.....	0.0	Froedtert Health Inc.....	N	0
00000		00000	39-1745697				Menomonee Falls Ambulatory Surgery Center, LLP.....	WI	NIA	Froedtert Health Inc.....	Other.....	0.0	Froedtert Health Inc.....	N	0
00000		00000	20-2636686				QHS I, Inc.....	WI	NIA	Froedtert Health Inc.....	Other.....	0.0	Froedtert Health Inc.....	N	0
00000		00000	81-1166201				Waukesha Surgery Center, LLC.....	WI	NIA	Froedtert Health Inc.....	Other.....	0.0	Froedtert Health Inc.....	N	0

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE Network Health Plan

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00000		00000	39-1896819				Wisconsin Diagnostic Laboratories LLC	WI	NIA	Froedtert Health Inc	Other	0.0	Froedtert Health Inc	N	0
00000		00000	46-2966177				Network Health Inc	WI	UDP	Froedtert Health Inc	Ownership	50.0	Froedtert Health Inc	N	2
00000		00000	46-2966177				Network Health Inc	WI	UDP	Ministry Health Care Inc	Ownership	50.0	Ministry Health Care Inc	N	2
00000		00000	39-1641846				Agape Community Center of Milwaukee	WI	NIA	Ministry Health Care Inc	Other	0.0	Ministry Health Care Inc	N	0
00000		00000	81-0578501				Putnam Capital Management LLC	WI	NIA	Ministry Health Care Inc	Other	0.0	Ministry Health Care Inc	N	0
00000		00000	20-1707269				Portage County Development LLC	WI	NIA	Ministry Health Care Inc	Other	0.0	Ministry Health Care Inc	N	0
00000		00000	39-1390638				Ascension Sacred Heart - Saint Mary's Hospital, Inc	WI	NIA	Ministry Health Care Inc	Other	0.0	Ministry Health Care Inc	N	0
00000		00000	39-1499115				Howard Young Health Care Inc	WI	NIA	Ministry Health Care Inc	Other	0.0	Ministry Health Care Inc	N	0
00000		00000	39-0808443				Ascension Saint Michael Hospital Inc	WI	NIA	Ministry Health Care Inc	Other	0.0	Ministry Health Care Inc	N	0
00000		00000	39-0808503				Ascension Good Samaritan Hospital, Inc	WI	NIA	Ministry Health Care Inc	Other	0.0	Ministry Health Care Inc	N	0
00000		00000	72-1531917				Ascension Saint Claire Hospital, Inc	WI	NIA	Ministry Health Care Inc	Other	0.0	Ministry Health Care Inc	N	0
00000		00000	39-1568866				Affinity Health System	IL	NIA	Ministry Health Care Inc	Other	0.0	Ministry Health Care Inc	N	3
00000		00000	39-1127163				Ascension Medical Group - Fox Valley Wisconsin, Inc	WI	NIA	Affinity Health System	Other	0.0	Ministry Health Care Inc	N	0
00000		00000	23-7140261				Mercy Health Foundation Inc	WI	NIA	Affinity Health System	Other	0.0	Ministry Health Care Inc	N	0
00000		00000	39-1256677				St. Elizabeth Hospital Foundation Inc	WI	NIA	Affinity Health System	Other	0.0	Ministry Health Care Inc	N	0
00000		00000	39-0816818				Ascension NE Wisconsin, Inc. dba Ascension NE Wisconsin - St Elizabeth Campus	WI	NIA	Affinity Health System	Other	0.0	Ministry Health Care Inc	N	0
00000		00000	39-0816818				Ascension NE Wisconsin, Inc. dba Ascension NE Wisconsin - Mercy Campus	WI	NIA	Affinity Health System	Other	0.0	Ministry Health Care Inc	N	0
00000		00000	39-0905385				Ascension Calumet Hospital, Inc	WI	NIA	Affinity Health System	Other	0.0	Ministry Health Care Inc	N	0
00000		00000	39-1702433				Gold Cross Ambulance Service Inc	WI	NIA	Affinity Health System	Other	0.0	Ministry Health Care Inc	N	0
00000		00000	45-4681563				Catalpa Health Inc	WI	NIA	Affinity Health System	Other	0.0	Ministry Health Care Inc	N	0
00000		00000	84-2016212				Orthopedic Surgery Center of the Fox Valley, LLC	WI	NIA	Affinity Health System	Other	0.0	Ministry Health Care Inc	N	0
00000		00000	39-1357365				Dr. Kate Newcomb Convalescent Center, Inc	WI	NIA	Ministry Health Care Inc	Other	0.0	Ministry Health Care Inc	N	0
00000		00000	47-3298660				Mosaic Family Health Inc	WI	NIA	Ministry Health Care Inc	Other	0.0	Ministry Health Care Inc	N	0

