



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE

Ryder Health Plan, Inc

NAIC Group Code 0000 (Current) (Prior) NAIC Company Code 95743 Employer's ID Number 66-0407821

Organized under the Laws of Puerto Rico, State of Domicile or Port of Entry PR

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized 05/07/1984 Commenced Business 10/01/1984

Statutory Home Office 353 Font Martelo Ave. Suite 1, Humacao, PR, 00791
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 353 Font Martelo Ave. Suite 1
(Street and Number)
Humacao, PR, 00791, 787-852-0846
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 353 Font Martelo Ave. Suite 1, Humacao, PR, 00791
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 353 Font Martelo Ave. Suite 1
(Street and Number)
Humacao, PR, 00791, 787-852-0846
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.planryder.com

Statutory Statement Contact Yarlin M Rosa, 787-852-0846
(Name) (Area Code) (Telephone Number)
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(E-mail Address) (FAX Number)

OFFICERS

Executive Director Jose R Feliciano
Administrative Director Juan L De La Rosa

OTHER

DIRECTORS OR TRUSTEES

<u>Edward Rivera</u>	<u>Norelis Saldaña</u>	<u>Elsa Berrios</u>
<u>Jesus M Reina</u>	<u>Michael Diaz</u>	<u>Elisama Velazquez</u>
<u>Roque Lebron</u>	<u>Nelson Ortiz</u>	<u>Esther Aleman</u>
<u>Boanerges Garcia</u>	<u>Elba Santana</u>	<u>Holly L MillerShank</u>
<u>Barbara T Baylor</u>	<u>Carissa Cruz</u>	<u>Miriam Alicea</u>
<u>Carmen S Albino</u>	<u>Carmen S Garcia</u>	<u>Juan M Méndez</u>

State of _____ SS:
County of _____

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.

José R. Feliciano Sepúlveda
Executive Director

Juan L. De La Rosa Medina
Administrative Director

Subscribed and sworn to before me this _____ day of _____

- a. Is this an original filing? Yes [X] No []
- b. If no,
1. State the amendment number.....
 2. Date filed04/01/2019
 3. Number of pages attached.....

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ryder Health Plan, Inc.

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	225,000		225,000	225,000
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$			0	0
encumbrances)				
4.2 Properties held for the production of income (less			0	0
\$				
encumbrances)				
4.3 Properties held for sale (less \$			0	0
encumbrances)				
5. Cash (\$	807,757		807,757	938,650
(\$				
, Schedule E - Part 2) and short-term				
investments (\$				
, Schedule DA)				
6. Contract loans, (including \$			0	0
premium notes)				
7. Derivatives (Schedule DB)			0	0
8. Other invested assets (Schedule BA)			0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL)			0	0
11. Aggregate write-ins for invested assets	967	967	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	1,033,724	967	1,032,757	1,163,650
13. Title plants less \$			0	0
charged off (for Title insurers				
only)				
14. Investment income due and accrued	5,110		5,110	4,790
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	225,772	87,625	138,147	227,972
15.2 Deferred premiums and agents' balances and installments booked but				
deferred and not yet due (including \$				
earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$			0	0
) and				
contracts subject to redetermination (\$				
)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset			0	0
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				
(\$				
)	5,335	5,335	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	279,732		279,732	204,521
24. Health care (\$	4,618		4,618	0
4,618) and other amounts receivable				
25. Aggregate write-ins for other than invested assets	2,164	0	2,164	2,620
26. Total assets excluding Separate Accounts, Segregated Accounts and				
Protected Cell Accounts (Lines 12 to 25)	1,556,455	93,927	1,462,528	1,603,553
27. From Separate Accounts, Segregated Accounts and Protected Cell				
Accounts			0	0
28. Total (Lines 26 and 27)	1,556,455	93,927	1,462,528	1,603,553
DETAILS OF WRITE-INS				
1101. Prepaid expenses	967	967	0	0
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	967	967	0	0
2501. PCORI Fee Receivable	2,164		2,164	2,620
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	2,164	0	2,164	2,620

