

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2019

OF THE CONDITION AND AFFAIRS OF THE

## **GROUP HEALTH COOPERATIVE OF SOUTH CENTRAL WISCONSIN**

NAIC Group Code	0000 , (Current Period)	0000 (Prior Period)	NAIC Company Code _	95311	Employer's ID Number	39-1199466
Organized under the Laws of	of	Wisconsin	, State of Dom	nicile or Port of Entry		WI
Country of Domicile	United	States of America				
Licensed as business type:	Life, Accident & Health[ Dental Service Corporal Other[ ]	ion[] Vision S	y/Casualty[ ] Service Corporation[ ] Federally Qualified? Yes[X] N	Health N	, Medical & Dental Service or I Maintenance Organization[X]	ndemnity[ ]
Incorporated/Organized		03/13/1972	Comm	enced Business	03/01/19	976
Statutory Home Office	1	265 John Q Hammons Dr	,		Madison, WI, 53717	
Main Administrative Office		(Street and Number)	1265 John (	Q Hammons Dr	(City or Town, State, Country and Z	p Code)
	Madiso	n, WI, 53717	(Street a	and Number)	(608)251-4156	
	(City or Town, State, C	Country and Zip Code)			(Area Code) (Telephone N	umber)
Mail Address	(S	PO Box 44971 treet and Number or P.O. Box)	, _	-	Madison, WI, 53744 (City or Town, State, Country and Z	p Code)
Primary Location of Books a	ind Records			John Q Hammons D Street and Number)	)r	
	Madison, \				(608)251-4156	
Internet Web Site Address	(City or Town, State, C	country and Zip Code) www.ghcscw.com			(Area Code) (Telephone N	umber)
Statutory Statement Contac	+	Bobbi Brackenbury			(608)828-4844	
otatutory otatomont oontac		(Name)		-	(Area Code)(Telephone Number	)(Extension)
	bbrackenbury( (E-Mail A				(608)257-3842 (Fax Number)	
		Name Ann Adle Hoyt Henry Earl Sand	Chair			
		Donna Kay Twin William Lee Oen Mark Preston Hu Bruce Edward Q Jason Avery Har	ing Secretary nichen Treasurer tth MD President & CE uade Chief Financial			
			OTHERS			
K	hristian Clay Kastman MD, ristin Jo Lueschow, Chief N arrie Ann O'Dell, Chief Hur	ursing Officer #	Allan N Annett	Mark Wearing, Chief e Lillian Fox, Chief I	Business Development Officer nformation Officer	
		DIREC	TORS OR TRUST	EES		
	Nanette E Fazel Hay Judy Kay	ullen Brandrup lizabeth Schiller ati Ziewacz ta Philips #		Jason Avery Ha Mark A Frankel Colleen Sue Gu Rebecca Anne	ullickson	
	consin					
herein described assets were related exhibits, schedules a reporting entity as of the repo Statement Instructions and A reporting not related to accoudescribed officers also include	e the absolute property of the dexplanations therein corporting period stated above, accounting Practices and Prunting practices and procedus the related corresponding	ne said reporting entity, free trained, annexed or referre and of its income and dedu occdures manual except to ures, according to the besting electronic filing with the	e and clear from any liens or cl d to, is a full and true statemen actions therefrom for the period b the extent that: (1) state law to of their information, knowledg	laims thereon, excep nt of all the assets and d ended, and have b may differ; or, (2) that ge and belief, respect on exact copy (excep	y, and that on the reporting periot as herein stated, and that thind liabilities and of the conditioneen completed in accordance at state rules or regulations recitively. Furthermore, the scope of for formatting differences due	s statement, together with n and affairs of the said with the NAIC Annual uire differences in of this attestation by the
	(Signature)		(Signature)		(Signature)	to a MD
	Preston Huth MD Printed Name)		Bruce Edward Quade (Printed Name)		Jason Avery Hamp (Printed Name	
Pro	1. sident & CEO		2. Chief Financial Officer		3. Secretary	
	(Title)		(Title)		(Title)	
Subscribed and sworr day of	n to before me this , 2019	a. Is thi b. If no,	s an original filing?  1. State the amendment 2. Date filed	number	Yes[X] No[	 <del> </del>

3. Number of pages attached

(Notary Public Signature)

# **ASSETS**

	AUU				
		С	urrent Statement Da	te	4
		1	2	3	
			Nonadmitted	Net Admitted Assets	December 31 Prior Year Net
		Assets	Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds	28,547,721		,	31,720,095
2.	Stocks:	, , ,		-,- ,	, ,,,,,,,
	2.1 Preferred stocks				
	2.2 Common stocks				
_		14,200,309		14,200,309	13,31 <del>4</del> ,711
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$8,063,145				
	encumbrances)	13,833,086		13,833,086	13,729,583
	4.2 Properties held for the production of income (less \$0				
	encumbrances)				
	4.3 Properties held for sale (less \$0 encumbrances)				
5.	Cash (\$(1,411,469)), cash equivalents (\$21,660,040) and				
0.	short-term investments (\$0)	20 248 569		20 248 569	16 277 <i>4</i> 25
6.	Contract loans (including \$0 premium notes)				
	, , ,				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	77,951,371		77,951,371	75,063,254
13.	Title plants less \$0 charged off (for Title insurers only)				
14.	Investment income due and accrued				
15.	Premiums and considerations:				
10.	15.1 Uncollected premiums and agents' balances in the course of				
	collection	2 127 270	87,208	2.050.170	2 216 006
		3,137,378	87,208	3,050,170	3,310,000
	15.2 Deferred premiums, agents' balances and installments booked				
	but deferred and not yet due (including \$0 earned but				
	unbilled premiums)				
	15.3 Accrued retrospective premiums (\$0) and contracts				
	subject to redetermination (\$1,748,417)	1,748,417		1,748,417	1,302,195
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers				590,923
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	•				
	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software	1,077,178	959,312	117,866	61,919
21.	Furniture and equipment, including health care delivery assets				
	(\$4,575,784)	5,267,770	1,407,931	3,859,840	3,322,489
22.	Net adjustments in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$15,486,810) and other amounts receivable				
25.	Aggregate write-ins for other-than-invested assets				
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and		,, 55,100		
	Protected Cell Accounts (Lines 12 to 25)	107 771 502	6 701 160	101 050 340	04 002 240
27	,	107,77 1,502	0,121,102	101,000,040	
27.	From Separate Accounts, Segregated Accounts and Protected Cell				
	Accounts				
28.	TOTAL (Lines 26 and 27)	107,771,502	6,721,162	101,050,340	94,992,248
	ILS OF WRITE-INS				
_					
1102.					
1103.	Cummons of romaining write ing for Line 11 from everflow page				
	Summary of remaining write-ins for Line 11 from overflow page				
	Prepaid Expenses				
2501.	Frepaid Experises				
2502.					
	Summary of remaining write-ins for Line 25 from overflow page				
	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				
	(		=,1 00,100		

# STATEMENT AS OF September 30, 2019 OF THE GROUP HEALTH COOPERATIVE OF SOUTH CENTRAL WISCONSIN LIABILITIES, CAPITAL AND SURPLUS

