

Capital Health Plan, Inc.
Financial Statements and Supplemental Schedules
Statutory Basis of Accounting
December 31, 2017 and 2016

Capital Health Plan, Inc.
Index
December 31, 2017 and 2016

	Page(s)
Report of Independent Auditors	1–2
Statutory Financial Statements	
Statements of Admitted Assets, Liabilities and Surplus.....	3
Statements of Income and Changes in Surplus.....	4
Statements of Cash Flows	5
Notes to Financial Statements	6–21
Supplemental Schedules	
Summary Investment Schedule	22
Supplemental Investment Risks Interrogatories	23–27



Report of Independent Auditors

To the Board of Directors of
Capital Health Plan, Inc.

We have audited the accompanying statutory financial statements of Capital Health Plan, Inc. (the “Company”), which comprise the statutory statements of admitted assets, liabilities and surplus as of December 31, 2017 and 2016, and the related statutory statements of income and changes in surplus, and of cash flows for the years then ended.

Management’s Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the accounting practices prescribed or permitted by the Office of Insurance Regulation of the State of Florida. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors’ Responsibility

Our responsibility is to express an opinion on the financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the Company’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company’s internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Basis for Adverse Opinion on U.S. Generally Accepted Accounting Principles

As described in Note 2 to the financial statements, the financial statements are prepared by the Company on the basis of the accounting practices prescribed or permitted by the Office of Insurance Regulation of the State of Florida, which is a basis of accounting other than accounting principles generally accepted in the United States of America.

The effects on the financial statements of the variances between the statutory basis of accounting described in Note 2 and accounting principles generally accepted in the United States of America are material.



Adverse Opinion on U.S. Generally Accepted Accounting Principles

In our opinion, because of the significance of the matter discussed in the “Basis for Adverse Opinion on U.S. Generally Accepted Accounting Principles” paragraph, the financial statements referred to above do not present fairly, in accordance with accounting principles generally accepted in the United States of America, the financial position of the Company as of December 31, 2017 and 2016, or the results of its operations or its cash flows for the years then ended.

Opinion on Statutory Basis of Accounting

In our opinion, the financial statements referred to above present fairly, in all material respects, the admitted assets, liabilities and surplus of the Company as of December 31, 2017 and 2016, and the results of its operations and its cash flows for the years then ended, in accordance with the accounting practices prescribed or permitted by the Office of Insurance Regulation of the State of Florida described in Note 2.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the statutory-basis financial statements taken as a whole. The supplemental summary investment schedule and supplemental investment risk interrogatories (collectively, the “supplemental schedules”) of the Company as of December 31, 2017 and for the year then ended are presented to comply with the National Association of Insurance Commissioners’ Annual Statement Instructions and Accounting Practices and Procedures Manual and for purposes of additional analysis and are not a required part of the statutory-basis financial statements. The supplemental schedules are the responsibility of management and were derived from and relate directly to the underlying accounting and other records used to prepare the statutory-basis financial statements. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the statutory-basis financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the statutory-basis financial statements or to the statutory-basis financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplemental schedules are fairly stated, in all material respects, in relation to the statutory-basis financial statements taken as a whole.

PRICEWATERHOUSE COOPERS LLP

Jacksonville, Florida
Certified Public Accountants
March 28, 2018

Capital Health Plan, Inc.
Statutory Statements of Admitted Assets, Liabilities and Surplus
December 31, 2017 and 2016

(in thousands of dollars)

	2017	2016
Admitted Assets		
Bonds	\$ 381,821	\$ 343,564
Common stocks	95,881	86,973
Cash, cash equivalents and short-term investments	13,689	10,023
Real estate investments, net	21,452	22,117
Receivables for securities	3,427	6,226
Total cash and invested assets	516,270	468,903
Investment income due and accrued	1,981	1,782
Premiums and consideration receivables, net	4,331	4,148
Furniture and equipment, net	49	1,121
Health care receivables, net	6,492	9,446
Other admitted assets	3,607	4,466
Total admitted assets	\$ 532,730	\$ 489,866
Liabilities and Surplus		
Claims unpaid	\$ 63,938	\$ 60,699
Unpaid claims adjustment expenses	590	560
Premiums received in advance	10,927	10,975
General expenses due or accrued	4,085	2,449
Amount due to parent	-	1,017
Payable for securities	11,912	10,872
Other liabilities	35,880	32,291
Total liabilities	127,332	118,863
Commitments and contingencies		
Aggregate write-ins for special surplus funds	8,110	-
Unassigned funds (surplus)	397,288	371,003
Total liabilities and surplus	\$ 532,730	\$ 489,866

The accompanying notes are an integral part of these statutory financial statements.

Capital Health Plan, Inc.
Statutory Statements of Income and Changes in Surplus
Years Ended December 31, 2017 and 2016

<i>(in thousands of dollars)</i>	2017	2016
Revenue		
Net premiums income	\$ 805,850	\$ 764,203
Fee-for-service	2,235	2,146
Total revenue	<u>808,085</u>	<u>766,349</u>
Expenses		
Hospital and medical expenses	759,858	726,608
Claims adjustment expenses	9,764	9,785
Administrative expenses	33,305	31,485
Assessments and fees	276	9,708
Total underwriting expenses incurred	<u>803,203</u>	<u>777,586</u>
Net underwriting gain (loss)	4,882	(11,237)
Net investment income earned	13,030	12,494
Net realized gains on investments	2,732	3,288
Other income, net	(2)	19
Net income	<u>20,642</u>	<u>4,564</u>
Surplus		
Beginning of year	371,003	364,133
Change in net unrealized gains (losses) on investments	14,296	2,609
Change in nonadmitted assets	(2,881)	(724)
Change in unrestricted net assets for postretirement benefits	2,338	421
End of year	<u>\$ 405,398</u>	<u>\$ 371,003</u>

The accompanying notes are an integral part of these statutory financial statements.

Capital Health Plan, Inc.
Statutory Statements of Cash Flows
Years Ended December 31, 2017 and 2016

<i>(in thousands of dollars)</i>	2017	2016
Cash from operations		
Premiums collected net of reinsurance	\$ 812,772	\$ 768,433
Net investment income	14,573	14,571
Other income	5,408	2,892
Benefit and loss-related payments	(758,227)	(714,671)
Claims adjustment expenses	(9,446)	(9,551)
Administrative expenses	<u>(32,136)</u>	<u>(40,574)</u>
Net cash from operations	<u>32,944</u>	<u>21,100</u>
Cash from investments		
Proceeds from investments sold or matured or repaid		
Bonds	178,914	187,167
Common stocks	<u>13,405</u>	<u>32,471</u>
Total investment proceeds	<u>192,319</u>	<u>219,638</u>
Cost of investments acquired		
Bonds	(214,823)	(203,894)
Common stocks	(5,175)	(36,233)
Other investments acquired	<u>(1,599)</u>	<u>(1,389)</u>
Total investments acquired	<u>(221,597)</u>	<u>(241,516)</u>
Net cash from investments	<u>(29,278)</u>	<u>(21,878)</u>
Net increase (decrease) in cash, cash equivalents and short-term investments	3,666	(778)
Cash, cash equivalents and short-term investments		
Beginning of year	<u>10,023</u>	<u>10,801</u>
End of year	<u>\$ 13,689</u>	<u>\$ 10,023</u>

The accompanying notes are an integral part of these statutory financial statements.

Capital Health Plan, Inc.