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$0 reinsurance ceded)	183,391		183,391	214,677
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses			0	0
4. Aggregate health policy reserves, including the liability of \$0 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 reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	22,247		22,247	14,942
9. General expenses due or accrued	75,741		75,741	102,743
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
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			0	0
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, \$0 unauthorized reinsurers and \$0 certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	600,000	0	600,000	600,000
24. Total liabilities (Lines 1 to 23)	881,379	0	881,379	932,362
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX		
29. Surplus notes	XXX	XXX	0	25,000
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	581,149	646,191
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	581,149	671,191
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	1,462,528	1,603,553
DETAILS OF WRITE-INS				
2301. State Mandatory Reserve	600,000		600,000	600,000
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	600,000	0	600,000	600,000
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 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 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	30,173	40,284
2. Net premium income (including \$ non-health premium income)	XXX	2,010,771	2,478,994
3. Change in unearned premium reserves and reserve for rate credits	XXX	0	
4. Fee-for-service (net of \$ medical expenses)	XXX	0	
5. Risk revenue	XXX	0	
6. Aggregate write-ins for other health care related revenues	XXX	10,731	1,388
7. Aggregate write-ins for other non-health revenues	XXX	3,670	5,454
8. Total revenues (Lines 2 to 7)	XXX	2,025,172	2,485,836
Hospital and Medical:			
9. Hospital/medical benefits		1,186,666	1,506,575
10. Other professional services		0	
11. Outside referrals		0	
12. Emergency room and out-of-area		0	
13. Prescription drugs		339,437	361,764
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		0	
16. Subtotal (Lines 9 to 15)	0	1,526,103	1,868,339
Less:			
17. Net reinsurance recoveries		0	
18. Total hospital and medical (Lines 16 minus 17)	0	1,526,103	1,868,339
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$0 cost containment expenses		0	0
21. General administrative expenses		431,435	470,896
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).....	0	1,957,538	2,339,235
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	67,634	146,601
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		7,286	8,323
26. Net realized capital gains (losses) less capital gains tax of \$			
27. Net investment gains (losses) (Lines 25 plus 26)	0	7,286	8,323
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	74,920	154,924
31. Federal and foreign income taxes incurred	XXX		
32. Net income (loss) (Lines 30 minus 31)	XXX	74,920	154,924
DETAILS OF WRITE-INS			
0601. Pharmacy rebates	XXX	10,731	1,388
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	10,731	1,388
0701. Miscellaneous Income	XXX	3,670	5,454
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	3,670	5,454
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	671,191	505,651
34. Net income or (loss) from Line 32.....	74,920	154,924
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....		
37. Change in net unrealized foreign exchange capital gain or (loss).....		
38. Change in net deferred income tax.....		
39. Change in nonadmitted assets.....	(60,520)	7,616
40. Change in unauthorized and certified reinsurance.....	0	0
41. Change in treasury stock.....	0	0
42. Change in surplus notes.....	(25,000)	0
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in.....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in.....	0	0
45.2 Transferred to capital (Stock Dividend).....		
45.3 Transferred from capital.....		
46. Dividends to stockholders.....		
47. Aggregate write-ins for gains or (losses) in surplus.....	(79,442)	3,000
48. Net change in capital and surplus (Lines 34 to 47).....	(90,042)	165,540
49. Capital and surplus end of reporting period (Line 33 plus 48)	581,149	671,191
DETAILS OF WRITE-INS		
4701. Adjustment necessary to reconcile net assets to net liabilities and capital.....	1,500	3,000
4702. Accrued interest on surplus note paid in July 2018 (since note originated in 1984).....	(80,942)	0
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	(79,442)	3,000

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ryder Health Plan, Inc.

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	2,033,891	2,486,266
2. Net investment income	6,966	8,535
3. Miscellaneous income	14,401	6,842
4. Total (Lines 1 through 3)	2,055,258	2,501,643
5. Benefit and loss related payments	1,557,389	1,881,862
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	436,381	452,962
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	0
10. Total (Lines 5 through 9)	1,993,770	2,334,824
11. Net cash from operations (Line 4 minus Line 10)	61,488	166,819
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0	0
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds	0	0
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	0	0
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	(25,000)	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	(167,381)	(130,039)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(192,381)	(130,039)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(130,893)	36,780
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	938,650	901,870
19.2 End of year (Line 18 plus Line 19.1)	807,757	938,650

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

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ryder Health Plan, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	2,010,771	1,988,841	21,930							
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	10,731	10,731	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	3,670	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,670
7. Total revenues (Lines 1 to 6)	2,025,172	1,999,572	21,930	0	0	0	0	0	0	3,670
8. Hospital/medical benefits	1,186,666	1,170,292	16,374							XXX
9. Other professional services	0									XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	0									XXX
12. Prescription drugs	339,437	339,437	0							XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0									XXX
15. Subtotal (Lines 8 to 14)	1,526,103	1,509,729	16,374	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total medical and hospital (Lines 15 minus 16)	1,526,103	1,509,729	16,374	0	0	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ cost containment expenses	0									
20. General administrative expenses	431,435	427,189	4,246							
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	1,957,538	1,936,918	20,620	0	0	0	0	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	67,634	62,654	1,310	0	0	0	0	0	0	3,670
DETAILS OF WRITE-INS										
0501. Pharmaceutical Rebates	10,731	10,731								XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	10,731	10,731	0	0	0	0	0	0	0	XXX
0601. Miscellaneous income	3,670	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,670
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	3,670	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,670
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	1,988,841			1,988,841
2. Medicare Supplement	21,930			21,930
3. Dental only				0
4. Vision only				0
5. Federal Employees Health Benefits Plan	0			0
6. Title XVIII - Medicare	0			0
7. Title XIX - Medicaid	0			0
8. Other health				0
9. Health subtotal (Lines 1 through 8)	2,010,771	0	0	2,010,771
10. Life	0			0
11. Property/casualty	0			0
12. Totals (Lines 9 to 11)	2,010,771	0	0	2,010,771