	LIADILITIES, CAPITAL AND	OOIXI L			Deisa Vasa
		1	Current Period 2	3	Prior Year 4
4		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$0 reinsurance ceded)				
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	/62,948		/62,948	/13,422
4.	Aggregate health policy reserves, including the liability of \$0 for medical loss ratio				
<b>E</b>	rebate per the Public Health Service Act				
5. 6.	Aggregate life policy reserves  Property/casualty unearned premium reserve				
	Aggregate health claim reserves				
7. o	Premiums received in advance				
8. 9.	General expenses due or accrued				
9. 10.1	Current federal and foreign income tax payable and interest thereon (including \$0	5,059,161		5,059,161	4,124,000
10.1	on realized gains (losses))				
10.2	Net deferred tax liability				
11.	,				
12.	Ceded reinsurance premiums payable  Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				, ,
14.	Borrowed money (including \$86,050 current) and interest thereon \$272,885				
14.	(including \$38,461 current)	1 122 176		1 122 176	1 196 71/
15.	Amounts due to parent, subsidiaries and affiliates				
16.	Derivatives				
10. 17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with (\$0 authorized reinsurers, \$0				
13.	unauthorized reinsurers and \$0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including \$0 current)				
24.	Total liabilities (Lines 1 to 23)				
25.	Aggregate write-ins for special surplus funds				
26.	Common capital stock				
27.	Preferred capital stock				
28.	Gross paid in and contributed surplus			(6,400,000)	
29.	Surplus notes			, ,	,
30.	Aggregate write-ins for other-than-special surplus funds				
31.	Unassigned funds (surplus)				
32.	Less treasury stock, at cost:			,0,000	01,000,000
<b>V</b>	32.1	X X X	XXX		
	32.2				
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)				
34.	Total Liabilities, capital and surplus (Lines 24 and 33)				
DETA	ILS OF WRITE-INS			•	
	Uncashed Checks (O/S Checks > 1 yr)				
2302. 2303.					
	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	85,442		85,442	73,445
2501.	Section 9010 Fee	X X X	X X X	2,850,000	
2502. 2503.					
	Summary of remaining write-ins for Line 25 from overflow page				
	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X	2,850,000	
3001.					
3002. 3003.					
	Summary of remaining write-ins for Line 30 from overflow page				
	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)				

# STATEMENT AS OF September 30, 2019 OF THE GROUP HEALTH COOPERATIVE OF SOUTH CENTRAL WISCONSIN STATEMENT OF REVENUE AND EXPENSES

		Current Yea	ar To Date	Prior Year To Date	Prior Year Ended December 31
		1	2	3	4
		Uncovered	Total	Total	Total
1.	Member Months				
2.	Net premium income (including \$0 non-health premium income)				
3.	Change in unearned premium reserves and reserves for rate credits				
4.	Fee-for-service (net of \$9,957,431 medical expenses)	1			
5.	Risk revenue				
6.	Aggregate write-ins for other health care related revenues				
7.	Aggregate write-ins for other non-health revenues				
8.	Total revenues (Lines 2 to 7)	X X X	304,446,652	296,796,710	395,718,417
-	al and Medical:				
9.	Hospital/medical benefits				
10.	Other professional services				
11.	Outside referrals				
12.	Emergency room and out-of-area				
13.	Prescription drugs				
14.	Aggregate write-ins for other hospital and medical		14,616,299	14,274,959	19,686,558
15.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)	22,565,476	282,534,862	267,046,003	356,568,463
Less:					
17.	Net reinsurance recoveries		1,002,825	640,208	615,406
18.	Total hospital and medical (Lines 16 minus 17)	22,565,476	281,532,037	266,405,795	355,953,057
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$4,678,295 cost containment expenses		6,506,258	6,552,770	10,604,407
21.	General administrative expenses		21,216,465	23,757,061	29,001,501
22.	Increase in reserves for life and accident and health contracts (including \$0 increase				
	in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)	22,565,476	309,254,760	296,715,626	395,558,965
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(4,808,108)	81,084	159,452
25.	Net investment income earned		1,752,444	1,474,104	2,013,428
26.	Net realized capital gains (losses) less capital gains tax of \$0		108,733	63,525	405,547
27.	Net investment gains or (losses) (Lines 25 plus 26)		1,861,177	1,537,629	2,418,975
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered				
	\$0) (amount charged off \$68,632)]		(68,632)	(12,941)	(24,020)
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24				
	plus 27 plus 28 plus 29)	x x x	(3,015,562)	1,605,772	2,554,407
31.	Federal and foreign income taxes incurred	xxx			
32.	Net income (loss) (Lines 30 minus 31)	xxx	(3,015,562)	1,605,772	2,554,407
	S OF WRITE-INS				
0601. 0602.	Misc. Revenue				
0603.		X X X			
0698. 0699.	Summary of remaining write-ins for Line 6 from overflow page  TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)				
0701.	Other non-health revenue				
0702.					
0703. 0798.	Summary of remaining write-ins for Line 7 from overflow page				
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X		1,625	
1401. 1402.	Other Medical Expenses		14,616,299		
1403.					
1498. 1499.	Summary of remaining write-ins for Line 14 from overflow page TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)		14,616,299		
2902.					
2903. 2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

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

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	45,135,967	45,977,955	45,977,953
34.	Net income or (loss) from Line 32	(3,015,562)	1,605,772	2,554,407
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$0	1,249,344	(106,311)	(2,276,865)
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	805,304	(668,104)	(1,119,529)
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	(960,915)	831,357	(841,986)
49.	Capital and surplus end of reporting period (Line 33 plus 48)	44,175,052	46,809,312	45,135,967
4701.	OTHER			
4702.				
4703. 4798.	Cummany of remaining write ine far Line 47 from quarties upage			
4798. 4799.	Summary of remaining write-ins for Line 47 from overflow page			
1100.	10 1/120 (Lines Trot unough Troo plus Troo) (Line Trabove)			

		1 Current	2 Prior	3 Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance			
2.	Net investment income			
3.	Miscellaneous income			
4.	TOTAL (Lines 1 to 3)	311,676,620	302,225,635	402,987,649
5.	Benefit and loss related payments	281,890,140	260,351,694	356,537,516
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	26,807,252	30,639,289	39,920,203
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains			
	(losses)			
10.	TOTAL (Lines 5 through 9)	308,697,392	290,990,983	396,457,720
11.	Net cash from operations (Line 4 minus Line 10)	2,979,228	11,234,652	6,529,930
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	7,617,954	1,388,681	8,158,115
	12.2 Stocks			
	12.3 Mortgage loans			
	12.4 Real estate			
	12.5 Other invested assets			
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
	12.7 Miscellaneous proceeds			
	12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)			
12		9,032,794	4,304,339	32,337,439
13.	Cost of investments acquired (long-term only):	4 500 670	F 440 700	40.005.000
	13.1 Bonds			
	13.2 Stocks			
	13.3 Mortgage loans			
	13.4 Real estate	728,515	466,243	(263,642)
	13.5 Other invested assets			
	13.6 Miscellaneous applications	1,047,708	64,359	
	13.7 TOTAL investments acquired (Lines 13.1 to 13.6)	7,321,565	8,424,212	35,192,280
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	1,711,229	(4,119,653)	(2,834,841)
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes			
	16.2 Capital and paid in surplus, less treasury stock			
	16.3 Borrowed funds	(64,538)	948,430	1,186,714
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders			
	16.6 Other cash provided (applied)	(654,775)	(606,599)	(1,934,625)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5			
	plus Line 16.6)	(719,313)	341,831	(747,911)
	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)	3.971 144	7,456,830	2.947 178
19.	Cash, cash equivalents and short-term investments:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7,130,000	2,0 17, 170
	19.1 Beginning of year	16 277 //29	13 330 350	13 330 350
	19.2 End of period (Line 18 plus Line 19.1)			10,211,428

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# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

		1	Comprehensive (H	ospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
		Total	Individual	Group	Medicare	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
		lotal	Individual	Group	Supplement	Unly	Only	Benefit Plan	Medicare	Medicaid	Otner
Total	Members at end of:										
1.	Prior Year	76,858	4,993	61,322	1,411			3,812		5,320	
2.	First Quarter	77,117	3,462	62,693	1,379			4,148		5,435	
3.	Second Quarter	77,344	3,299	63,104	1,381			4,150		5,410	
4.	Third Quarter	77,414	3,223	63,357	1,397			4,100		5,337	
5.	Current Year										
6.	Current Year Member Months	697,404	30,545	568,619	12,433			37,325		48,482	<u></u>
Total	Member Ambulatory Encounters for Period:										
7.	Physician	244,538	10,994	190,326	7,832			20,809		14,577	
8.	Non-Physician	142,550	5,509	102,763	3,181			9,633		21,464	<u></u>
9.	Total	387,088	16,503	293,089	11,013			30,442		36,041	
10.	Hospital Patient Days Incurred	14,103	814	9,816	700					1,490	
11.	Number of Inpatient Admissions	3,580	161	2,629	132			261		397	
12.	Health Premiums Written (a)	305,505,538	17,906,372	250,540,828	3,001,860			25,556,140		8,500,338	
13.	Life Premiums Direct										
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned	305,505,538	17,906,372	250,540,828	3,001,860			25,556,140		8,500,338	
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services	283,419,946	15,261,968	232,001,508	2,195,925			27,496,915		6,463,630	
18.	Amount Incurred for Provision of Health Care										
	Services	282,534,862	14,760,287	231,666,481	2,112,429			27,655,066		6,340,599	