Notes to Statutory Financial Statements

December 31, 2017 and 2016

1. Background

Organization

Capital Health Plan, Inc. ("CHP") is a not-for-profit federally qualified and state licensed staff model Health Maintenance Organization ("HMO"), which provides health care services to subscribers in Leon and surroundings counties in Florida.

CHP has an affiliation agreement with Blue Cross and Blue Shield of Florida, Inc., d/b/a Florida Blue, giving Florida Blue majority control of the corporate membership of CHP. Florida Blue is a wholly owned subsidiary of Guidewell Mutual Holding Corporation, a not-for-profit, policyholder owned mutual insurance holding company. The affiliation provides that Florida Blue may supply certain administrative services and products to CHP and also commits Florida Blue to loan CHP operating funds, if necessary.

2. Summary of Significant Accounting Policies

CHP is domiciled in the State of Florida and is required to prepare statutory financial statements in accordance with the *National Association of Insurance Commissioners ("NAIC") Accounting Practices and Procedures Manual*, subject to any deviations prescribed or permitted by the Office of Insurance Regulation of the State of Florida ("OIR"), the basis for statutory accounting practices ("SAP"). For the years ending 2017 and 2016, there were no differences between NAIC SAP and practices prescribed or permitted by OIR of the State of Florida. Accordingly, these statutory financial statements are not intended to present the financial position and results of operations in conformity with accounting principles generally accepted in the United States of America ("GAAP"). We have prepared the Company's financial statements on the basis that the Company is able to continue as a going concern. There are no conditions or events, considered in the aggregate, that arise substantial doubt about the Company's ability to continue as a going concern within one year after the date the financial statements are issued.

The accounting policies utilized in preparing the statutory financial statements differ in certain respects from those which would have been used if these financial statements were prepared in accordance with GAAP. The most significant differences are:

- Certain assets are designated as "nonadmitted assets" for statutory accounting purposes. These nonadmitted assets include certain accounts receivable, nonoperating system software, prepaid insurance, and maintenance assets. These differences have been charged to surplus.
- For statutory purposes, CHP's bonds, which are comprised of United States of America ("U.S.") Government treasury and agency securities, municipal bonds, corporate bonds, and mortgage and asset backed securities, are primarily reported at amortized cost. For GAAP, such investments are reported at fair value as of the financial statement date.

Capital Health Plan, Inc.
Notes to Statutory Financial Statements
December 31, 2017 and 2016

A reconciliation of statutory surplus to unrestricted net assets GAAP as of December 31, 2017 and 2016 is as follows:

<i>(in thousands of dollars)</i>	2017	2016
Statutory surplus	\$ 405,398	\$ 371,003
Unrealized loss on investments	(334)	(97)
Nonadmitted assets	<u>14,105</u>	<u>11,224</u>
Unrestricted net assets-GAAP	<u>\$ 419,169</u>	<u>\$ 382,130</u>

A reconciliation of statutory net income to net income - GAAP as of December 31, 2017 and 2016 is as follows:

<i>(in thousands of dollars)</i>	2017	2016
Statutory net income	\$ 20,642	\$ 4,564
Change in unrealized gain on investments	<u>14,059</u>	<u>702</u>
Net income-GAAP	<u>\$ 34,701</u>	<u>\$ 5,266</u>

Recently Issued Accounting Pronouncements

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*. The guidance was issued to increase transparency by requiring the recognition of lease assets and lease liabilities on the Statement of Financial Position by lessees and disclosure of key information about leasing arrangements by lessors and lessees. The guidance, effective for calendar year 2020, is being reviewed to determine the impact to CHP's annual financial statements upon adoption.

Cash and Cash Equivalents and Short-Term Investments

Cash and cash equivalents consist of cash demand deposits, certificates of deposit, money market funds, and investments with original maturities of 90 days or less from the date of purchase. CHP's management places its cash and cash equivalents with creditworthy financial institutions and thus limits its credit exposure. Short-term investments have a maturity when purchased of less than one year. The carrying amounts of cash and cash equivalents approximate their fair value.

Receivables and Payables for Securities

The amounts receivable or payable for investments with settlements pending result from the sales or purchases of investments made prior to the end of the fiscal year, but settled after the fiscal year-end.

Investments

Bonds are comprised of U.S. Government treasury and agency securities, municipal bonds, corporate bonds, and mortgage-backed and asset-backed securities, and are primarily carried at amortized cost. Amortization of bond premium or discount is calculated using the prospective interest method, taking into consideration specific interest and principal provisions over the life of the bond. Bonds, including loan-backed securities, are stated at the lower of amortized cost or fair value, based upon NAIC designation. Loan-backed securities are stated at amortized cost using the scientific interest method including anticipated prepayments at the date of purchase. Bonds have a maturity date exceeding one year from the date of purchase. Realized investment gains and losses are calculated on a weighted-average basis of identification and are included in net

Capital Health Plan, Inc.

Notes to Statutory Financial Statements

December 31, 2017 and 2016

realized investment gains. Common stocks are comprised of mutual funds and reported at fair market value. Investment income is reported net of investment expenses.

Bonds and common stocks are considered impaired and are written down to fair value through the statutory statements of income and changes in surplus when management expects a decline in value to persist (i.e. the decline is “other-than-temporary”), intends to sell the security prior to recovery, or if it is more likely than not that CHP will be required to sell the security prior to recovery. With respect to securities where the decline in value is determined to be temporary and the security’s value is not written down, a subsequent decision may be made to sell that security and realize a loss. If a security’s decline in fair value is not expected to be fully recovered prior to the expected time of sale, CHP would record an other-than-temporary impairment in the period in which the decision to sell is made.

Fair Value of Financial Instruments

In accordance with Statements of Statutory Accounting Practices (“SSAP 100”) – *Fair Value Measurements*, which establishes a framework for measuring and reporting fair value, levels are classified based on types of inputs used to measure fair value and are prioritized by the fair value hierarchy established by SSAP 100. Highest priority is given to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and lowest to unobservable inputs (Level 3 measurement). CHP obtains pricing for investments from a single pricing service, Interactive Data Corporation (“IDC”).

The three levels of the fair value hierarchy defined by SSAP 100 are as follows:

- Level 1 Pricing inputs are based on quoted prices available in active markets for identical assets or liabilities as of the reporting date. Active markets are those in which transactions for the asset or liability occur in sufficient frequency and volume to provide pricing information on an ongoing basis.
- Level 2 Pricing inputs are other than quoted prices in active markets included in Level 1, which are either directly or indirectly observable as of the reporting date. Level 2 includes those financial instruments that are valued using models or other valuation methodologies.
- Level 3 Pricing inputs include significant inputs that are generally less observable or unobservable from objective sources and may include internally developed methodologies that result in management’s best estimate of fair value from the perspective of a market participant.

The following methods and assumptions were used to determine fair value of each class:

Bonds: CHP obtains pricing for bonds from a single pricing service, Interactive Data Corporation (“IDC”). Based on CHP’s internal price verification procedures and review of fair value methodology documentation provided by independent pricing services, CHP has not historically adjusted the prices obtained from the pricing service. In situations where IDC does not have multiple observable inputs or the ability to price a given security, a price is obtained from another pricing service or by obtaining nonbinding broker or dealer quotes.

Common Stocks: Fair values are generally designated as Level 1 and are based on net asset value which is determined by the value of the underlying securities which are based on quoted market prices.

Capital Health Plan, Inc.