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ryder Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	1,557,389	1,540,688	16,701							
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	1,557,389	1,540,688	16,701	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	183,391	181,065	2,326	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	183,391	181,065	2,326	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	214,677	212,024	2,653	0	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	214,677	212,024	2,653	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0									
11. Amounts recoverable from reinsurers December 31, prior year	0									
12. Incurred Benefits:										
12.1 Direct	1,526,103	1,509,729	16,374	0	0	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	1,526,103	1,509,729	16,374	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ryder Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	145,523	143,341	2,182							
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	145,523	143,341	2,182	0	0	0	0	0	0	0
2. Incurred but Unreported:										
2.1 Direct	37,868	37,724	144							
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	37,868	37,724	144	0	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	0									
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1 Direct	183,391	181,065	2,326	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	183,391	181,065	2,326	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ryder Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 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 December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	104,379	1,436,309	107,645	73,420	212,024	212,024
2. Medicare Supplement	1,519	15,182	1,134	1,192	2,653	2,653
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					0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	105,898	1,451,491	108,779	74,612	214,677	214,677
10. Healthcare receivables (a)					0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9 - 10 + 11 + 12)	105,898	1,451,491	108,779	74,612	214,677	214,677

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ryder Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2014	2 2015	3 2016	4 2017	5 2018
1.	Prior	11,678	11,678	11,678	11,678	11,678
2.	2014	2,078	2,078	2,078	2,078	2,078
3.	2015	XXX	1,650	1,650	1,650	1,650
4.	2016	XXX	XXX	2,068	2,068	2,068
5.	2017	XXX	XXX	XXX	1,944	1,944
6.	2018	XXX	XXX	XXX	XXX	1,541

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2014	2 2015	3 2016	4 2017	5 2018
1.	Prior	6,908	6,908	6,908	6,908	6,908
2.	2014	2,045	2,045	2,045	2,045	2,045
3.	2015	XXX	1,661	1,661	1,661	1,661
4.	2016	XXX	XXX	2,178	2,178	2,178
5.	2017	XXX	XXX	XXX	1,850	1,850
6.	2018	XXX	XXX	XXX	XXX	1,510

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014	2,412	2,078	0	0.0	2,078	86.2	70	0	2,148	89.1
2. 2015	1,885	1,650	0	0.0	1,650	87.5	0	0	1,650	87.5
3. 2016	2,611	2,067	0	0.0	2,067	79.2	0	0	2,067	79.2
4. 2017	2,456	1,944	0	0.0	1,944	79.2	38	0	1,982	80.7
5. 2018	1,989	1,541	0	0.0	1,541	77.5	73	0	1,614	81.1

UNDERWRITING AND INVESTMENT EXHIBIT

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

Section A - Paid Health Claims - Medicare Supplement

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2014	2 2015	3 2016	4 2017	5 2018
1.	Prior	238	238	238	238	238
2.	2014	35	35	35	35	35
3.	2015	XXX	18	18	18	18
4.	2016	XXX	XXX	18	18	18
5.	2017	XXX	XXX	XXX	18	18
6.	2018	XXX	XXX	XXX	XXX	16

Section B - Incurred Health Claims - Medicare Supplement

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2014	2 2015	3 2016	4 2017	5 2018
1.	Prior	243	243	243	243	243
2.	2014	40	40	40	40	40
3.	2015	XXX	24	24	24	24
4.	2016	XXX	XXX	18	18	18
5.	2017	XXX	XXX	XXX	18	18
6.	2018	XXX	XXX	XXX	XXX	16

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014	57	35	0	0.0	35	61.4	0	0	35	61.4
2. 2015	21	18	0	0.0	18	85.7	0	0	18	85.7
3. 2016	25	18	0	0.0	18	72.0	0	0	18	72.0
4. 2017	23	18	0	0.0	18	78.3	1	0	19	82.6
5. 2018	22	16	0	0.0	16	72.7	1	0	17	77.3

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2014	2 2015	3 2016	4 2017	5 2018
1.	Prior	11,916	11,916	11,916	11,916	11,916
2.	2014	2,113	2,113	2,113	2,113	2,113
3.	2015	XXX	1,668	1,668	1,668	1,668
4.	2016	XXX	XXX	2,086	2,086	2,086
5.	2017	XXX	XXX	XXX	1,962	1,962
6.	2018	XXX	XXX	XXX	XXX	1,557

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2014	2 2015	3 2016	4 2017	5 2018
1.	Prior	7,151	7,151	7,151	7,151	7,151
2.	2014	2,085	2,085	2,085	2,085	2,085
3.	2015	XXX	1,685	1,685	1,685	1,685
4.	2016	XXX	XXX	2,196	2,196	2,196
5.	2017	XXX	XXX	XXX	1,868	1,868
6.	2018	XXX	XXX	XXX	XXX	1,526

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014	2,469	2,113	0	0.0	2,113	85.6	70	0	2,183	88.4
2. 2015	1,906	1,668	0	0.0	1,668	87.5	0	0	1,668	87.5
3. 2016	2,636	2,085	0	0.0	2,085	79.1	0	0	2,085	79.1
4. 2017	2,479	1,962	0	0.0	1,962	79.1	39	0	2,001	80.7
5. 2018	2,011	1,557	0	0.0	1,557	77.4	74	0	1,631	81.1

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UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves									
2. Additional policy reserves (a)									
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including \$) for investment income									
5. Aggregate write-ins for other policy reserves									
6. Totals (gross)									
7. Reinsurance ceded									
8. Totals (Net)(Page 3, Line 4)									
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. Totals (gross)									
13. Reinsurance ceded									
14. Totals (Net)(Page 3, Line 7)									
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page.....									
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)									
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page									
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)									