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

# STATEMENT AS OF September 30, 2019 OF THE GROUP HEALTH COOPERATIVE OF SOUTH CENTRAL WISCONSIN CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported) Aging Analysis of Unpaid Claims

Aging Analysis of Unpaid Claims									
1	2	3	4	5	6	7			
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 days	Over 120 Days	Total			
Claims unpaid (Reported)									
GHC-SCW Clinic	5,500,190					5,500,190			
0199999 Individually Listed Claims Unpaid	5,500,190					5,500,190			
0299999 Aggregate Accounts Not Individually Listed - Uncovered	1,169,181	19,490	13,910	9,565	18,332	1,230,478			
0399999 Aggregate Accounts Not Individually Listed - Covered	15,768,904	224,443	160,180	110,150	211,101	16,474,778			
0499999 Subtotals	22,438,275	243,933	174,090	119,715	229,433	23,205,446			
0599999 Unreported claims and other claim reserves	0599999 Unreported claims and other claim reserves								
0699999 Total Amounts Withheld									
0799999 Total Claims Unpaid									
0899999 Accrued Medical Incentive Pool And Bonus Amounts									

## **UNDERWRITING AND INVESTMENT EXHIBIT**

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

			ON AID-I NON TEA			5	6
				Liab	oility		
		Cla	ims	End of			
		Paid Yea	r to Date	Current	Quarter		
		1	2	3	4		Estimated Claim
							Reserve and
		On	On	On	On		Claim
	Line	Claims Incurred	Claims Incurred	Claims Unpaid	Claims Incurred	Claims Incurred	Liability
	of	Prior to January 1	During the	Dec 31 of	During the	in Prior Years	Dec 31 of
	Business	of Current Year	Year	Prior Year	Year	(Columns 1+3)	Prior Year
1.	Comprehensive (hospital & medical)						
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan	629,164	26,583,823	(50,512)	2,794,998	578,652	2,264,846
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid	·		· ·		866,153	1,263,993
8.	Other health						
9.	Health subtotal (Lines 1 to 8)						
10.	Healthcare receivables (a)	274,362	14,634,948		577,500	274,362	13,337,382
11.	Other non-health						
12.	Medical incentive pools and bonus amounts						
13.	Totals (Lines 9 - 10 + 11 + 12)	18,544,643	248,963,167	(928,042)	33,660,364	17,616,601	18,708,095

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

### **Notes to Financial Statement**

#### 1. Summary of Significant Accounting Policies

#### A. Accounting Practices

The financial statements of Group Health Cooperative of South Central Wisconsin (GHC-SCW) are presented on the basis of accounting practices prescribed or permitted by the Office of the Commissioner of Insurance of the State of Wisconsin (OCI).

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

A reconciliation of the GHC-SCW's capital and surplus in accordance with practices permitted by the state of Wisconsin and NAIC SAP follows:

	SSAP#	F/S Page	F/S Line #	2019	2018
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	(3,015,562)	2,554,407
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:					
(3) State Permitted Practices that increase/(decrease) NAIC SAP:					
State 1 crimited 1 ractices that increase/(decrease) fixed SA1.					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	(3,015,562)	2,554,407
<u>SURPLUS</u>					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	44,175,050	45,135,965
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:					
(7) State Permitted Practices that increase/(decrease) NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	44,175,050	45,135,965

- B. Use of Estimates No change
- C. Accounting Policy No change
- D. Going Concern

After evaluating the entity's ability to continue as a going concern, management has determined there is no substantial doubt regarding the entity's ability to continue as a going concern within a year of the date the financial statements are issued.

- 2. Accounting Changes and Corrections of Errors No change
- 3. Business Combinations and Goodwill Not applicable
- 4. Discontinued Operations Not applicable
- 5. Investments
  - A. Mortgage Loans, including Mezzanine Real Estate Loans Not applicable
  - B. Debt Restructuring Not applicable
  - C. Reverse Mortgages Not applicable
  - D. Loan-Backed Securities Not applicable
  - E. Repurchase Agreements and/or Securities Lending Transactions Not applicable
  - F. Repurchase Agreement Transactions Accounted for as Secured Borrowing Not applicable
  - G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing Not applicable
  - H. Repurchase Agreements Transactions Accounted for as a Sale Not applicable
  - I. Reverse Repurchase Agreements Transactions Accounted for as a Sale Not applicable
  - J. Real Estate Not applicable
  - K. Low-Income House Tax Credits Not applicable
  - L. Restricted Assets
    - (1) Restricted Assets (Including Pledged)

	1	2	3	4	5	6
	Total Gross	Total Gross	Increase/	Total Current	Percent Gross	
	Restricted from	Restricted From	(Decrease)	Year Admitted	Restricted to	Percentage
Restricted Asset Category	Current Year	Prior Year	(1 minus 2)	Restricted	Total Assets	Admitted

### **Notes to Financial Statement**

							Restricted To Total
-	Cubinette contractual abligation for which						Admitted Assets
a.	Subject to contractual obligation for which					0/	0/
	liability is not shown					%	%
b.	Collateral held under security lending						
	agreements					%	%
c.	Subject to repurchase agreements					%	%
d.	Subject to reverse repurchase agreements					%	%
e.	Subject to dollar repurchase agreements					%	%
f.	Subject to dollar reverse repurchase agreements					%	%
g.	Placed under option contracts					%	%
h.	Letter stock or securities restricted as to sale-						
	excluding FHLB capital stock					%	%
i.	FHLB capital stock					%	%
j.	On deposit with states	4,244,780	4,032,590	212,190	4,244,780	3.939%	4.201%
k.	On deposit with other regulatory bodies	481,450	478,491	2,959	481,450	0.447%	0.476%
1.	Pledged as collateral to FHLB (including assets						
	backing funding agreements)					%	%
m.	Pledged as collateral not captured in other						
	categories	21,749,129	9,751,874	11,997,255	21,749,129	20.181%	21.523%
n.	Other restricted assets					%	%
0.	Total Restricted Assets	26,475,358	14,262,955	12,212,403	26,475,358	24.566%	26.200%

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

	1	2	3	4	5	6
	Total Gross	Total Gross			Percentage Gross	
	(Admitted &	(Admitted &			(Admitted &	
	Nonadmitted)	Nonadmitted)	Increase /	Total Current	Nonadmitted)	Percentage Admitted
	Restricted from	Restricted from	(Decrease)	Year Admitted	Restricted to Total	Restricted to Total
Description of Assets	Current Year	Prior Year	(1 minus 2)	Restricted	Assets	Admitted Assets
Properties Owned – Health Care Delivery – Mortgage	7,999,129	4,751,874	3,247,255	7,999,129	7.422%	7.916%
Securities Restricted for Line of Credit	13,750,000	5,000,000	8,750,000	13,750,000	12.758%	13.607%
					%	%
Total (a)	21,749,129	9,751,874	11,997,255	21,749,129	20.181%	21.523%

(a) Total line for columns 1 through 3 should equal 5H(1)M Columns 1 through 3 respectively and Total Line for Column 4 should equal 5H(1)M Column 5.

- (3) Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate) Not applicable
- M. Working Capital Finance Investments Not applicable
- N. Offsetting and Netting of Assets and Liabilities Not applicable
- O. Structured Notes Not applicable
- P. 5\* Securities Not Applicable
- Q. Short Sales Not Applicable
- R. Prepayment Penalty and Acceleration Fees Not Applicable

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

- A. Detail for Those Greater than 10% of Admitted Assets Not applicable
- B. Write-downs for Impairments Not applicable

#### 7. Investment Income

- A. Basis for Excluding Investment Income Due and Accrued
  - GHC-SCW does not admit investment income due and accrued if amounts are over 90 days past due.
- B. Amounts Non-admitted

Not applicable

#### 8. **Derivative Instruments** – Not applicable

#### 9. Income Taxes

GHC-SCW received a determination that it is exempt from federal income taxes under Internal Revenue Code Section 501(c)(3). In 1995, the State of Wisconsin repealed GHC-SCW's tax exemption (section 185.981 Cooperative Sickness Care Organizations). On January 1, 1996, GHC-SCW became liable for state property, income, and franchise taxes.