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE Network Health Plan

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00000		00000	39-1965593				Ascension Medical Group - Northern Wisconsin, Inc.	.WI	NIA	Ministry Health Care Inc.	Other	0.0	Ministry Health Care Inc.	N	0
00000		00000	39-1829015				Ministry Weight Management, Inc.	.WI	NIA	Ministry Health Care Inc.	Other	0.0	Ministry Health Care Inc.	N	0
00000		00000	39-0847631				Saint Joseph's Hospital of Marshfield Inc.	.WI	NIA	Ministry Health Care Inc.	Other	0.0	Ministry Health Care Inc.	N	0
00000		00000	39-0807065				Ascension Our Lady of Victory Hospital Inc.	.WI	NIA	Ministry Health Care Inc.	Other	0.0	Ministry Health Care Inc.	N	0
00000		00000	41-0693877				Saint Elizabeth Hospital of Wabasha Inc.	.WI	NIA	Ministry Health Care Inc.	Other	0.0	Ministry Health Care Inc.	N	0
00000		00000	39-0973724				Flameau Hospital Inc.	.WI	NIA	Ministry Health Care Inc.	Other	0.0	Ministry Health Care Inc.	N	0
00000		00000	39-2014409				Froedtert Health Inc.	.WI	UIP	Froedtert Health Inc.	Board	0.0	Froedtert Health Inc.	N	3
00000		00000	39-1490371				Ministry Health Care Inc.	.WI	UIP	Ascension Health	Board	0.0	Ministry Health Care Inc.	N	0
00000		00000	20-0691634				The Diagnostic & Treatment Center, LLC.	.WI	NIA	Ministry Health Care Inc.	Other	0.0	Ministry Health Care Inc.	N	0
00000		00000	39-0985690				Ascension Eagle River Hospital, Inc.	.WI	NIA	Ministry Health Care Inc.	Other	0.0	Ministry Health Care Inc.	N	0
00000		00000	39-1504506				Wood Court Apartments, Inc.	.WI	NIA	Ministry Health Care Inc.	Other	0.0	Ministry Health Care Inc.	N	0
00000		00000	39-0873606				The Howard Young Medical Center.	.WI	NIA	Ministry Health Care Inc.	Other	0.0	Ministry Health Care Inc.	N	0

16.2

Asterisk	Explanation
1	100% OWNED BY NETWORK HEALTH, INC.
2	50% OWNED BY FROEDTERT & 50% OWNED BY MINISTRY HEALTHCARE, INC. NEITHER PARTY'S OWNERSHIP INTEREST HAS ANY VOTING PREFERENCES.
3	50% OWNER OF NETWORK HEALTH, INC.

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

.....NO.....

**Explanation:**

**Bar Code:**

1.



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**OVERFLOW PAGE FOR WRITE-INS**

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**SCHEDULE A – VERIFICATION**

**Real Estate**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	2,174,034	2,272,078
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....	0	0
2.2 Additional investment made after acquisition .....	0	0
3. Current year change in encumbrances .....	0	0
4. Total gain (loss) on disposals .....	0	0
5. Deduct amounts received on disposals .....	0	0
6. Total foreign exchange change in book/adjusted carrying value .....	0	0
7. Deduct current year's other-than-temporary impairment recognized .....	0	0
8. Deduct current year's depreciation .....	73,532	98,044
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	2,100,502	2,174,034
10. Deduct total nonadmitted amounts .....	0	0
11. Statement value at end of current period (Line 9 minus Line 10) .....	2,100,502	2,174,034

**SCHEDULE B – VERIFICATION**

**Mortgage Loans**

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

NONE

**SCHEDULE BA – VERIFICATION**

**Other Long-Term Invested Assets**

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

NONE

**SCHEDULE D – VERIFICATION**

**Bonds and Stocks**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	51,025,853	53,123,350
2. Cost of bonds and stocks acquired .....	5,016,759	13,139,630
3. Accrual of discount .....	173,899	213,621
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	27,733	(141,570)
6. Deduct consideration for bonds and stocks disposed of .....	4,420,180	15,025,952
7. Deduct amortization of premium .....	167,157	283,227
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other-than-temporary impairment recognized .....	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	51,656,907	51,025,853
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	51,656,907	51,025,853

**STATEMENT AS OF SEPTEMBER 30, 2019 OF THE Network Health Plan**

**SCHEDULE D - PART 1B**

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	51,545,171	3,103,056	2,992,447	1,127	51,038,338	51,545,171	51,656,907	51,025,853
2. NAIC 2 (a).....	0				0	0	0	0
3. NAIC 3 (a).....	0				0	0	0	0
4. NAIC 4 (a).....	0				0	0	0	0
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	51,545,171	3,103,056	2,992,447	1,127	51,038,338	51,545,171	51,656,907	51,025,853
<b>PREFERRED STOCK</b>								
8. NAIC 1.....	0				0	0	0	0
9. NAIC 2.....	0				0	0	0	0
10. NAIC 3.....	0				0	0	0	0
11. NAIC 4.....	0				0	0	0	0
12. NAIC 5.....	0				0	0	0	0
13. NAIC 6.....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	51,545,171	3,103,056	2,992,447	1,127	51,038,338	51,545,171	51,656,907	51,025,853