NONE

(a) Includes \$ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ for occupancy of own building)			24,000		24,000
2. Salary, wages and other benefits			145,119		145,119
3. Commissions (less \$ ceded plus \$ assumed)					0
4. Legal fees and expenses			332		332
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services			115,805		115,805
7. Traveling expenses					0
8. Marketing and advertising			9,723		9,723
9. Postage, express and telephone			8,330		8,330
10. Printing and office supplies			5,723		5,723
11. Occupancy, depreciation and amortization			4,946		4,946
12. Equipment					0
13. Cost or depreciation of EDP equipment and software			2,970		2,970
14. Outsourced services including EDP, claims, and other services					0
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate			25,750		25,750
17. Collection and bank service charges			15,250		15,250
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			3,608		3,608
23.2 State premium taxes			20,108		20,108
23.3 Regulatory authority licenses and fees			8,580		8,580
23.4 Payroll taxes			12,442		12,442
23.5 Other (excluding federal income and real estate taxes)					0
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	0	0	28,749	0	28,749
26. Total expenses incurred (Lines 1 to 25)	0	0	431,435	0	(a) 431,435
27. Less expenses unpaid December 31, current year			75,741		75,741
28. Add expenses unpaid December 31, prior year			102,743		102,743
29. Amounts receivable relating to uninsured plans, prior year					0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	0	0	458,437	0	458,437
DETAILS OF WRITE-INS					
2501. Bad Debts			17,877		17,877
2502. Maintenance			749		749
2503. Electronic Filing Fees			262		262
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	9,861	0	9,861
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	28,749	0	28,749

(a) Includes management fees of \$ to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1	2
	Collected During Year	Earned During Year
1. U.S. government bonds	(a)	
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 2,138	2,138
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract Loans		
6. Cash, cash equivalents and short-term investments	(e) 4,828	5,148
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	6,966	7,286
11. Investment expenses		(g) 0
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		0
17. Net investment income (Line 10 minus Line 16)		7,286
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

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

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	0	0	0	0	0
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	0	0	0	0	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans		0	0	0	0
4. Real estate		0	0	0	0
5. Contract loans			0		
6. Cash, cash equivalents and short-term investments			0		
7. Derivative instruments			0		
8. Other invested assets		0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	0	0	0	0	0
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ryder Health Plan, Inc.

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			0
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending reinvested collateral assets (Schedule DL)			0
11. Aggregate write-ins for invested assets	967	9,840	8,873
12. Subtotals, cash and invested assets (Lines 1 to 11)	967	9,840	8,873
13. Title plants (for Title insurers only)			0
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	87,625	13,615	(74,010)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
15.3 Accrued retrospective premiums and contracts subject to redetermination			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			0
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans			0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset			0
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software			0
21. Furniture and equipment, including health care delivery assets	5,335	9,952	4,617
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivable from parent, subsidiaries and affiliates			0
24. Health care and other amounts receivable			0
25. Aggregate write-ins for other than invested assets	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	93,927	33,407	(60,520)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	93,927	33,407	(60,520)
DETAILS OF WRITE-INS			
1101. PREPAID EXPENSES	967	9,840	8,873
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	967	9,840	8,873
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	3,271	2,718	2,553	2,541	2,439	30,173
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	3,271	2,718	2,553	2,541	2,439	30,173
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

Ryder Health Plan, Inc.
Notes to Statutory-Basis Financial Statement
For the Period Ended December 31, 2018

Note 1 - Summary of Significant Accounting Policies

A. The accompanying statutory basis financial statement has been completed in accordance with the Accounting Practices and Procedures Manual. Such practices make a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America (GAAP).

Reconciliation of the Company's net income and capital & surplus between NAIC SAP and the state of PR is shown below.

NET INCOME

	2018	2017	State
01. Ryder Health Plan, Inc. state basis	\$ 74,920	154,924	PR
02. State Prescribed Practices that increase/(decrease) NAIC SAP: NONE			
03. State Permitted Practices that increase/(decrease) NAIC SAP: NONE			
04. NAIC SAP	\$ 74,920	154,924	PR

SURPLUS

	2018	2017	State
05. Ryder Health Plan, Inc. state basis	\$ 581,149	671,191	PR
06. State Prescribed Practices that increase/(decrease) NAIC SAP: NONE			
07. State Permitted Practices that increase/(decrease) NAIC SAP: NONE			
08. NAIC SAP	581,149	671,191	PR

B. The preparation of financial statements in conformity the Annual Statement Instructions and Accounting Practices and Procedures Manual requires management to make estimates and assumptions that affect the amounts reported in the financial statements.

C. Accounting policies

Health Plan premiums are due monthly and are recognized as revenue during the period in which the Plan is obligated to provide services to the members. Investment income is recognized monthly as the investments mature.

In addition, the company uses the following accounting policies:

1. Short-term investments are stated using the cost method. They consist of three certificates of deposit of \$347,983, \$300,000, and \$75,000, which maturity dates fall within a year or less. These are presented as cash. The changes that may occur would be on interest rates at maturity date. Interest accrued on the certificate of deposit of \$347,983 is capitalized at maturity.