- A. The components of the net deferred tax asset/(liability). Not applicable
- B. Regarding deferred tax liabilities that are not recognized. Not applicable
- C. Current income taxes incurred consist of the following major components: Not applicable
- D. Nature of Significant Reconciling Items Not applicable

#### **Notes to Financial Statement**

- E. Other Disclosure Items Not applicable
- F. Consolidated Tax Return Disclosures Not applicable
- G. Federal or Foreign Income Tax Loss Contingencies Not applicable

#### 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties - Not applicable

#### 11. Debt

- A. Debt, including Capital Notes No change
- B. FHLB (Federal Home Loan Bank) Agreements Not applicable

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

- A. Defined Benefit Plan Not applicable
- B. Defined Benefit Plan Investment Policies and Strategies Not applicable
- C. Defined Benefit Plan Fair Values Not applicable
- D. Defined Benefit Plan Rate of Return Assumptions Not applicable
- E. Defined Contribution Plan No change
- F. Multiemployer Plans Not applicable
- G. Consolidated/Holding Company Plans Not applicable
- H. Postemployment Benefits and Compensated Absences No change
- I. Impact of Medicare Modernization Act on Postretirement Benefits Not applicable

#### 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations - Not change

#### 14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments No change
- B. Assessments No change
- C. Gain Contingencies No change
- D. Claims Related Extra Contractual Obligations and Bad Faith Losses Stemming from Lawsuits No change
- E. Product Warranties No change
- F. All Other Contingencies No change

#### 15. Leases

- A. Lessee Operating Lease No change
- B. Lessor Leases Not applicable

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

Not applicable

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

- A. Transfers of Receivables reported as Sales Not applicable
- B. Transfer and Servicing of Financial Assets Not applicable
- C. Wash Sales Not applicable

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

- A. ASO Plans Not applicable
- B. ASC Plans Not applicable
- C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract Not applicable

#### **Notes to Financial Statement**

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - Not applicable

#### 20. Fair Value Measurements

A.

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Perpetual Preferred stock				
Industrial and Misc				
Parent, Subsidiaries and Affiliates				
Total Perpetual Preferred Stocks				
Bonds				
U.S. Governments				
Industrial and Misc				
Hybrid Securities				
Parent, Subsidiaries and Affiliates				
Total Bonds				
Common Stock				
Industrial and Misc				
Mutual Funds	14,268,569			14,268,569
Money Market Funds				
Parent, Subsidiaries and Affiliates				
Total Common Stocks	14,268,569			14,268,569
Derivative assets				
Interest rate contracts				
Foreign exchange contracts				
Credit contracts				
Commodity futures contracts				
Commodity forward contracts				
Total Derivatives				
Separate account assets				
18/10/04/04/04/04/04/04/04/04/04/04/04/04/04				
Total assets at fair value	14,268,569			14,268,569
b. Liabilities at fair value				
Derivative liabilities				
111700100001000010000000000000000000000				
Total liabilities at fair value				
Total Hadilities at fall value				

- (2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy Not applicable
- (3) Transfers Between Levels Not applicable
- (4) Fair Value Measurements Categorized within Level 2 and Level  $\boldsymbol{3}$  not applicable
- (5) Derivative Assets & Liabilities Not applicable
- B. Other Fair Value Disclosures Not applicable
- C. Aggregate Fair Value for Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
- / -			,			v aiue)
Bonds	29,694,955	28,547,721	10,993,375	18,701,580		
Common Stock	14,268,569	14,268,569	14,268,569			
Short-Term & Cash Equivalents	21,660,039	21,660,039	21,660,039			
Real Estate	21,301,634	13,833,086			21,301,634	

D. Not Practicable to Estimate Fair Value - Not applicable

#### 21. Other Items

- A. Extraordinary Items Not applicable
- B. Troubled Debt Restructuring Not applicable
- C. Other Disclosures Not applicable
- $D. \quad Business\ Interruption\ Insurance\ Recoveries-Not\ applicable$
- E. State Transferable and Non-transferable Tax Credits Not applicable
- F. Subprime-Mortgage-Related Risk Exposure Not applicable
- G. Retained Assets Not applicable
- H. Insurance-Linked Securities (ILS) Contracts

#### 22. Events Subsequent

#### **Notes to Financial Statement**

**Type I-Recognized Subsequent Events:** Subsequent events have been considered through 08/08/2019 for the statutory statement issued on 06/30/2019.

**Type II-Nonrecognized Subsequent Events:** Subsequent events have been considered through 08/08/2019 for the statutory statement issued on 06/30/2019.

On January 1, 2020, the company will be subject to a fee under Section 9010 of the federal Affordable Care Act (ACA). This fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of June 30, 2019, the company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2019, and estimates their current portion of the health insurance industry fee to be payable on September 30, 2019 to be \$1,900,000. This amount is reflected in special surplus

#### 23. Reinsurance – No change

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

- A. -D. No Change
- E. Risk Sharing Provisions of the Affordable Care Act
- (1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)? Yes
- (2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

		Description	Amount
a.	Perm	nnent ACA Risk Adjustment Program	
	Asse		
	1.		1,828,966
		ilities	
	2.	Risk adjustment user fees payable for ACA Risk Adjustment	4,236
	3.		80,549
		rations (Revenue & Expense)	
	4.	Reported as revenue in premium for accident and health contracts	
	_	(written/collected) due to ACA Risk Adjustment	816,560
		Reported in expenses as ACA risk adjustment user fees (incurred/paid)	4,236
b.		tional ACA Reinsurance Program	
	Asse		_
	1.	Amounts recoverable for claims paid due to ACA Reinsurance	0
	2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	0
	3.	5	
		Reinsurance	0
		ilities	
	4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as	
	-	ceded premium	0
		Ceded reinsurance premiums payable due to ACA Reinsurance	0
	6.	Liabilities for amounts held under uninsured plans contributions for ACA	0
	0	Reinsurance	0
		rations (Revenue & Expense)	0
		Ceded reinsurance premiums due to ACA Reinsurance	0
	8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or	2 225
	0	expected payments	2,325
		ACA Reinsurance contributions – not reported as ceded premium	0
c.	Asse	orary ACA Risk Corridors Program	
	ASS		0
		Accrued retrospective premium due to ACA Risk Corridors ilities	
		Reserve for rate credits or policy experience rating refunds due to ACA Risk	
	۷.	Corridors	0
	One	rations (Revenue & Expense)	U
		Effect of ACA Risk Corridors on net premium income (paid/received)	٥
		Effect of ACA Risk Corridors on change in reserves for rate credits	0
<u> </u>	4.	Effect of ACA Max Configures on change in reserves for rate credits	U

(3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any non-admission) and liability balances along with the reasons for adjustments to prior year balance.

									alances as of
				Diffe	rences	Adj	ustments	the Repor	rting Date
		Received or	r Paid as of	Prior Year	Prior Year			Cumulative	Cumulative
Accrued Du	ring the Prior	the Currer	nt Year on	Accrued	Accrued			Balance	Balance
Year on Bus	iness Written	Business	Written	Less	Less	To Prior	To Prior	from Prior	from Prior
Before Dec	ember 31 of	Before Dece	ember 31 of	Payments	Payments	Year	Year	Years (Col	Years (Col
the Pri	or Year	the Pric	or Year	(Col 1 - 3)	(Col 2 - 4)	Balances	Balances	1 - 3 + 7	2 - 4 + 8)
1	2	3	4	5	6	7	8	9	10