Notes to Statutory Financial Statements

December 31, 2017 and 2016

Real Estate Investments, Net

Real estate investments, net, which include expenditures for significant improvements, are recorded at cost, less accumulated depreciation. Maintenance, repairs, and minor improvements are expensed as incurred. When assets are retired or otherwise disposed of, the cost and accumulated depreciation are removed from the accounts and any resulting gain or loss is reflected as other income or expense in the statutory statements of income and changes in surplus. Depreciation is computed on the straight-line method over the estimated useful lives of the related assets, which range from five to forty years. Real estate investments are reviewed for possible impairment whenever events or changes in circumstances indicate the carrying amount may not be recoverable or exceeds fair value as determined by a recent appraisal. No losses were incurred for either 2017 or 2016 as a result of this review.

Concentration of Credit Risk

Investments in cash demand deposits are held primarily in interest-bearing accounts with major banks which exceed federally insured amounts. Investments in money market accounts are not federally insured. The financial stability of these institutions and money market accounts are reviewed on a continuous basis. Credit losses are not anticipated. Bonds, including loan-backed securities, are diversified and include investment grade securities that are rated at the time of purchase by nationally recognized statistical rating organizations. These credit ratings are routinely reviewed and holdings are adjusted accordingly.

CHP's potential exposure to subprime lending is limited to investments within its bond investment portfolio which contain securities collateralized by mortgages that may have characteristics of subprime lending. CHP's bond investment policy limits securities that are backed by subprime mortgages. There were no securities backed by subprime mortgages held during the years ended December 31, 2017 and 2016.

CHP has concentration of credit risk with respect to unpaid premiums and business volume. CHP maintains the right to terminate coverage for employer groups and individuals who fail to pay premiums timely. CHP has one customer, the State of Florida, that accounts for 37% and 38% of CHP's direct premium income for 2017 and 2016, respectively. CHP has provided health care coverage to State of Florida employees and its retirees for the past 34 years. CHP has a current contract through 2020 which can be extended for up to three additional years under the terms of the agreement. While inherently impossible to predict, a loss of the State of Florida contract could have adverse results on CHP operations.

Geographic Concentration Risk

CHP's business is generated within a limited service area. Accordingly, a disruption in membership or revenue within this service area might have a more significant effect on the Company than a more geographically diversified company and could have an adverse impact on CHP's financial condition and operating results.

Furniture and Equipment, Net

Furniture and equipment are recorded at cost less accumulated depreciation. Depreciation is computed using the straight-line method, based on the estimated useful lives of the related assets which range from three to five years. Upon retirement or disposal, the related asset and corresponding accumulated depreciation are removed from CHP's accounts and any gain or loss is reflected in operations.

Capital Health Plan, Inc.

Notes to Statutory Financial Statements

December 31, 2017 and 2016

Claims Unpaid and Unpaid Claims Adjustment Expenses

Claims unpaid includes an accrual for incurred but unpaid and unreported claims. The liability is based upon estimates of the eventual net cost of such services provided to members through the end of the year. Estimates of unpaid and unreported claims are based upon claims payment experience. The methods used in determining the liability are periodically reviewed and any adjustments resulting from these revisions are reflected in current operations. The assumptions used are actuarially based and represent good and sufficient provision for all incurred but unpaid and unreported claims. Administrative costs to process outstanding claims are included in unpaid claims adjustment expenses.

Revenue Recognition

All of CHP's individual and group contracts provide for the individual or group to be fully insured. Premiums for these contracts are billed on a monthly basis in advance of the coverage period and are recognized as revenue ratably over the period of coverage. Fee-for-service income, investment income, and other revenue are recognized when earned.

Accounting for the Medicare Advantage and Part D Prescription Drug Program

CHP offers Medicare Advantage and Part D prescription drug insurance coverage under a contract with the Centers for Medicare & Medicaid Services ("CMS"). Premiums received in advance are recorded as unearned premiums. Costs for covered medical and prescription drugs are expensed as incurred. CMS utilizes a risk adjustment model which adjusts the payment for enrollees based on the underlying health condition of the beneficiaries. Under this model, member payments are adjusted in subsequent periods after CHP has submitted the final medical diagnosis information to CMS. CHP recorded net premium payable of approximately \$3,214,000 and \$2,060,000 for these unsettled premiums for December 31, 2017 and 2016, respectively.

Under the Medicare Part D program, a risk sharing arrangement provides a risk corridor whereby the target amount (premiums received from members and CMS based on CHP's annual bid amount less administrative expenses) is compared to actual drug cost incurred during the contract year. Based upon the actual drug expense incurred a receivable from, or a payable to, CMS is recorded as an adjustment to premiums. Reconciliations for both individual and employer group Medicare members on the final risk sharing, low-income and reinsurance amounts are required annually. CHP recorded a net (payable) receivable of approximately (\$1,330,000) and \$3,286,000 at December 31, 2017 and 2016, respectively.

As a Medicare plan sponsor, CHP administers the Medicare coverage gap subsidy, a discount from pharmaceutical manufacturers on brand drug costs to Medicare Part D enrollees exceeding their initial coverage limit until they qualify for catastrophic coverage. Amounts paid to pharmacies for this discount by CHP are recorded as a receivable in premiums and other receivables, net, until the discount reimbursement is received from the pharmaceutical manufacturers. As of December 31, 2017 and 2016, pharmaceutical manufacturer receivables were approximately \$1,694,000 and \$1,591,000, respectively.

Capital Health Plan, Inc.

Notes to Statutory Financial Statements

December 31, 2017 and 2016

Premiums and Consideration Receivables, Net

Premiums and other consideration receivables are reported net of an allowance for estimated uncollectible accounts of approximately \$85,000 and \$54,000 at December 31, 2017 and 2016, respectively, which is calculated based upon historical activity and management's estimate of collectability. The carrying amount of CHP's receivables approximate fair values. None of the receivables are held for sale.

Health Care Receivables, Net

Health care receivables consist of pharmaceutical rebates and other receivables. Pharmaceutical rebates ("rebates") are generally volume discounts negotiated with drug manufacturers by CHP's pharmacy benefit manager on behalf of the Company. Rebates are earned when a medication is dispensed to CHP's members. CHP estimates rebates based on historical rebate patterns and the arrangement between CHP and its pharmacy benefit management company. Rebates are recorded in health care receivables and as a reduction to hospital and medical expenses (Note 13). Other receivables, primarily fee-for-service receivables, are reported net of an allowance for estimated uncollectible amounts. The allowance for uncollectible accounts supports all receivables aged in excess of 90 days. The allowance for uncollectible accounts was \$30,000 for December 31, 2017 and 2016.

Health Care Service Cost Recognition

CHP contracts with various health care providers for the provision of certain medical services to its members. CHP compensates these providers on a capitated and noncapitated basis. These expenses are included in hospital and medical expenses in the statutory statements of income and changes in surplus.

Reinsurance Recognition

Reinsurance premiums are recorded as a reduction in premium income, and reinsurance recoveries are recorded as a reduction of hospital and medical expense when the eligible insured amount of the event can be estimated.

Malpractice Insurance

Malpractice insurance coverage is provided on a claims-made basis. The claims-made policies, which are subject to renewal on an annual basis, cover only claims made during the term of the policies. CHP is not aware of any claims that arose during the fiscal year that will be reported outside the policy renewal period. Accordingly, no provision for such claims was made at December 31, 2017 and 2016.

Use of Estimates and Assumptions

The accompanying financial statements have been prepared in conformity with the accounting practices prescribed or permitted by the OIR, which requires management to make certain estimates and assumptions that affect the reported amounts of admitted assets and liabilities and disclosure of contingent assets and liabilities at the date of the statutory financial statements, and the reported amounts of revenue and expenses during the reporting periods.