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

S102

Schedule DA - Part 1

**NONE**

Schedule DA - Verification

**NONE**

Schedule DB - Part A - Verification

**NONE**

Schedule DB - Part B - Verification

**NONE**

Schedule DB - Part C - Section 1

**NONE**

Schedule DB - Part C - Section 2

**NONE**

Schedule DB - Verification

**NONE**

**SCHEDULE E – PART 2 – VERIFICATION**

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	38,066,771	2,931,040
2. Cost of cash equivalents acquired .....	4,851,916,484	1,490,918,862
3. Accrual of discount .....		0
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals.....		0
6. Deduct consideration received on disposals .....	4,857,486,487	1,455,783,131
7. Deduct amortization of premium .....		0
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other than temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	32,496,768	38,066,771
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	32,496,768	38,066,771

Schedule A - Part 2

**NONE**

Schedule A - Part 3

**NONE**

Schedule B - Part 2

**NONE**

Schedule B - Part 3

**NONE**

Schedule BA - Part 2

**NONE**

Schedule BA - Part 3

**NONE**

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE Network Health Plan

**SCHEDULE D - PART 3**

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation and Administrative Symbol/Market Indicator <sup>(a)</sup>
<b>Bonds - U.S. Governments</b>									
912828-6T-2	UNITED STATES TREASURY		09/10/2019	SG AMERICAS SECURITIES, LLC	XXX	2,027,781	1,950,000	11,233	1
<b>0599999 - Bonds - U.S. Governments</b>						2,027,781	1,950,000	11,233	XXX
<b>Bonds - U.S. Special Revenue</b>									
3130AF-FX-0	FEDERAL HOME LOAN BANKS		07/12/2019	TORONTO DOMINION BK	XXX	1,075,275	1,000,000	5,326	1
<b>3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>						1,075,275	1,000,000	5,326	XXX
<b>8399997 - Subtotals - Bonds - Part 3</b>						3,103,056	2,950,000	16,559	XXX
<b>8399999 - Subtotals - Bonds</b>						3,103,056	2,950,000	16,559	XXX
<b>9999999 Totals</b>						3,103,056	XXX	16,559	XXX

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

E04

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE Network Health Plan

SCHEDULE D - PART 4

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

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 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	22 NAIC Designation and Administrative Symbol/Market Indicator <sup>(a)</sup>	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.								
Bonds - U.S. Governments																						
912828-3C-2	UNITED STATES TREASURY		09/10/2019	VARIOUS	XXX	3,020,180	3,000,000	2,988,691	2,991,131		1,316			1,316		2,992,447		27,733	27,733	44,913	10/31/2022	1
0599999 - Bonds - U.S. Governments						3,020,180	3,000,000	2,988,691	2,991,131		1,316			1,316		2,992,447		27,733	27,733	44,913	XXX	XXX
8399997 - Subtotals - Bonds - Part 4						3,020,180	3,000,000	2,988,691	2,991,131		1,316			1,316		2,992,447		27,733	27,733	44,913	XXX	XXX
8399999 - Subtotals - Bonds						3,020,180	3,000,000	2,988,691	2,991,131		1,316			1,316		2,992,447		27,733	27,733	44,913	XXX	XXX
9999999 Totals						3,020,180	XXX	2,988,691	2,991,131		1,316			1,316		2,992,447		27,733	27,733	44,913	XXX	XXX

E05

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



Schedule DB - Part A - Section 1

**NONE**

Schedule DB - Part B - Section 1

**NONE**

Schedule DB - Part D - Section 1

**NONE**

Schedule DB - Part D - Section 2

**NONE**

Schedule DL - Part 1

**NONE**

Schedule DL - Part 2

**NONE**



STATEMENT AS OF SEPTEMBER 30, 2019 OF THE Network Health Plan

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

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
Sweep Accounts								
XXX	US BANK SWEEP		.09/30/2019	.100	10/01/2019	29,537,126		
8499999 -	Sweep Accounts					29,537,126	0	0
All Other Money Market Mutual Funds								
608919-71-8	FEDERATED GOVT OBL PRMR		.09/30/2019	1.990	XXX	2,959,642		41,438
8699999 -	All Other Money Market Mutual Funds					2,959,642	0	41,438
8899999	Total Cash Equivalents					32,496,768	0	41,438

E13