# **Notes to Financial Statement**

	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk											
Adjustment Program											
Premium adjustments											
receivable	1,487,307	0	520,452	0	966,856	0	(262,980)	0	Α	703,966	0
2. Premium adjustments									Ī		
(payable)	0	185,113	0	150,114	0	34,999	0	34,999)	В	0	0
3. Subtotal ACA Permanent Risk											
Adjustment Program	1,487,307	185,113	520,452	150,114	966,856	34,999	(262,980)	(34,999)		703,966	0
b. Transitional ACA Reinsurance											
Program											
<ol> <li>Amounts recoverable for</li> </ol>											
claims paid	0	0	2,325	0	(2,325)	0	2,325	0	C	0	0
<ol><li>Amounts recoverable for</li></ol>											
claims unpaid (contra liability)	0	0	0	0	0	0	0	0	D	0	0
3. Amounts receivable relating to											
uninsured plans	0	0	0	0	0	0	0	0	Е	0	0
4. Liabilities for contributions											
payable due to ACA											
Reinsurance - not reported as											
ceded premium	0	0	0	0	0	0	0	0	F	0	0
<ol><li>Ceded reinsurance premiums</li></ol>											
payable	0	0	0	0	0	0	0	0	G	0	0
<ol><li>Liability for amounts held</li></ol>											
under uninsured plans	0	0	0	0	0	0	0	0	Н	0	0
7. Subtotal ACA Transitional											
Reinsurance Program	0	0	2,325	0	(2,325)	0	2,325	0	<u> </u>	0	0
c. Temporary ACA Risk Corridors											
Program											
1. Accrued retrospective											
premium	0	0	0	0	0	0	0	0	I	0	0
2. Reserve for rate credits or											
policy experience rating											
refunds	0	0	0	0	0	0	0	0	J	0	0
3. Subtotal ACA Risk Corridors											
Program	0	0	0	0	0	0	0	0	ļ	0	0
d. Total for ACA Risk Sharing											
Provisions	1,487,307	185,113	522,777	150,114	964,530	34,999	(260,565)	(34,999)		703,966	0
Explanation of Adjustments	_										
A. Adjustment to actual											
B. Adjustment to actual											
<ul> <li>C. Adjustment to actual</li> </ul>											
D.											
E. F.											
F.											

#### (4) Roll forward of risk corridors asset and liability balances by program benefit year

											alances as of
	1					rences	Adj	ustments			rting Date
			Received or		Prior Year	Prior Year					Cumulative
		ring the Prior	the Curren		Accrued	Accrued				Balance	Balance
		iness Written	Business		Less	Less	To Prior	To Prior		from Prior	from Prior
			Before Dece		Payments	Payments	Year	Year		Years (Col	Years (Col
	Prior	Year	the Pric		(Col 1 - 3)	(Col 2 - 4)	Balances	Balances	1	1 - 3 + 7	2 - 4 + 8)
	1	2	3	4	5	6	7	8	1	9	10
Risk Corridors Program Year	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. 2014											
Accrued retrospective											
premium	0	0	0	0	0	0	0	0	Α	0	0
<ol><li>Reserve for rate credits or</li></ol>											
policy experience rating											
refunds	0	0	0	0	0	0	0	0	В	0	0
b. 2015											
Accrued retrospective											
premium	0	0	0	0	0	0	0	0	C	0	0
<ol><li>Reserve for rate credits or</li></ol>											
policy experience rating											
refunds	0	0	0	0	0	0	0	0	D	0	0
c. 2016											
Accrued retrospective											
premium	0	0	0	0	0	0	0	0	Е	0	0
2. Reserve for rate credits or									Ī		
policy experience rating											
refunds	0	0	0	0	0	0	0	0	F	0	0
d. Total for risk corridors	0	0	0	0	0	0	0	0	Ī	0	0
Explanation of Adjustments									•	•	
A.	-										
В.											
C.											

#### (5) ACA Risk Corridors Receivable as of Reporting Date

		(1)	(2)	(3)	(4)	(5)	(6)
		Estimated					
		Amount to be	Non-Accrued		Asset Balance		
		Filed or Final	Amounts for	Amounts	(Gross of Non-		
	Risk Corridors	Amount Filed	Impairment or	received from	admissions)	Non-admitted	Net Admitted
	Program Year	with CMS	Other Reasons	CMS	(1-2-3)	Amount	Asset (4-5)
a.	2014	0	0	0	0	0	0
b.	2015	0	0	0	0	0	0
c.	2016	385,820	385,820	0	0	0	0
d.	Total (a+b+c)	385,820	385,820				

### **Notes to Financial Statement**

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

Reserves as of December 31, 2018 were \$18,708,095 net of healthcare receivables. As of September 30, 2019, \$18,544,643 has been paid for incurred claims attributable to insured events of prior years. As a result of re-estimation of unpaid claims, remaining reserves for prior year net of subrogation receivable is at (928,042). Therefore, there has been a \$1,091,494 favorable prior-year development since December 31, 2018 to September 30, 2019. Original estimates are changed as a result of ongoing analysis of recent loss development trends and when additional information becomes known regarding individual claims.

- 26. Intercompany Pooling Arrangements Not applicable
- 27. Structured Settlements Not applicable

#### 28. Health Care Receivables

- A. Pharmaceutical Rebate Receivables No change
- B. Risk Sharing Receivables No change
- **29.** Participating Policies Not applicable
- **30. Premium Deficiency Reserves** Not applicable
- 31. Anticipated Salvage and Subrogation No change

# **GENERAL INTERROGATORIES**

# PART 1 - COMMON INTERROGATORIES GENERAL

	Did the reporting entity experience any Domicile, as required by the Model Act?     If yes, has the report been filed with the	,	of Disclosure of Ma	aterial Transactio	ns with the Stat	e of	Yes[ ] No[X] Yes[ ] No[ ] N/A[X]			
	<ul><li>1 Has any change been made during the reporting entity?</li><li>2 If yes, date of change:</li></ul>	year of this statement in the charter, by-	laws, articles of inc	corporation, or de	ed of settlemen	t of the	Yes[ ] No[X]			
3.2 3.3 3.4 3.5	<ol> <li>Is the reporting entity a member of an Ir an insurer?         If yes, complete Schedule Y, Parts 1 at 2 Have there been any substantial chang 3 If the response to 3.2 is yes, provide at 4 Is the reporting entity publicly traded or 5 If the response to 3.4 is yes, provide the 1 Has the reporting entity been a party to     </li> </ol>	and 1A.  as in the organizational chart since the parief description of those changes:  a member of a publicly traded group?  cCIK (Central Index Key) code issued b  a merger or consolidation during the per	rior quarter end?  y the SEC for the exidence in the covered by this in the covered by the	entity/group.	ons, one or mor	e of which is	Yes[ ] No[X] Yes[ ] No[X] Yes[ ] No[X] Yes[ ] No[X]			
4.2	If yes, complete and file the merger hist 2 If yes, provide the name of entity, NAIC to exist as a result of the merger or con	Company Code, and state of domicile (	I filing correspondi use two letter state	ng to this period. abbreviation) for	any entity that	has ceased				
		1 Name of Entity	NAIC Co	2 ompany Code	State	3 of Domicile				
5.	If the reporting entity is subject to a mar or similar agreement, have there been a lf yes, attach an explanation.					orney-in-fact,	Yes[ ] No[ ] N/A[X]			
6.2	<ol> <li>State as of what date the latest financia</li> <li>State the as of date that the latest finan date should be the date of the examine</li> <li>State as of what date the latest financia the reporting entity. This is the release of</li> </ol>	cial examination report became available I balance sheet and not the date the rep I examination report became available to	e from either the stood ort was completed on the states or the	ate of domicile or or released. e public from eith	er the state of c	lomicile or	12/31/2015 12/31/2015			
6.5	<ul> <li>date).</li> <li>By what department or departments?</li> <li>State of Wisconsin - OCI</li> <li>Have all financial statement adjustments filed with Departments?</li> <li>Have all of the recommendations within</li> </ul>		•		quent financial	statement	01/26/2017 Yes[] No[] N/A[X] Yes[X] No[] N/A[]			
7.1	Has this reporting entity had any Certific revoked by any governmental entity dur     If yes, give full information	cates of Authority, licenses or registration	·		f applicable) su	ispended or	Yes[] No[X]			
8.2 8.3	<ul> <li>1 Is the company a subsidiary of a bank h</li> <li>2 If response to 8.1 is yes, please identify</li> <li>3 Is the company affiliated with one or modern the subsequence of 8.3 is yes, please provider regulatory services agency [i.e. the Fed Insurance Corporation (FDIC) and the State of the subsequence of the</li></ul>	the name of the bank holding company re banks, thrifts or securities firms? below the names and location (city anceral Reserve Board (FRB), the Office of	state of the main the Comptroller of	office) of any affili the Currency (OC	CC), the Federa	l Deposit	Yes[ ] No[X] Yes[ ] No[X]			
	1 Affiliate N	ame Location (City, State)	3 FRB No	4 OCC	5 FDIC No	6 SEC No	]			
9.1	relationships; (b) Full, fair, accurate, timely and unde (c) Compliance with applicable govern	subject to a code of ethics, which includ ng the ethical handling of actual or appa rstandable disclosure in the periodic rep	es the following sta rent conflicts of int orts required to be	andards? erest between pe filed by the repo	rsonal and prof	· ·	Yes[X] No[ ]			
9.2 9.2 9.3	(e) Accountability for adherence to the 11 If the response to 9.1 is No, please ex 2 Has the code of ethics for senior mana 21 If the response to 9.2 is Yes, provide is 3 Have any provisions of the code of eth 31 If the response to 9.3 is Yes, provide to	code.  blain: gers been amended?  formation related to amendment(s).  ics been waived for any of the specified		, , ,			Yes[ ] No[X] Yes[ ] No[X]			
	0.1 Does the reporting entity report any ar 0.2 If yes, indicate any amounts receivable	nounts due from parent, subsidiaries or		? of this statement	?		Yes[ ] No[X] \$(			
	<ul><li>1.1 Were any of the stocks, bonds, or other use by another person? (Exclude section)</li><li>1.2 If yes, give full and complete information</li></ul>	er assets of the reporting entity loaned, prities under securities lending agreemen	ESTMENT laced under option its.)	agreement, or of	herwise made	available for	Yes[ ] No[X]			
12.	2. Amount of real estate and mortgages	neld in other invested assets in Schedule	BA:				\$0			
13.	3. Amount of real estate and mortgages	Amount of real estate and mortgages held in short-term investments:								