3. Tax Status

CHP has been granted an exemption from Federal income tax under the Internal Revenue Code, Section 501(c) (4). The Internal Revenue Code provides for taxation of certain unrelated business income. CHP had no significant unrelated business income in 2017 and 2016.

Capital Health Plan, Inc.
Notes to Statutory Financial Statements
December 31, 2017 and 2016

4. Investments

The amortized cost and fair value of investments for the years ended December 31, 2017 and 2016 is set forth in the following table.

<i>(in thousands of dollars)</i>	Amortized Cost	Gross Unrealized Gains	Gross Unrealized Losses	Fair Value
2017				
Debt securities				
U.S. Government and agencies	\$ 260,181	\$ 1,287	\$ (2,625)	\$ 258,843
Corporate	78,121	1,189	(313)	78,997
Commercial mortgage-backed securities	6,013	59	(37)	6,035
Other	37,506	398	(291)	37,613
Total debt securities	<u>381,821</u>	<u>2,933</u>	<u>(3,266)</u>	<u>381,488</u>
Equity securities	<u>69,366</u>	<u>26,516</u>	<u>(1)</u>	<u>95,881</u>
Total investments	<u>\$ 451,187</u>	<u>\$ 29,449</u>	<u>\$ (3,267)</u>	<u>\$ 477,369</u>
2016				
Debt securities				
U.S. Government and agencies	\$ 234,585	\$ 1,917	\$ (2,644)	\$ 233,858
Corporate	69,591	1,104	(464)	70,231
Commercial mortgage-backed securities	5,262	72	(53)	5,281
Other	34,126	350	(380)	34,096
Total debt securities	<u>343,564</u>	<u>3,443</u>	<u>(3,541)</u>	<u>343,466</u>
Equity securities	<u>74,753</u>	<u>13,854</u>	<u>(1,634)</u>	<u>86,973</u>
Total investments	<u>\$ 418,317</u>	<u>\$ 17,297</u>	<u>\$ (5,175)</u>	<u>\$ 430,439</u>

The expected maturities of the investments are shown below. Expected maturities may differ from actual maturities due to call or prepayment provisions.

<i>(in thousands of dollars)</i>	2017		2016	
	Amortized Cost	Fair Value	Amortized Cost	Fair Value
Due in one year or less	\$ 707	\$ 706	\$ 299	\$ 300
Due after one year through five years	140,067	139,612	129,735	130,085
Due after five years through ten years	80,561	81,017	69,015	68,640
Due after ten years	160,486	160,153	144,515	144,441
	<u>\$ 381,821</u>	<u>\$ 381,488</u>	<u>\$ 343,564</u>	<u>\$ 343,466</u>

The difference between amortized cost and fair value on these bonds totaled approximately (\$333,000) and (\$98,000) as of December 31, 2017 and 2016, respectively. Proceeds from sales of total investments during 2017 and 2016 were approximately \$192,319,000 and \$219,638,000, respectively. There were no maturities of debt securities in 2017 and 2016. Gross gains of approximately \$3,378,000 and \$3,732,000 and gross losses of approximately \$646,000 and \$635,000 were realized on those sales in 2017 and 2016, respectively. There were no write downs for impairment during 2017 and 2016.

Capital Health Plan, Inc.
Notes to Statutory Financial Statements
December 31, 2017 and 2016

As of December 31, 2017 and 2016, investments with a decline in fair value below amortized cost were as follows, including the length of time of such decline:

<i>(in thousands of dollars)</i>	One Year or Less			More than One Year			Total		
	Fair Value	Unrealized Loss	Amortized Cost	Fair Value	Unrealized Loss	Amortized Cost	Fair Value	Unrealized Loss	Amortized Cost
2017									
US Government and agencies	\$ 129,170	\$ (889)	\$ 130,059	\$ 72,177	\$ (1,736)	\$ 73,913	\$ 201,347	\$ (2,625)	\$ 203,972
Corporate	24,410	(178)	24,588	5,129	(135)	5,264	29,539	(313)	29,852
Other	13,364	(110)	13,474	7,194	(181)	7,375	20,558	(291)	20,849
Commercial mortgage backed securities	1,581	(13)	1,594	753	(24)	777	2,334	(37)	2,371
Total bonds	168,525	(1,190)	169,715	85,253	(2,076)	87,329	253,778	(3,266)	257,044
Common stocks	361	(1)	362	-	-	-	361	(1)	362
	<u>\$ 168,886</u>	<u>\$ (1,191)</u>	<u>\$ 170,077</u>	<u>\$ 85,253</u>	<u>\$ (2,076)</u>	<u>\$ 87,329</u>	<u>\$ 254,139</u>	<u>\$ (3,267)</u>	<u>\$ 257,406</u>
2016									
US Government and agencies	\$ 97,993	\$ (1,734)	\$ 99,727	\$ 58,350	\$ (910)	\$ 59,260	\$ 156,343	\$ (2,644)	\$ 158,987
Corporate	11,896	(323)	12,219	12,554	(141)	12,695	24,450	(464)	24,914
Other	11,597	(290)	11,887	7,353	(90)	7,443	18,950	(380)	19,330
Commercial mortgage backed securities	993	(45)	1,038	1,022	(8)	1,030	2,015	(53)	2,068
Total bonds	122,479	(2,392)	124,871	79,279	(1,149)	80,428	201,758	(3,541)	205,299
Common stocks	6,304	(49)	6,353	12,838	(1,585)	14,423	19,142	(1,634)	20,776
	<u>\$ 128,783</u>	<u>\$ (2,441)</u>	<u>\$ 131,224</u>	<u>\$ 92,117</u>	<u>\$ (2,734)</u>	<u>\$ 94,851</u>	<u>\$ 220,900</u>	<u>\$ (5,175)</u>	<u>\$ 226,075</u>

Investments with gross unrealized losses were not considered “other-than-temporarily” impaired due to the duration, low magnitude of the losses, or indications of recovery, and the conclusion that collection of contractual amounts due is probable. As of December 31, 2017, CHP does not intend to sell the securities with an unrealized loss position and it is not likely that CHP will be required to sell these securities before recovery of their amortized costs.

(in thousands of dollars)

Investment income

	2017	2016
Dividends and interest	\$ 12,696	\$ 12,352
Amortization of premium and discount on investments, net	(1,742)	(2,117)
Rent for owner occupied property	2,435	2,595
Total investment income	<u>13,389</u>	<u>12,830</u>
Less: Investment expenses	<u>(359)</u>	<u>(336)</u>
Net investment income	<u>\$ 13,030</u>	<u>\$ 12,494</u>

Capital Health Plan, Inc.
Notes to Statutory Financial Statements
December 31, 2017 and 2016

5. Fair Value of Financial Instruments

The admitted assets and related fair values of all financial instruments, along with the levels within the fair value hierarchy used to determine the fair value measurements are as follows:

<i>(in thousands of dollars)</i>	Admitted Assets	Level 1	Level 2	Level 3	Fair Value	Not Practicable
2017						
Cash, cash equivalents and short-term investments	\$ 13,689	\$ 13,689	\$ -	\$ -	\$ 13,689	\$ -
Bonds	381,821	60,919	320,569	-	381,488	-
Common stock	95,881	95,881	-	-	95,881	-
Total assets	<u>\$ 491,391</u>	<u>\$ 170,489</u>	<u>\$ 320,569</u>	<u>\$ -</u>	<u>\$ 491,058</u>	<u>\$ -</u>
2016						
Cash, cash equivalents and short-term investments	\$ 10,023	\$ 10,023	\$ -	\$ -	\$ 10,023	\$ -
Bonds	343,564	53,435	290,031	-	343,466	-
Common stock	86,973	86,973	-	-	86,973	-
Total assets	<u>\$ 440,560</u>	<u>\$ 150,431</u>	<u>\$ 290,031</u>	<u>\$ -</u>	<u>\$ 440,462</u>	<u>\$ -</u>

Transfers between levels are recognized at the beginning of the reporting period. There were no material transfers between levels in 2017 or 2016. There were no realized gains (losses) included in investment income and no unrealized gains and losses included in surplus that required disclosure for the years ending December 31, 2017 and 2016.