2. SSAP No. 26 – Bonds requires long-term certificates of deposit (\$225,000) to be presented as bonds in the Annual Statement. These are stated at cost, the principal amount is fixed and untouched. The changes that may occur would be on interest rates at maturity date.
3. The company does not have common stocks.
4. The company does not have preferred stocks.
5. The company does not have mortgage loans.
6. The company does not have loan-backed securities.
7. The company does not have subsidiaries or controlled entities. Neither has it any investments in affiliated entities.
8. The company does not have any investments in joint ventures, partnerships or limited liability companies.
9. The company does not have derivatives.
10. The company does not utilize an anticipated investment income as a factor in the premium deficiency calculation.
11. The company records allowed claims as liability at the date they are received. Claim liability for services rendered prior to year-end is reported as “Incurred But Not Reported” and the amount is estimated using the average of prior year’s claims received after year-end during the last two years.
12. There have been no changes to the capitalization policy from the prior period.
13. Pharmaceutical rebate receivables are estimated using the average of actual pharmaceutical rebates received during the last two years.

Additional information:

The long-term certificates of deposit of \$225,000 and the short-term ones of \$300,000 and \$75,000 are restricted mandatorily by the state. The total of the restricted deposit is \$600,000.

Detail of investments:

Bank	Interest rate	Amount	Maturity
Banco Popular de Puerto Rico	0.65%	\$ 347,983	1 year
Oriental Group	0.85%	300,000	1 year
Oriental Group	0.50%	75,000	1 year
Oriental Group	0.95%	75,000	3 years
Oriental Group	0.95%	75,000	3 years
Oriental Group	0.95%	75,000	3 years

Note 2 – Accounting Changes and Correction of Errors

- Not applicable.

Note 3 – Business Combinations and Goodwill

- Not applicable.

Note 4 – Discontinued Operations

- Not applicable.

Note 5 – Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans
Not applicable. The company does not have mortgage or real estate loans.
- B. Debt Restructuring
Not applicable. The company does not have restructured debts.
- C. Reverse Mortgages
Not applicable. The company does not have reverse mortgages.
- D. Loan-Backed Securities
Not applicable. The company does not have loan-backed securities.
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions
Not applicable. The company does not have repurchase agreements or securities lending transactions.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing
Not applicable. The company does not have investments in repurchase agreements transactions accounted for as secured borrowing.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing
Not applicable. The company does not have investments in reverse repurchase agreements transactions accounted for as secured borrowing.
- H. Repurchase Agreements Transactions Accounted for as a Sale
Not applicable. The company does not have investments in repurchase agreements transactions accounted for as a sale.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale
Not applicable. The company does not have investments in reverse repurchase agreements transactions accounted for as a sale.
- J. Real Estate
Not applicable. The company does not have investments in real estate.
- K. Low-income Housing Tax Credits (LIHTC)
Not applicable. The company does not have investments in low-income tax credits.

L. Restricted Assets

Restricted Asset Category	1	2	3	4	5	6
	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase / (Decrease)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown						
b. Collateral held under security lending agreements						
c. Subject to repurchase agreements						
d. Subject to reverse repurchase agreements						
e. Subject to dollar repurchase agreements						
f. Subject to dollar reverse repurchase agreements						
g. Placed under option contracts						
h. Letter stock or securities restricted as to sale						
i. FHLB capital stock						
j. On deposit with states	\$ 600,000	\$ 600,000	-	\$ 600,000	38.549%	41.025%
k. On deposit with other regulatory bodies						
l. Pledged collateral to FHLB (including assets backing funding agreements)						

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m. Pledged as collateral not captured in other category						
n. Other restricted assets						
o. Total Restricted Assets	\$ 600,000	\$ 600,000	-	\$ 600,000	38.549%	41.025%

M. Working Capital Finance Investments

Not applicable. The company does not have working capital finance investments.

N. Offsetting and Netting of Assets and Liabilities

Not applicable. The company does not have investments offsetting and netting of assets and liabilities.

O. Structured Notes

Not applicable. The company does not have investments in structured notes.

P. 5GI Securities

Not applicable. The company does not have investments in 5GI securities.

Q. Short Sales

Not applicable. The company does not have short sales investments.

R. Prepayment Penalty and Acceleration Fees

Not applicable. The company does not have any prepayment penalty and/or acceleration fees related to investments.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

- Not applicable.

Note 7 – Investment Income

- All investment due and accrued with amounts that are over 90 days past due are excluded from surplus.

Note 8 – Derivative Instruments

- Not applicable.

Note 9 – Income taxes

- Not applicable. The Plan is a not-for-profit organization under the laws of the Commonwealth of Puerto Rico and enjoys tax exemption on income, property, municipal and excise taxes under Chapter 10, Section 1101, of the Puerto Rico Internal Revenue Code of 2011, as amended. Also, the Plan is a tax exempt entity under Section 501 (c) 3 of the U.S. Internal Revenue Code.

Note 10 – Information Concerning Parents, Subsidiaries, Affiliates and Other Related Parties

- Ryder Health Plan, Inc. is affiliated to Ryder Memorial Hospital, Inc., among other, by common ownership and management.
- The Hospital provides hospitalization and medical services to the Plan's subscribers based on a capitation rate of \$45 per month as per a Provider Services Agreement entered by the parties. In addition, the Plan provides medical insurance coverage to certain Hospital's employees and other from various affiliated companies. There have been no assets receipts or transfers between affiliates and the reporting entity.
- During 2018, the Plan paid the Hospital \$1,357,785 for hospital and medical services.
- The company had a surplus note payable to Ryder Memorial Hospital, Inc. (parent) until June 30, 2018. Full information on this note payable is disclosed further in Note 13.