Yes[] No[X]

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

### GENERAL INTERROGATORIES (Continued)

#### INVESTMENT

14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes[ ] No[X] Yes[ ] No[ ] N/A[X]

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date: 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 16.3 Total payable for securities lending reported on the liability page

0

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

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

Yes[X] No[]

1	2				
Name of Custodian(s)	Custodian Address				
Johnson Bank Wealth US Bank	525 Junction Rd, Madison, WI 53717 425 Walnut St, Cincinnati, OH 45202				

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

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

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

Yes[] No[X]

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

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

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

1	2
Name of Firm or Individual	Affiliation
DiMeo Schneider & Associates LLC	U

For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e.

designated with a "U") manage more than 10% of the reporting entity's assets?

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

Yes[X] No[] Yes[] No[X]

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

for the table below.

1	2	3	4	5
Central Registration		Legal Entity	Registered	Investment Management
Depository Number	Name of Firm or Individual	Identifier (LEI)	With	Agreement (IMA) Filed
106720	DiMeo Schneider & Associates LLC		SEC	NO
	Johnson Bank	IWRZOFYIR IOIMI IRZBB68	State of WI	NO.

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? 18.2 If no, list exceptions:

Yes[X] No[]

19.

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

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

### STATEMENT AS OF September 30, 2019 OF THE GROUP HEALTH COOPERATIVE OF SOUTH CENTRAL WISCONSIN **GENERAL INTERROGATORIES (Continued)**

Has the reporting entity self-designated 5GI securities?

Yes[] No[X]

- By self-designating PLGI securities, the reporting entity is certifying the following elements for 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]

# **GENERAL INTERROGATORIES**

### PART 2 - HEALTH

<ol> <li>Operating Percentages:</li> <li>1.1 A&amp;H loss percent</li> <li>1.2 A&amp;H cost containment percent</li> <li>1.3 A&amp;H expense percent excluding cost containment expenses</li> </ol>	94.010% 1.540% 7.570%
<ul> <li>2.1 Do you act as a custodian for health savings accounts?</li> <li>2.2 If yes, please provide the amount of custodial funds held as of the reporting date.</li> <li>2.3 Do you act as an administrator for health savings accounts?</li> <li>2.4 If yes, please provide the balance of the funds administered as of the reporting date.</li> </ul>	Yes[] No[X] \$0 Yes[] No[X] \$0
<ul><li>3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?</li><li>3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?</li></ul>	Yes[ ] No[X] Yes[ ] No[X]

**Showing All New Reinsurance Treaties - Current Year to Date** 

Onothing full from Romodianoo Trodico Garrone Todico									
1	2	3	4	5	6	7	8	9	
NAIC					Type of		Certified	Effective Date	
Company	ID	Effective		Domiciliary	Reinsurance	Type of	Reinsurer Rating	of Certified	
Code	Number	Date	Name of Reinsurer	Jurisdiction	Ceded	Reinsurer	(1 through 6)	Reinsurer Rating	
Accident and Health - Non-aff	filiates								
11835	04-1590940	01/01/2019	PARTNERRE AMER INS CO	DE	SSL/L/I	Authorized			
11835	04-1590940	01/01/2019	PARTNERRE AMER INS CO	DE	SSL/L/G	Authorized			
10327	39-6006451	01/01/2019	LOCAL GOVERNMENT PROP INS FUND	WI	SSL/A/I	Authorized			
	1	1							

## **SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

**Current Year to Date - Allocated by States and Territories** 

	<u>`</u>	Direct Business Only								
								-		
		1	2	3	4	5	6	7	8	9
						Federal	Life and Annuity			
		Active	Accident and			Employees Health	Premiums	Property/	Total	
		Status	Health	Medicare	Medicaid	Benefits Program	and Other	Casualty	Columns	Deposit-Type
	State, Etc.	(a)	Premiums	Title XVIII	Title XIX	Premiums	Considerations	Premiums	2 Through 7	Contracts
1.	Alabama (AL)									
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)									
5.	California (CA)									
6.	Colorado (CO)									
7.	Connecticut (CT)									
	Delaware (DE)	N								
8.										
9.	District of Columbia (DC)									
10.	Florida (FL)									
11.	Georgia (GA)	N								
12.	Hawaii (HI)									
13.	Idaho (ID)	N								
14.	Illinois (IL)	N								
15.	Indiana (IN)									
16.	lowa (IA)									
17.	Kansas (KS)								l	
18.	Kentucky (KY)									
19.	Louisiana (LA)									
	Maine (ME)	IN							l	
20.										
21.	Maryland (MD)									
22.	Massachusetts (MA)									
23.	Michigan (MI)									
24.	Minnesota (MN)									
25.	Mississippi (MS)									
26.	Missouri (MO)									
27.	Montana (MT)									
28.	Nebraska (NE)	N	l	1						[
29.	Nevada (NV)									
30.	New Hampshire (NH)									
31.	New Jersey (NJ)	N								
32.	New Mexico (NM)									
33.	New York (NY)									
34.	North Carolina (NC)									
35.	North Dakota (ND)	N								
36.	Ohio (OH)	N								
37.	Oklahoma (OK)	N								
38.	Oregon (OR)	N								
39.	Pennsylvania (PA)									
40.	Rhode Island (RI)				1					
41.	South Carolina (SC)									
1	South Dakota (SD)									
42.										
43.	Tennessee (TN)									
44.	Texas (TX)									
45.	Utah (UT)									
46.	Vermont (VT)	1								
47.	Virginia (VA)									
48.	Washington (WA)	N								
49.	West Virginia (WV)	N								
50.	Wisconsin (WI)				8,500,338	25,556,140			. 298,961,183	
51.	Wyoming (WY)									
52.	American Samoa (AS)									
53.	Guam (GU)									
54.	Puerto Rico (PR)									
	. ,	1								
55.	U.S. Virgin Islands (VI)									
56.	Northern Mariana Islands (MP)	1								
57.	Canada (CAN)									
58.	Aggregate other alien (OT)									
59.	Subtotal	. XXX.	. 264,904,704		8,500,338	25,556,140			. 298,961,183	
60.	Reporting entity contributions for									
	Employee Benefit Plans	. XXX.	6,544,356						6,544,356	
61.	Total (Direct Business)	. X X X .	. 271,449,060			25,556,140			. 305,505,539	
	LS OF WRITE-INS		.,,	1	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	1	,,,	
58001.	LO OF WRITE-ING	. X X X .								
1										
58002.		. XXX.								
58003.		. XXX.								
58998.	Summary of remaining write-ins for									
	Line 58 from overflow page	. XXX.								
58999.	TOTALS (Lines 58001 through									
	58003 plus 58998) (Line 58 above)	. x x x .								
	a) Active Status Counts:	•	•							