6. Property and Equipment

Furniture and equipment, net at December 31, consist of the following:

<i>(in thousands of dollars)</i>	2017	2016
Furniture and equipment	\$ 18,381	\$ 17,211
Medical furniture and equipment	3,562	4,021
	<u>21,943</u>	<u>21,232</u>
Accumulated depreciation	(19,925)	(18,914)
Nonadmitted assets	(1,969)	(1,197)
	<u>\$ 49</u>	<u>\$ 1,121</u>

Real estate investments, net at December 31 consist of the following:

<i>(in thousands of dollars)</i>	2017	2016
Property	\$ 35,573	\$ 35,112
Accumulated depreciation	(14,121)	(12,995)
	<u>\$ 21,452</u>	<u>\$ 22,117</u>

Capital Health Plan, Inc.
Notes to Statutory Financial Statements
December 31, 2017 and 2016

Depreciation expense during 2017 and 2016 was approximately \$2,565,000 and \$2,647,000, respectively. During 2017, CHP disposed of fully depreciated equipment that was deemed to be no longer in use.

7. Contractual Agreements

Hospitalization

CHP has entered into contractual agreements with various hospitals to provide hospital services to CHP's members. In general these agreements automatically renew annually but can be terminated by sufficient notice.

Other Services

CHP has entered into additional contractual arrangements with certain physicians to provide laboratory and specialized services. In general these agreements automatically renew annually, but can be terminated by sufficient notice.

8. Claims Unpaid and Unpaid Claims Adjustment Expenses

Activity in claims unpaid and unpaid claims adjustment expenses is summarized as follows for the years ended December 31:

<i>(in thousands of dollars)</i>	2017	2016
Balances at January 1,	\$ 61,259	\$ 52,619
Incurring related to		
Current year	620,504	587,630
Prior year	(4,467)	2,141
Total incurred	<u>616,037</u>	<u>589,771</u>
Paid related to		
Current year	557,722	526,371
Prior year	55,046	54,760
Total paid	<u>612,768</u>	<u>581,131</u>
Balances at December 31,	<u>\$ 64,528</u>	<u>\$ 61,259</u>

The balances above are comprised of claims unpaid (approximately \$63.9 million and \$60.7 million at December 31, 2017 and 2016, respectively), and unpaid claims adjustment expenses (approximately \$0.6 million at December 31, 2017 and 2016).

Changes in the provision for claims unpaid and unpaid claims adjustment expenses attributable to insured events of the prior year are primarily the result of changes in estimates due to changes in medical cost trends that emerged when compared to historical levels. These estimates are reviewed regularly by management and periodically by an independent consulting actuary, and are adjusted as necessary as new information becomes known. Such adjustments are included in current operations.

Capital Health Plan, Inc.
Notes to Statutory Financial Statements
December 31, 2017 and 2016

9. Surplus

CHP is required by the OIR to maintain statutory surplus not less than the greater of \$1.5 million; 10% of total liabilities; or 2% of annualized premium, which is approximately \$16,117,000 and \$15,284,000 as of December 31, 2017 and 2016, respectively. CHP's surplus exceeds OIR minimum statutory surplus requirements by approximately \$389,281,000 and \$355,719,000 as of December 31, 2017 and 2016, respectively.

Additionally, regulations require each HMO to ensure its statutory basis net income before taxes is not less than 2% of total revenues. CHP's statutory net income at December 31, 2016 did not meet this requirement. If the HMO fails to meet the 2% requirement, a corrective action plan may be required. An HMO can request a waiver for filing the corrective action plan if net earnings is less than two percent of total revenue, but not a loss, and where certain other criteria are met. An administrative rule specifies a waiver shall be granted if these conditions are met. For 2016, CHP received a waiver of this requirement from the OIR.

10. Employee Benefits

Pension Plan

CHP has a simplified employee pension plan (defined contribution plan) whereby contributions are made directly to employees' individual retirement accounts. Contributions, which are discretionary, are determined annually by CHP's management and allocated among participants in proportion to their eligible compensation during the plan year. All employees are eligible to participate and 100% vesting occurs after a six month length of service requirement is met. Contributions during 2017 and 2016 were approximately \$3,810,000 and \$3,802,000, respectively.

Postretirement Benefits Other than Pension

CHP adopted a postretirement benefit plan effective January 1, 2016 that provides health care insurance to retiring employees that meet certain age and service eligibility requirements. CHP recorded an accumulated postretirement benefit obligation liability of \$12.1 million and \$12.3 million as of December 31, 2017 and 2016, respectively. The following table reflects the components of the benefit obligation at December 31, 2017.

(in thousands of dollars)

Change in Benefit Obligation

Benefit obligation, beginning of year	\$ 12,256
Service cost	576
Interest cost	539
Actuarial losses (gains)	(1,248)
Benefits paid	(32)
Benefit obligation, end of year	<u>\$ 12,091</u>

Net Periodic Benefit Cost

Current service cost	\$ 576
Current interest cost	539
Amortization of prior service cost	1,090
Net periodic benefit cost	<u>\$ 2,205</u>

Capital Health Plan, Inc.
Notes to Statutory Financial Statements
December 31, 2017 and 2016

CHP expects to amortize approximately \$1.1 million of unrecognized prior service cost and \$0 of unrecognized (gain)/loss from accumulated postretirement benefit obligation into net periodic benefit cost during 2018. Actuarial losses (gains) are amortized using the straight-line method over the remaining service period of active employees expected to receive benefits from the plan.

Weighted-average assumptions used in determining the postretirement benefit obligation as of December 31, 2017 were:

Discount rate	3.7 %
Initial 2018 medical trend	5.2 %
Ultimate medical trend	4.5 %

Increasing the assumed medical trend by 1% would increase the accumulated benefit obligation at December 31, 2017 by \$3.8 million and increase the 2017 benefit expense by \$0.5 million. Decreasing medical trend by 1% would decrease the accumulated benefit obligation by \$2.8 million and decrease the 2017 benefit expense by \$0.3 million.

The health care premiums will be supported by CHP general assets as well as contributions received for eligible participants. The Company expects to receive minimal contributions to the postretirement health care plan during 2018. The following table provides expected benefit payments for the years indicated:

(in thousands of dollars)

2018	\$	51
2019		75
2020		95
2021		114
2022		131
2023-2027		924

11. Reinsurance

CHP reinsures certain risks with another insurance company. The reinsurance agreement provides 50%-90% coverage for eligible inpatient hospital and transplant services in excess of a specific deductible of \$700,000 during 2017 and 2016 for each covered member. The reinsurance policy has a maximum reinsurance coverage limit of \$3,000,000 per member per year. If the reinsurance carrier fails to meet its commitment under the reinsurance agreements, CHP will be liable for the covered services. Total premiums paid during 2017 and 2016 were approximately \$377,000 and \$403,000, respectively. Direct recoveries and experience refunds associated with premiums paid during 2017 and 2016 totaled approximately \$950,000 and \$860,000, respectively. As of December 31, 2017 and 2016, the amounts due to CHP under reinsurance agreements were nonadmitted and were approximately \$1,105,000 and \$890,000, respectively.