- E. There are no guarantees or undertakings between affiliates and the reporting entity.
- F. There is no material management, service contracts or cost-sharing arrangements between affiliates and the reporting entity.
- G. The reporting entity and affiliates are nonprofit entities that belong to the community and are controlled by a Board of Directors; there is not a specific owner.
- H. Neither the reporting entity nor affiliates offer any shares or securities in the market.
- I. The reporting entity does not have investments in SCA entities.
- J. The reporting entity does not have investments in impaired SCA entities.
- K. The reporting entity does not have foreign insurance subsidiaries.
- L. The reporting entity does not have any downstream holding company.

Note 11 – Debt

- Not applicable.

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

- Not applicable.

Note 13 – Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations

1. Not applicable. The company does not offer any kind of shares in the market.
2. Not applicable. The company does not pay dividends.
3. Not applicable. The company does not pay dividends.
4. Not applicable. The company does not pay dividends.
5. Not applicable. The company does not pay dividends.
6. Not applicable. There is no restriction placed on unassigned funds.
7. Not applicable. There have been no advances to surplus.
8. Not applicable. The company does not offer any kind of shares.
9. Not applicable. There have been no changes to any special surplus funds.
10. Not applicable. The company does not have cumulative unrealized gains or losses.
11. The company issued the following surplus note:

Date Issued	Interest Rate	Par Value (Face amount of note)	Carrying Value of note	Interest and/or Principal paid Current Year	Total Interest and/or Principal paid	Unapproved Interest and/or Principal	Date of Maturity
1984	12%	\$50,000.00	\$0	\$105,943	\$249,886	\$0	N/A

- a. The surplus note was issued in 1984.
- b. The asset received was cash only.

- c. The holder of the note was Ryder Memorial Hospital, Inc. (parent).
- d. Face amount of the note is \$50,000.
- e. Carrying value of the note is \$0.
- f. Interest accrued at 12% APY.
- g. The note had no maturity date and there was not an established calendar for repayments.
- h. Unapproved interest and principal: \$0.
- i. Payment during 2018: principal (\$25,000) and interest (\$80,943).
- j. Total interest and principal paid on surplus note: \$249,886.
- k. The company does not have any shareholders. The parent is a non-priority creditor to the company.
- l. There is no liquidation preference in terms of shareholders because the company does not offer any shares.
- m. Payments conditions and restrictions consisted on giving the Office of the Insurance Commissioner of Puerto Rico (OCI) a written notice, at least sixty (60) days before the intended date to make a repayment, which was given on May 1, 2018. Then, the OCI evaluated the company's financial condition in order to approve or disapprove the repayment. The company could not make any repayments without the OCI authorization, unless the 60-day period prescribed without response.
- n. No other affiliate held any portion of this surplus note.

Note 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.
- E. All Other Contingencies
The company has an administrative proceeding before the Puerto Rico Industrial Commission in which the State Insurance Fund Corporation is claiming the company the payment of approximately \$196,000 related to insurance premiums on professional services provided by various physicians of the health plan. Management and its legal counsel believe that the claim of the State Insurance Fund Corporation does not have merits and it is being defended vigorously. There was no activity regarding this matter during 2018. The accompanying financial statements do not include any provision in relation with this matter.

Note 15 – Leases

- Not applicable.

Note 16 – Information about Financial Instruments with Off-Balance-Sheet Risk and Financial Instruments with Concentrations of Credit Risks

The table below summarizes the face amount of the company’s financial instruments with off-balance-sheet risk.

Type of instrument	Assets	Liabilities
Certificates of deposit	\$225,000.00	N/A

These 3 certificates of deposit of \$75,000.00 each are on deposit as part of the state mandatory reserve. The maturity date of these certificates has been every three years and they are renewed at the prevailing interest rate in the market at maturity. These matured on October 27, 2017 and were renewed at an interest rate of 0.95%. The next maturity date will be on October 27, 2020.

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities

- Not applicable.

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

- Not applicable.

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

- Not applicable.

Note 20 – Fair Value Measurements

- Not applicable.

Note 21 – Other Items

- Not applicable.

Note 22 – Subsequent Events

- No events have occurred subsequent to the statements of admitted assets, liabilities, and net assets date that would require additional adjustment to or disclosure in the financial statements.

Note 23 – Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

No.

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

No.

Section 2 – Ceded Reinsurance Report – Part A

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

No.

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

No.

Section 3 – Ceded Reinsurance Report – Part B

1. What is the estimated amount of the aggregate reduction in surplus (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement?

None, if no claims arise.

2. Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

No.

B. Uncollectible reinsurance

1. Not applicable. The company has not written off any reinsurance balances due.

C. Commutation of Ceded Reinsurance

1. Not applicable. The company has not reported in its operations in the current year any amounts as a result of commutation of reinsurance with any company.

Note 24 – Retrospectively Rated Contracts & Contracts Subject to Redetermination

- No adjustments are made to accrue retrospective premiums.
- The company did not have to pay any rebate amounts as the result of the calculations for the Medical Loss Ratio Report of prior year. Calculations for this year have not been made yet.