(a) Active Status Counts:

R Registered - Non-domiciled RRGs

Q Qualified - Qualified or accredited reinsurer

56

L Licensed or Chartered - Licensed insurance carrier or domiciled RRG
E Eligible - Reporting entities eligible or approved to write surplus lines in the state
N None of the above Not allowed to write business in the state

15 Schedule	e <b>Y - Part</b> 1				NONE
16 Schedule	e Y Part 1A - De	tail of Insurance	· Holding Compa	any System	NONE

### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

No

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

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement

## **OVERFLOW PAGE FOR WRITE-INS**

# STATEMENT AS OF September 30, 2019 OF THE GROUP HEALTH COOPERATIVE OF SOUTH CENTRAL WISCONSIN SCHEDULE A - VERIFICATION

Real Estate

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	13,729,583	15,133,387
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition	3,542,594	335,428
3.	Current year change in encumbrances	(2,814,079)	(599,070)
4.	Total gain (loss) on disposals		(296,247)
5.	Deduct amounts received on disposals		
6.	Total foreign exchange in book/adjusted carrying value		
7.	Deduct current year's other-than-temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)	13,833,086	13,729,583
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)	13,833,086	13,729,583

#### **SCHEDULE B - VERIFICATION**

Mortgage Loans

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

#### **SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

#### **SCHEDULE D - VERIFICATION**

**Bonds and Stocks** 

	Donas and stooks		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	45,034,806	43,669,712
2.	Cost of bonds and stocks acquired		
3.	Accrual of discount	61,507	39,332
4.	Unrealized valuation increase (decrease)	1,249,344	(2,276,865)
5.	Total gain (loss) on disposals	108,733	406,526
6.	Deduct consideration for bonds and stocks disposed of		
7.	Deduct amortization of premium	150,648	229,488
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees	4,178	
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	42,816,290	45,034,806
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	42,816,290	45,034,806

## **SCHEDULE D - PART 1B**

**Showing the Acquisitions, Dispositions and Non-Trading Activity** 

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	burning the outrent Quarter for an Bornas and Freiened otock by NAIO Designation													
		1	2	3	4	5	6	7	8					
		Book/Adjusted				Book/Adjusted	Book/Adjusted	Book/Adjusted	Book/Adjusted					
		Carrying Value	Acquisitions	Dispositions	Non-Trading	Carrying Value	Carrying Value	Carrying Value	Carrying Value					
		Beginning of	During Current	During Current	Activity During	End of	End of	End of	December 31					
	NAIC Designation	Current Quarter	Quarter	Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year					
BOND	S													
1.	NAIC 1 (a)	22,036,942	1,538,588	2,320,000	(22,529)	25,135,129	22,036,942	21,233,002	24,983,423					
2.	NAIC 2 (a)	6,767,724	786,830	230,000	(9,835)	6,723,610	6,767,724	7,314,719	6,736,672					
3.	NAIC 3 (a)													
4.	NAIC 4 (a)													
5.	NAIC 5 (a)													
6.	NAIC 6 (a)													
7.	Total Bonds	28,804,666	2,325,419	2,550,000	(32,364)	31,858,740	28,804,666	28,547,721	31,720,095					
PREFE	RRED STOCK													
8.	NAIC 1													
9.	NAIC 2													
10.	NAIC 3													
11.	NAIC 4													
12.	NAIC 5													
13.	NAIC 6													
14.	Total Preferred Stock													
15.	Total Bonds & Preferred Stock								31,720,095					
` -								4.6 0.814						

#### **SCHEDULE DA - PART 1**

	Snort	- Term Investment	IS		
	1	2	3	4	5
	Book/Adjusted				Paid for Accrued
	Carrying		^_tual	Interest Collected	Interest
	Value		pst	Year To Date	Year To Date
9199999. Totals		I ( ) NI			
	1 4				

### **SCHEDULE DA - Verification**

#### **Short-Term Investments**

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		5,073
2.	Cost of short-term investments acquired		2,981,250
3.	Accrual of discount		11,740
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		(998)
6.	Deduct consideration received on disposals		2,996,992
7.	Deduct amortization of premium		73
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 +		
	3 + 4 + 5 - 6 - 7 + 8 - 9)		
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)		

SI04	Schedule DB - Part A Verification	 		 	NON	Ε
SI04	Schedule DB - Part B Verification	 		 	NON	Ε
SI05	Schedule DB Part C Section 1	 		 	NON	Ε
SI06	Schedule DB Part C Section 2	 		 	NON	Ε
0107	Cabadula DD - Vanifica Ca				NON	_
910 <i>1</i>	Schedule DB - Verification	 	• • • • • •	 	NON	E

#### **SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

	, , , , , , , , , , , , , , , , , , ,	1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	18,290,240	15,676,117
2.	Cost of cash equivalents acquired	1,700,226,449	4,632,339,665
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	1,696,856,649	4,629,725,542
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 +		
	3+4+5-6-7+8-9)	21,660,040	18,290,240
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	21,660,040	18,290,240

## **SCHEDULE A - PART 2**

Showing all Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter

Onlowing all Iteal Estate Acquired And Additions in Additing the current quarter													
1	Location		4	5	6	7	8	9					
	2	3					Book/Adjusted	Additional					
					Actual Cost		Carrying	Investment					
Description					at Time	Amount of	Value Less	Made After					
of Property	City	State	Date Acquired	Name of Vendor	of Acquisition	Encumbrances	Encumbrances	Acquisition					
Acquired by Purchase													
Capitol Clinic Building & Land Hatchery Hill Clinic Building & Land	Madison	WI		correction				(77,295)					
Hatchery Hill Clinic Building & Land	Fitchburg	WI		various									
Sauk Trails Clinic Building & Land	Madison	WI		various				2,748,841					
	DeForest	WI		correction				(2,000)					
0199999 Subtotal - Acquired by Purchase								2,729,211					
0399999 Totals													

# **SCHEDULE A - PART 3**

Showing All Real Estate DISPOSED During the Quarter, Including Payments During the Final Year on "Sales Under Contract"

	onowing An Itea Estate biol Colb buring the Quarter, including Layments buring the Linar real on Cales onder Contract																		
1	Location		4	5	6	7	8	Chan	ge in Book/Adju	sted Carrying Va	alue Less Encumb	rances	14	15	16	17	18	19	20
	2	3				Expended for		9	10	11	12	13							
						Additions,	Book/Adjusted		Current Year's				Book/Adjusted		Foreign			Gross Income	Taxes,
						Permanent	Carrying Value		Other-Than-			Total Foreign	Carrying Value		Exchange	Realized	Total	Earned Less	Repairs
Description						Improvements	Less	Current	Temporary	Current Year's	Total Change	Exchange	Less	Amounts	Gain	Gain	Gain	Interest	and
of			Disposal	Name of	Actual	and Changes in	Encumbrances	Year's	Impairment	Change in	in B/A C.V.	Change in	Encumbrances	Received	(Loss) on	(Loss) on	(Loss) on	Incurred on	Expenses
Property	City	State	Date	Purchaser	Cost	Encumbrances	Prior Year	Depreciation	Recognized	Encumbrances	(11 - 9 - 10)	B/A C.V.	on Disposal	During Year	Disposal	Disposal	Disposal	Encumbrances	Incurred
	NONE																		
0399999 Totals	9999 Totals																		