Capital Health Plan, Inc.

Notes to Statutory Financial Statements

December 31, 2017 and 2016

12. Commitments and Contingencies

Litigation

In the normal course of business, CHP is routinely involved in litigation with insured parties, beneficiaries, healthcare providers and others. In management's opinion, based upon the advice of external legal counsel, there is no litigation or unasserted claims outstanding that would have a material adverse effect on CHP's financial position, results of operations or cash flows.

Line of Credit

In June 2016, CHP amended its secure line of credit with Capital City Bank and increased the line of credit to \$30 million from \$25 million. Shares in Vanguard Institutional Fund, maintained by the Bank of New York Mellon, secure the new line at no less than an 80% loan to collateral value ratio. The agreement includes a variable floating rate of London Interbank Offered Rates ("LIBOR") plus 1.40% subject to a minimum interest rate of not less than 1.70% annually. The interest rate was 2.77% and 2.02% at December 31, 2017 and 2016, respectively. As of December 31, 2017 and 2016 CHP had no borrowings outstanding and approximately \$6,000 and \$4,000 in interest payable, respectively. The agreement governing borrowing includes covenants, which serve to insure that CHP maintains adequate liquidity. CHP was in compliance with all debt covenants during each year and at December 31, 2017 and 2016.

Regulatory Environment

The Patient Protection and Affordable Care Act and The Health Care and Education Reconciliation Act of 2010 (collectively referred to as "Health Care Reform") considerably transforms various aspects of, and increases regulation within, the U.S. health insurance industry. Certain provisions of the legislation have already taken effect and have impacted CHP's operations including fee assessments and changes that have resulted in increased medical and administrative costs. With a new administration in place, CHP expects additional changes to occur within the U.S. health insurance industry in the coming years based on statements and executive orders of the new administration. However, the exact changes and impact of the changes to CHP's financial position, results of operation or cash flows cannot be determined.

CHP follows SSAP 106, Affordable Care Act Section 9010 Assessment: Fees Paid to the Federal Government by Health Insurers ("health insurer fee") for these costs required by Health Care Reform. The health insurer fee is being levied based on a ratio of an insurer's net health insurance premiums written for the previous calendar year compared to the total U.S. health insurance market. The guidance specifies that a liability be estimated and fully recognized in the calendar year the fee is payable with a corresponding deferred asset once qualifying health insurance is provided. The deferred asset is amortized straight-line over the year and the liability is relieved when paid. During 2015, Congress passed legislation which imposed a moratorium for the 2017 calendar year for the collection of the insurer fee. On January 22, 2018, Congress again passed legislation which suspends collection of the fee for the 2019 calendar year. The health insurer fee will total approximately \$14.3 billion in 2018. Starting in 2020, the amount will be equal to the annual fee for the preceding year increased by the national rate of premium growth for the preceding year. CHP's portion of the health insurer fee for 2016 was approximately \$6.4 million.

The following outlines certain other provisions of Health Care Reform that have already taken effect.

Capital Health Plan, Inc.
Notes to Statutory Financial Statements
December 31, 2017 and 2016

Medical loss ratio (“MLR”) regulation of Health Care Reform. Commercial fully insured health plans in the individual and group health insurance markets are required to spend at least 85% of premiums earned from large employer groups and 80% of premiums earned from individual and small group markets on a combination of medical care claims and activities to improve health care quality. The regulations require health plans to provide rebates to policy holders for any portion below these minimum thresholds. Medicare Advantage and Part D plans are also subject to the 85% requirement. As of December 31, 2017 and 2016, CHP’s MLR exceeded these requirements and therefore had no rebates due to policyholders for commercial fully insured health plans or CMS for CHP’s Medicare Advantage and Part D plans.

The temporary Reinsurance Program provides for partial reimbursement of high cost claims for certain eligible Affordable Care Act (“ACA”) individual plans sold on the exchange. CHP does not participate within the individual market and does not sell healthcare benefit plans on the exchange and, therefore, does not qualify for these recoveries. CHP is subject to the annual reinsurance fee mandated by Health Care Reform. For 2016, CHP recorded approximately \$3 million in reinsurance fees. The Reinsurance Program was temporary and ended December 31, 2016.

The permanent Risk Adjustment Program provides for retrospective adjustments of revenue for certain individual and small group plans. The Risk Adjustment Program is designed such that payment to plans with higher relative risk is funded by transfers from plans with lower relative risk. Risk adjustment assessments and distributions are computed based on CHP’s risk score versus the overall market risk score after applying adjustments. CHP records a risk adjustment receivable or payable, with an adjustment to premiums when the amounts are reasonably estimable and collection is reasonably assured. During 2017, CHP received risk adjustment payments of approximately \$1.4 million related to 2016. CHP recorded risk adjustment (payable) receivable of approximately (\$3.3) million and \$1.5 million as of December 31, 2017 and 2016, respectively.

The temporary Risk Corridor Program provides for gains and losses on individual and small group market plans, sold on the exchange, to be shared with the government. CHP does not sell healthcare benefit plans on the exchange and therefore is not subject this program. The Risk Corridor Program was temporary and ended December 31, 2016.

13. Pharmaceutical Rebate Receivable

At December 31, 2017 and 2016, respectively, the estimated pharmaceutical rebate receivables were approximately \$6,136,000 and \$5,436,000 and were included in health care receivables, net in the statutory statement of admitted assets, liabilities and surplus.

Capital Health Plan, Inc.
Notes to Statutory Financial Statements
December 31, 2017 and 2016

The activity related to pharmaceutical rebates for the years ended December 31, 2017, 2016, and 2015 by quarter is summarized as follows:

(in thousands of dollars)

Quarter Ended	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing	Total Rebates Received
December 31, 2017	\$ 6,136	\$ -	\$ -	\$ -	\$ -
September 30, 2017	5,997	6,069	-	-	-
June 30, 2017	5,463	5,976	5,976	-	5,976
March 31, 2017	5,968	5,999	5,999	-	5,999
December 31, 2016	\$ 5,436	\$ 5,197	\$ 5,192	\$ 5	\$ 5,197
September 30, 2016	5,460	5,160	5,134	29	5,162
June 30, 2016	5,072	5,083	5,026	57	5,083
March 31, 2016	4,133	4,766	4,758	8	4,766
December 31, 2015	\$ 4,050	\$ 3,762	\$ 3,714	\$ 47	\$ 3,762
September 30, 2015	3,612	3,687	3,662	25	3,687
June 30, 2015	3,293	3,632	3,612	20	3,632
March 31, 2015	2,495	3,383	3,356	27	3,383

14. Related Party Transactions

A certain CHP Board member is affiliated with Capital City Bank where CHP maintains a banking relationship, including a secured line of credit (see Note 12). CHP paid bank service charges to this financial institution, net of interest received, of approximately \$38,000 and \$61,000 in 2017 and 2016, respectively. Interest paid to Capital City Bank was approximately \$103,000 and \$95,000 for 2017 and 2016, respectively. Total deposits maintained at this financial institution were approximately \$6,192,000 and \$2,692,000 at December 31, 2017 and 2016, respectively.