Note 25 – Change in Incurred Claims and Claim Adjustment Expenses

- The amount of increase of the reserve for incurred, but not reported claims was based on prior years' results of claims received after year-end.

Note 26 – Intercompany Pooling Arrangements

- Not applicable.

Note 27 – Structured Settlements

- Not applicable.

Note 28 – Health Care Receivables

- The company received payments totaling \$6,113 during this year. An estimated balance of \$4,618 is expected to be collected during next year. Total rebates for 2018 were calculated, \$10,731.

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/18	\$ 4,618	\$ 4,618	\$ 0	\$ 0	\$0
9/30/18	1,447	0	1,447	0	0
6/30/18	4,666	0	4,666	0	0
3/31/18	0	0	0	0	0
12/31/17	\$ 0	\$ 0	\$ 0	\$ 0	\$1,775
9/30/17	0	0	0	0	1,980
6/30/17	0	0	0	0	1,897
3/31/17	0	0	0	0	0
12/31/16	\$ 2,059	\$ 2,059	\$ 0	\$ 0	\$2,059
9/30/16	\$ 2,002	\$ 2,002	\$ 0	\$ 0	\$ 3,953
6/30/16	0	0	0	0	0
3/31/16	0	0	0	3,798	0
12/31/15	\$ 14,324	\$ 10,013	\$ 0	\$ 0	\$ 5,069
9/30/15	0	0	0	0	0
6/30/15	0	0	0	0	2,934
3/31/15	0	0	0	0	7,668
12/31/14	\$ 23,150	\$ 11,360	\$ 0	\$ 0	\$ 11,790

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9/30/14	0	0	0	0	0
6/30/14	0	0	0	0	0
3/31/14	0	0	0	0	0

Note 29 – Participating Policies

- Not applicable.

Note 30 – Premium Deficiency Reserve

- The company does not provide an estimated amount for premium deficiency reserve.

Note 31 – Anticipated Salvage and Subrogation

- The company does not provide an estimated amount for anticipated salvage and subrogation to determine liability for unpaid claims or losses.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1, 1A and 2
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []
- 1.3 State Regulating? Puerto Rico
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No [X]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 06/19/2014
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 06/19/2014
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 03/26/2015
- 3.4 By what department or departments?
Office of the Insurance Commissioner of Puerto Rico
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [] N/A []
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes [] No [X]
4.12 renewals? Yes [] No [X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes [] No [X]
4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

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

1 Nationality	2 Type of Entity

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ryder Health Plan, Inc.

GENERAL INTERROGATORIES

- 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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
FPV & Galindez, LLC, PO Box 364152, San Juan, PR 00936-4152
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain
.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Mareb Del Rosario, MAAA, MIAA Condominio Hato Rey Plaza 200 Ave. Jesús T. Piñero Apt. 1F San Juan, PR 00918
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved
- 12.13 Total book/adjusted carrying value \$
- 12.2 If, yes provide explanation:
.....
- 13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
Not applicable.
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No [X]
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No [X]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain:
.....
- 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
.....

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

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

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers.....\$
 - 20.12 To stockholders not officers.....\$
 - 20.13 Trustees, supreme or grand (Fraternal Only).....\$
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers.....\$
 - 20.22 To stockholders not officers.....\$
 - 20.23 Trustees, supreme or grand (Fraternal Only).....\$
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No []
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others.....\$
 - 21.22 Borrowed from others.....\$
 - 21.23 Leased from others.....\$
 - 21.24 Other.....\$
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$
 - 22.22 Amount paid as expenses.....\$
 - 22.23 Other amounts paid.....\$
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 279,732

INVESTMENT

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

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GENERAL INTERROGATORIES

24.10 For the reporting entity's security lending program state the amount of the following as December 31 of the current year:

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

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03) Yes No

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21	Subject to repurchase agreements	\$	
25.22	Subject to reverse repurchase agreements	\$	
25.23	Subject to dollar repurchase agreements	\$	
25.24	Subject to reverse dollar repurchase agreements	\$	
25.25	Placed under option agreements	\$	
25.26	Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$	
25.27	FHLB Capital Stock	\$	
25.28	On deposit with states	\$	600,000
25.29	On deposit with other regulatory bodies	\$	
25.30	Pledged as collateral - excluding collateral pledged to an FHLB	\$	
25.31	Pledged as collateral to FHLB - including assets backing funding agreements	\$	
25.32	Other	\$	

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes No

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No N/A
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes No

27.2 If yes, state the amount thereof at December 31 of the current year. \$

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

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

1 Name of Custodian(s)	2 Custodian's Address

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes No

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

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

GENERAL INTERROGATORIES

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

1 Name of Firm or Individual	2 Affiliation

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

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

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

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

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

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total		0

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	0		0
30.2 Preferred stocks	0		0
30.3 Totals	0	0	0

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

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

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

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

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

32.2 If no, list exceptions:
.....

GENERAL INTERROGATORIES

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of 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 [X]

34. 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.
 c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is 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 [X]

OTHER

35.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$

35.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....