CHP provides medical services to subscribers who are employed by certain companies who are managed or partially owned by certain members of CHP's board of directors. Total premiums paid to provide these services were approximately \$4,358,000 and \$4,151,000 in 2017 and 2016, respectively.

CHP maintains an agreement with Florida Blue whereby the companies combine to offer certain group purchasers a multiple option health care program, which includes consolidated billing, administrative services, and a provision for equalizing underwriting gains and losses on these particular groups. CHP's receivable (payable) to Florida Blue related to this agreement was approximately \$450,000 and (\$1,017,000) at December 31, 2017 and 2016, respectively. CHP recorded approximately \$3,751,000 and \$4,241,000 of premiums collected from these groups under the consolidated billing arrangement with Florida Blue, in 2017 and 2016, respectively. CHP recorded approximately \$2,008,000 and \$1,195,000 equalization settlements for December 31, 2017 and 2016, respectively.

CHP also has agreements with Florida Blue and other related entities to provide certain administrative services. The total fees paid to Florida Blue under these agreements were approximately \$267,000 and \$426,000 in 2017 and 2016, respectively.

Capital Health Plan, Inc.
Notes to Statutory Financial Statements
December 31, 2017 and 2016

CHP contracted with Prime Therapeutics, Inc. (“Prime”), a pharmacy benefits management company, to administer its pharmaceutical benefits program. Prime is a related party to CHP through common control by Florida Blue.

15. Subsequent Events

CHP has evaluated subsequent events through March 28, 2018, the date the financial statements were available for issuance. No such events were noted.

Capital Health Plan, Inc.

Supplemental Investment Schedule

December 31, 2017

Summary Investment Schedule

(in millions)	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement	
	Amount	Percentage	Amount	Percentage
1. Bonds				
1.1 US Treasury Securities	\$ 60.7	12 %	\$ 60.7	12 %
1.2 US Government Agency Obligations (excluding mortgage-backed securities)				
1.21 Issued by US Government Agencies				
1.22 Issued by US Government Sponsored Agencies	35.6	7	35.6	7
1.3 Non-U.S. Government (including Canada, excluding mortgage-backed securities)	18.8	4	18.8	4
1.4 Securities issued by states, territories and possessions and political subdivisions in the U.S.				
1.41 State, territories and possessions general obligations	0.3	0	0.3	0
1.42 Political subdivisions of states, territories, and possessions and political subdivisions general obligations				
1.43 Revenue and assessment obligations	0.5	0	0.5	0
1.43 Industrial development and similar obligations				
1.5 Mortgage-backed securities (includes residential and commercial MBS)				
1.51 Pass-through securities				
1.511 Issued or guaranteed by GNMA	45.0	9	45.0	9
1.512 Issued or guaranteed by FNMA and FHLMC	109.0	21	109.00	21
1.513 All other				
1.52 CMOs and REMICs				
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA	8.7	2	8.7	2
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in line 1.521				
1.523 All other	6.4	1	6.4	1
2. Other Debt and Other Fixed Income Securities (excluding short-term)				
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)	80.8	15	80.8	15
2.2 Unaffiliated Non-U.S. (including Canada) securities	16.0	3	16.0	3
2.3 Affiliated securities				
3. Equity Interests				
3.1 Investment in mutual funds	95.9	18	95.9	18
3.2 Preferred stocks				
3.21 Affiliated				
3.22 Unaffiliated				
3.3 Publicly traded equity securities (excluding preferred stocks)				
3.31 Affiliated				
3.32 Unaffiliated				
3.4 Other equity securities				
3.41 Affiliated				
3.42 Unaffiliated				
3.5 Other equity interests including tangible personal property under lease				
3.51 Affiliated				
3.52 Unaffiliated				
4. Mortgage loans				
4.1 Construction and land development				
4.2 Agricultural				
4.3 Single family residential properties				
4.4 Multifamily residential properties				
4.5 Commercial loans				
4.6 Mezzanine real estate loans				
5. Real Estate Investments				
5.1 Property occupied by the company	21.5	4	21.5	4
5.2 Property held for the production of income				
5.3 Property held for sale				
6. Contract loans				
7. Derivatives				
8. Receivables for securities	3.4	1	3.4	1
9. Securities Lending (Line 10, Asset Page reinvested collateral)				
10. Cash, cash equivalents and short-term investments	13.7	3	13.7	3
11. Other invested assets				
Total invested assets	\$ 516.3	100 %	\$ 516.3	100 %

Capital Health Plan, Inc.
Supplemental Investment Risks Interrogatories
December 31, 2017

(1) Reporting entity's total admitted assets as reported on Page 2 of the annual statement: approximately \$533 million.

(2) Ten largest exposures to a single issuer/borrower/investment.

<i>(in millions)</i>	Issuer	Description of Exposure	Amount	Percentage of Total Admitted Assets
2.01	KREDITANSTALT FUER WIEDERAUFBA	BONDS	\$ 2.9	0.5 %
2.02	GOLDMAN SACHS GROUP INC	BONDS	2.4	0.5 %
2.03	BANK OF AMERICA CORP	BONDS	2.4	0.4 %
2.04	JPMORGAN CHASE & CO	BONDS & MORTGAGE LOANS	2.3	0.4 %
2.05	EUROPEAN INVESTMENT BANK	BONDS	2.2	0.4 %
2.06	INTERNATIONAL BANK FOR RECONSTRUCT	BONDS	2.1	0.4 %
2.07	MORGAN STANLEY	BONDS & MORTGAGE LOANS	2.0	0.4 %
2.08	WELLS FARGO & CO	BONDS & MORTGAGE LOANS	1.6	0.3 %
2.09	CITIGROUP INC	BONDS & MORTGAGE LOANS	1.6	0.3 %
2.10	AT&T INC	BONDS	1.6	0.3 %

(3) Amounts and percentages of the reporting entity's total admitted assets held in bonds and preferred stocks by NAIC rating.

<i>(in millions)</i>	Bonds	Amount	Percent	Preferred Stock	Amount	Percent	
3.01	NAIC - 1	\$ 335.0	62.9 %	3.07	P/RP - 1	\$ -	0 %
3.02	NAIC - 2	46.9	8.8 %	3.08	P/RP - 2		
3.03	NAIC - 3			3.09	P/RP - 3		
3.04	NAIC - 4			3.1	P/RP - 4		
3.05	NAIC - 5			3.11	P/RP - 5		
3.06	NAIC - 6			3.12	P/RP - 6		

(4) Assets held in foreign investments:

4.01 Are assets held in foreign investments less than 2.5% of the reporting entity's total admitted assets? ___ (yes) _X_ (no)

If response to 4.01 above is yes, responses are not required for Interrogatories 5-10

<i>(in millions)</i>		Amount	Percent
4.02	Total admitted assets held in foreign investments	\$ 73.4	13.8 %
4.03	Foreign-currency-denominated investments		
4.04	Insurance liabilities denominated in that same foreign currency		

(5) Aggregate foreign investment exposure categorized by NAIC sovereign rating:

<i>(in millions)</i>	NAIC Sovereign Rating	Amount	Percent
5.01	Countries rated NAIC - 1	\$ 67.1	12.6 %
5.02	Countries rated NAIC - 2	5.7	1.1 %
5.03	Countries rated NAIC - 3 or below	0.5	0.1 %

Capital Health Plan, Inc.
Supplemental Investment Risks Interrogatories
December 31, 2017

(6) Largest foreign investment exposures by country, categorized by the country's NAIC sovereign rating:

<i>(in millions)</i>	NAIC Sovereign Rating	Amount	Percent
	Countries rated NAIC - 1		
6.01	JAPAN	\$ 11.2	2.1 %
6.02	UNITED KINGDOM	9.9	1.9 %
	Countries rated NAIC - 2		
6.03	Mexico	1.7	0.3 %
6.04	Spain	1.4	0.3 %
	Countries rated NAIC - 3 or below		
6.05	UKRAINE	0.5	0.1 %

(7) Aggregate unhedged foreign currency exposure:

<i>(in millions)</i>	NAIC Sovereign Rating	Amount	Percent
7.01		\$ -	0 %

(8) Aggregate unhedged foreign currency exposure categorized by NAIC sovereign rating:

<i>(in millions)</i>	NAIC Sovereign Rating	Amount	Percent
8.01	Countries rated NAIC - 1	\$ -	0 %
8.02	Countries rated NAIC - 2		
8.03	Countries rated NAIC - 3 or below		

(9) Largest unhedged foreign currency exposures by country, categorized by the country's NAIC sovereign rating:

<i>(in millions)</i>	NAIC Sovereign Rating	Amount	Percent
	Countries rated NAIC - 1		
9.01	Country	\$ -	0 %
9.02	Country		
	Countries rated NAIC - 2		
9.03	Country		
9.04	Country		
	Countries rated NAIC - 3 or below		
9.05	Country		
9.06	Country		

Capital Health Plan, Inc.
Supplemental Investment Risks Interrogatories
December 31, 2017

(10) Ten largest nonsovereign (i.e. nongovernmental) foreign issues

<i>(in millions)</i>	Issuer	NAIC Rating	Amount	Percent
10.01	KREDITANSTALT FUER WIEDERAUFBA	1	\$ 2.9	0.5 %
10.02	EUROPEAN INVESTMENT BANK	1	2.2	0.4 %
10.03	INTERNATIONAL BANK FOR RECONSTRUCT	1	2.1	0.4 %
10.04	INTER-AMERICAN DEVELOPMENT BANK	1	1.2	0.2 %
10.05	ASIAN DEVELOPMENT BANK	1	1.2	0.2 %
10.06	PETROLEOS MEXICANOS	2	0.9	0.2 %
10.07	CREDIT SUISSE (NEW YORK BRANCH)	1	0.8	0.2 %
10.08	HSBC HOLDINGS PLC	1	0.8	0.2 %
10.09	JAPAN BANK FOR INTERNATIONAL COOP	1	0.8	0.1 %
10.10	BP CAPITAL MARKETS PLC	1	0.7	0.1 %

(11) Amounts and percentages of the reporting entity's total admitted assets held in Canadian investments and unhedged Canadian currency exposure:

11.01 Are assets held in Canadian investments less than 2.5% of the reporting entity's total admitted assets? (yes) (no)

If response to 11.01 is yes, detail is not required for the remainder of Interrogatory 11.

(12) Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments with contractual sales restrictions.

12.01 Are assets held in investments with contractual sales restrictions less than 2.5% of the reporting entity's total admitted assets? (yes) (no)

If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.

(13) Amounts and percentages of admitted assets held in the ten largest equity interests:

13.01 Are assets held in equity interest less than 2.5% of the reporting entity's total admitted assets?

(yes) (no)

If response to 13.01 is yes, responses are not required for the remainder of Interrogatory 13.

<i>(in millions)</i>	Issuer	Amount	Percent
Assets held in equity interests			
13.02	Vanguard Institutional Index Fund	\$ 57.3	10.8 %
13.03	Fidelity Spartan International Fund	38.5	7.2 %

Capital Health Plan, Inc.
Supplemental Investment Risks Interrogatories
December 31, 2017

(14) Amounts and percentages of the reporting entity's total admitted assets held in nonaffiliated, privately placed equities:

14.01 Are assets held in nonaffiliated, privately placed equities less than 2.5% of the reporting entity's total admitted assets? (yes) (no)

If response to 14.01 above is yes, responses are not required for the remainder of Interrogatory 14.

(15) Amounts and percentages of the reporting entity's total admitted assets held in general partnership interests:

15.01 Are assets held in general partnership interests less than 2.5% of the reporting entity's total admitted assets? (yes) (no)

If response to 15.01 above is yes, responses are not required for the remainder of Interrogatory 15.

(16) Amounts and percentages of the reporting entity's total admitted assets held in mortgage loans:

16.01 Are mortgage loans reported in Schedule B less than 2.5% of the reporting entity's total admitted assets? (yes) (no)

If response to 16.01 above is yes, responses are not required for the remainder of Interrogatory 16 and Interrogatory 17.

(17) Aggregate mortgage loans having the following loan-to-value ratios as determined from the most current appraisal as of the annual statement date:

(18) Amounts and percentages of the reporting entity's total admitted assets held in each of the five largest investments in real estate:

18.01 Are assets held in real estate reported in less than 2.5% of the reporting entity's total admitted assets? (yes) (no)

If response to 18.01 above is yes, responses are not required for the remainder of Interrogatory 18.

<i>(in millions)</i>	Description	Amount	Percent
18.02	Centerville Complex - Tallahassee, FL	\$ 11.3	2.1 %
18.03	Raymond Diehl Building - Tallahassee, FL	4.8	0.9 %
18.04	Governor's Square Building - Tallahassee, FL	4.8	0.9 %
18.05	Capital Oaks Building - Tallahassee, FL	0.6	0.1 %

(19) Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments held in mezzanine real estate loans:

19.01 Are assets held in investments held in mezzanine real estate loans less than 2.5% of the reporting entity's total admitted assets? (yes) (no)

If response to 19.01 is yes, responses are not required for the remainder of Interrogatory 19.

Capital Health Plan, Inc.
Supplemental Investment Risks Interrogatories
December 31, 2017

(20) Amounts and percentages of the reporting entity's total admitted assets subject to the following types of agreements:

<i>(in millions)</i>	Description	At Year-End		At End of Each Quarter		
		Amount	Percent	1st Qtr	2nd Qtr	3rd Qtr
20.01	Securities lending agreements (do not include assets held as collateral for such transactions)	\$ -	0 %	\$ -	\$ -	\$ -
20.02	Repurchase agreements					
20.03	Reverse repurchase agreements					
20.04	Dollar repurchase agreements					
20.05	Dollar reverse repurchase agreements					

(21) Amounts and percentages of the reporting entity's total admitted assets for warrants not attached to other financial instruments, options, caps, and floors:

<i>(in millions)</i>	Description	Owned		Written	
		Amount	Percent	Amount	Percent
21.01	Hedging	\$ -	0 %	\$ -	0 %
21.02	Income generation				
21.03	Other				

(22) Amounts and percentages of the reporting entity's total admitted assets of potential exposure for collars, swaps, and forwards:

<i>(in millions)</i>	Description	At Year-End		At End of Each Quarter		
		Amount	Percent	1st Qtr	2nd Qtr	3rd Qtr
22.01	Hedging	\$ -	0 %	\$ -	\$ -	\$ -
22.02	Income generation					
22.03	Replications					
22.04	Other					

(23) Amounts and percentages of the reporting entity's total admitted assets of potential exposure for futures contracts:

<i>(in millions)</i>	Description	At Year-End		At End of Each Quarter		
		Amount	Percent	1st Qtr	2nd Qtr	3rd Qtr
23.01	Hedging	\$ -	0 %	\$ -	\$ -	\$ -
23.02	Income generation					
23.03	Replications					
23.04	Other					