36.1 Amount of payments for legal expenses, if any?\$ 332

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

1 Name	2 Amount Paid
.....

37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$

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

1 Name	2 Amount Paid
.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [X] No []

1.2 If yes, indicate premium earned on U.S. business only. \$ 21,930

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ 0

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$ 0

1.5 Indicate total incurred claims on all Medicare Supplement Insurance. \$ 16,374

1.6 Individual policies:

Most current three years:

1.61 Total premium earned \$ 0

1.62 Total incurred claims \$ 0

1.63 Number of covered lives 0

All years prior to most current three years:

1.64 Total premium earned \$ 21,930

1.65 Total incurred claims \$ 16,374

1.66 Number of covered lives 24

1.7 Group policies:

Most current three years:

1.71 Total premium earned \$ 0

1.72 Total incurred claims \$ 0

1.73 Number of covered lives 0

All years prior to most current three years:

1.74 Total premium earned \$ 0

1.75 Total incurred claims \$ 0

1.76 Number of covered lives 0

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator		
2.2 Premium Denominator	2,010,771	2,478,994
2.3 Premium Ratio (2.1/2.2)	0.000	0.000
2.4 Reserve Numerator		
2.5 Reserve Denominator	183,391	214,677
2.6 Reserve Ratio (2.4/2.5)	0.000	0.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] No [X]

5.1 Does the reporting entity have stop-loss reinsurance? Yes [X] No []

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical \$ 100,000

5.32 Medical Only \$

5.33 Medicare Supplement \$

5.34 Dental & Vision \$

5.35 Other Limited Benefit Plan \$

5.36 Other \$

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No []

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

8.2 Number of providers at end of reporting year

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months.. \$

9.22 Business with rate guarantees over 36 months \$

GENERAL INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No [X]

10.2 If yes: 10.21 Maximum amount payable bonuses.....\$
10.22 Amount actually paid for year bonuses.....\$
10.23 Maximum amount payable withholds.....\$
10.24 Amount actually paid for year withholds.....\$

11.1 Is the reporting entity organized as:
11.12 A Medical Group/Staff Model, Yes [] No [X]
11.13 An Individual Practice Association (IPA), or, .. Yes [] No [X]
11.14 A Mixed Model (combination of above)? Yes [] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []
 11.3 If yes, show the name of the state requiring such minimum capital and surplus. Puerto Rico
 11.4 If yes, show the amount required. \$

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]
 11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Health
.....

13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$

13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

13.4 If yes, please provide the balance of funds administered as of the reporting date. \$

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [] N/A [X]

14.2 If the answer to 14.1 is yes, please provide the following:

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

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written \$

15.2 Total Incurred Claims \$

15.3 Number of Covered Lives

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

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No [X]

16.1 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]

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ryder Health Plan, Inc.

FIVE-YEAR HISTORICAL DATA

	1 2018	2 2017	3 2016	4 2015	5 2014
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	1,462,528	1,603,553	1,459,330	1,319,696	1,450,162
2. Total liabilities (Page 3, Line 24)	881,379	932,362	953,679	799,166	783,575
3. Statutory minimum capital and surplus requirement	0	0	0	0	0
4. Total capital and surplus (Page 3, Line 33)	581,149	671,191	505,651	520,530	666,587
Income Statement (Page 4)					
5. Total revenues (Line 8)	2,025,172	2,485,836	2,645,509	1,929,418	2,499,228
6. Total medical and hospital expenses (Line 18)	1,526,103	1,868,339	2,196,449	1,685,339	2,084,850
7. Claims adjustment expenses (Line 20)	0	0	0	0	0
8. Total administrative expenses (Line 21)	431,435	470,896	455,013	405,941	389,859
9. Net underwriting gain (loss) (Line 24)	67,634	146,601	(5,953)	(161,862)	24,519
10. Net investment gain (loss) (Line 27)	7,286	8,323	8,569	8,775	10,378
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	74,920	154,924	2,616	(153,087)	34,897
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	61,488	166,819	77,848	(92,204)	83,593
Risk-Based Capital Analysis					
14. Total adjusted capital	581,149	671,191	505,651	520,530	666,587
15. Authorized control level risk-based capital	109,822	107,207	106,371	105,925	106,708
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	2,439	3,271	3,486	3,020	3,450
17. Total members months (Column 6, Line 7)	30,173	40,284	41,835	36,140	43,506
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	75.9	75.4	83.3	88.4	84.4
20. Cost containment expenses	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	0.0	0.0	0.0	0.0	0.0
22. Total underwriting deductions (Line 23)	97.4	94.4	100.6	109.7	100.2
23. Total underwriting gain (loss) (Line 24)	3.4	5.9	(0.2)	(8.5)	1.0
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	214,677	228,200	117,545	100,290	129,095
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	214,677	228,200	117,545	100,290	129,095
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)					
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)				0	0
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [] No [X]
 If no, please explain: The company has not been a party to a merger.

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only								
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts	
1. Alabama AL	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. District of 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	N								0	
51. Wyoming WY	N								0	
52. American Samoa AS	N								0	
53. Guam GU	N								0	
54. Puerto Rico PR	L	2,010,771						2,010,771		
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	2,010,771	0	0	0	0	0	2,010,771	0	
60. Reporting entity contributions for Employee Benefit Plans	XXX							0		
61. Total (Direct Business)	XXX	2,010,771	0	0	0	0	0	2,010,771	0	
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	

(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

(b) Explanation of basis of allocation by states, premiums by state, etc.
 No allocation needed.

ORGANIZATIONAL CHART