OEO,

E03 Schedule BA Part 3 ...... NONE

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

Show All Long-Term Bonds and Stock Acquired During the Current Quarter												
1	2	3	4	5	6	7	8	9	10			
								Paid for Accrued	NAIC Designation and			
CUSIP				Name of	Number of			Interest and	Administrative Symbol/			
Identification	Description	Foreign	Date Acquired	Vendor	Shares of Stock	Actual Cost	Par Value	Dividends	Market Indicator (a)			
Bonds - U.S	. Governments								( )			
912810FE3	UNITED STATES TREASURY		07/11/2019	Johnson Bank	X X X	1.152.500	900.000	20.558	1			
9128284V9	UNITED STATES TREASURY		01/10/2019	Johnson Bank	X X X	121,444	120,000	1,397	1			
9128285R7	UNITED STATES TREASURY		01/10/2019	Johnson Bank	X X X	165,413	165,000	321	1			
0599999 Subt	otal - Bonds - U.S. Governments				X X X	1,439,356	1,185,000	22,276	X X X			
Bonds - Ind	ustrial and Miscellaneous (Unaffiliated)											
00287YAL3	ABBVIE INC		07/26/2019	VARIOUS		809,238			2FE			
61744YAN8 .	MORGAN STANLEY		04/09/2019	Johnson Bank		847,552		5,721				
68389XAP0 .	ORACLE CORP			VARIOUS	X X X	593,868	590,000					
92343VBR4 . 928563AA3 .	VERIZON COMMUNICATIONS INC			Johnson Bank VARIOUS	X X X			5 700	2FE			
	otal - Bonds - Industrial and Miscellaneous (Unaffiliated)					3.089.314						
					X X X	4.528.670	4,254,000	42,382				
	otal - Bonds - Part 3					X X X	X X X	X X X				
	mary Item from Part 5 for Bonds (N/A to Quarterly)								XXX			
	total - Bonds					4,528,670		42,382				
	mary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	XXX	X X X	X X X			
	otal - Preferred Stocks				X X X		X X X		X X X			
Common St	ocks - Mutual Funds											
19247U106	COHEN&STEERS INST RS		08/30/2019	Unknown		1,000,000			U			
233203355	DFA INFL-PROT SECS I	1		Unknown					V			
	DFA EMG MKTS VALUE I		01/09/2019	Unknown	409.913				L			
	otal - Common Stocks - Mutual Funds				X X X	1,016,673			X X X			
	otal - Common Stocks - Part 3					1,016,673	X X X		X X X			
9799998 Sum	mary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X			
9799999 Subt	otal - Common Stocks		X X X	1,016,673			X X X					
9899999 Subt	otal - Preferred and Common Stocks			·····	X X X	1,016,673	X X X		X X X			
9999999 Tota	I - Bonds, Preferred and Common Stocks				X X X	5,545,342	X X X	42,382	XXX			

<sup>(</sup>a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues ......1.

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

During the Current Quarter																					
1	2	3	4	5	6	7	8	9	10		Change in B	ook/Adjusted Ca	rrving Value		16	17	18	19	20	21	22
		F								11	12	13	14	15							NAIC
		l '								l ''	12	10	'-	10							1
		0																			Designation
		r							Prior Year			Current Year's		Total	Book/				Bond Interest/		and Admini-
		l e							Book/	Unrealized		Other Than	Total	Foreign	Adjusted	Foreign			Stock	Stated	strative
					Number				Adjusted	Valuation	Current Year's	Temporary	Change in	Exchange	Carrying Value	Exchange	Realized	Total	Dividends	Contractual	
		'							.,			1	1	"	, ,						.,
CUSIP		g	Disposal	Name of	of Shares		Par	Actual	Carrying	Increase/	(Amortization)/	Impairment	B./A.C.V.	Change in	at Disposal	Gain (Loss)	Gain (Loss)	Gain (Loss)	Received	Maturity	Market
Identification	Description	n	Date	Purchaser	of Stock	Consideration	Value	Cost	Value	(Decrease)	Accretion	Recognized	(11 + 12 - 13)	B./A.C.V.	Date	on Disposal	on Disposal	on Disposal	During Year	Date	Indicator (a)
Danda I	.S. Governments											, and the second				·		·	, i		
	UNITED STATES TREASURY		00/40/0040	Johanna Bank	V V V	404.000	402.000	405 455	404 400		(400)		(400)		400,000		050	050	2 500	00/45/0000	1,
	UNITED STATES TREASURY			Johnson Bank	XXX	121,238	103,000	125,155	121,466		(480)		(480)		120,982		256			02/15/2023 09/30/2019	1
	UNITED STATES TREASURY			Johnson Bank	l	120.741	120,000	126.080	122.061		(70)		(70)		121.976		(1.236)	(1.236)	6,875	11/15/2019	1
	UNITED STATES TREASURY			Maturity @ 100.00	xxx	1,000,000	1,000,000	985,820	993,328		6.672		6.672		1.000.000		(1,200)	(1,200)	5.000	06/30/2019	1
	<u> </u>			I matanity (@ 100100 11111111111111111111111111111	XXX	2,241,979	2.223.000	2.223.579	2.229.182		13.795		13.795		2.242.959		(980)	(980)	16.102	XXX.	XXX.
						2,2,570											(300)	(300)			1
Bonds - U	Bonds - U.S. Special Revenue, Special Assessment																				
	MARYLAND ST ECONOMIC DEV CORP		00/04/0040			000 000	200 200	200 200	200 200						200 200				4 400	00/04/0040	_
	ECONOMIC D			Maturity @ 100.00	XXX	328,000	328,000	328,000	328,000						328,000				4,182	06/01/2019	Z
3199999 Subto	al - Bonds - U.S. Special Revenue, Special	Assess	sment		XXX	328,000	328,000	328,000	328,000						328,000				4,182	XXX.	XXX.
Bonds - Ir	dustrial and Miscellaneous	(Un	affiliated	d)																	
	US BANK			Maturity @ 100.00	xxx	1,000,000	1,000,000	1,000,000	1,000,000	1	1				1,000,000		1		17.088	07/17/2019	1FE
02079KAA5 .	ALPHABET INC		04/04/2019	Johnson Bank	XXX	317,666	310,000	328,774	320,842		(1,194)		(1,194)		319,648		(1,982)	(1,982)	4,339	05/19/2021	1FE
	AMAZON.COM INC		04/10/2019	Johnson Bank	XXX	322,207	315,000	325,994	321,824		(666)				321,158		1,049		3,667	12/05/2021	1FE
035240AD2 .	ANHEUSER-BUSCH INBEV																				
007000000	WORLDWIDE INC	C		Johnson Bank	XXX	257,078	250,000	266,308	261,332		(1,180)		(1,180)		260,153		(3,074)	(3,074)		01/15/2022	2FE
	APPLE INC			Johnson Bank	XXX	278,583	280,000	282,848	281,589		(209)		(209)		281,379		(2,796)	(2,796)	4,008	02/23/2021	1FE
	EXXON MOBIL CORP		04/04/2019	Johnson Bank	l	218,722	832,000	815.331	814.855		1.427		1.427		220,399		13.097	13.097	11.966	02/07/2020 03/06/2022	1FE
	HOME DEPOT INC			Johnson Bank	l	826,799	825.000	817.532	816,593				640		817,233		9.566		7.880	06/01/2022	1FE
	HONEYWELL INTERNATIONAL INC	1		Johnson Bank	XXX	127,434	123.000	137.155	130,018		(885)		(885)		129.133		(1.699)	(1.699)	3.209	03/01/2021	1FE
46625HHL7 .	JPMORGAN CHASE & CO		04/23/2019		XXX	89,000	89,000	95,761	90,205		(1,205)		(1,205)		89,000				2,804	04/23/2019	1FE
	JEFFERIES GROUP INC			Maturity @ 100.00	XXX	230,000	230,000	261,755	237,185		(7,185)		(7,185)		230,000				19,550	07/15/2019	2FE
478160CD4 .	JOHNSON & JOHNSON		04/10/2019		XXX	133,106	134,000	135,959	135,378		(120)		(120)		135,258		(2,152)	(2,152)	1,834	03/03/2022	1FE
	METLIFE INC			VARIOUS	XXX	102,178	98,000	105,965	102,250				(948)		101,302		(3,302)	(3,302)	8,264	02/08/2021	1FE
	SHELL INTERNATIONAL FINANCE BV .			Maturity @ 100.00		· ·			· · · · · ·		(5,778)		(5,778)				7.000		13,760	09/22/2019	1FE
	al - Bonds - Industrial and Miscellaneous (U		,		XXX	5,052,153	5,026,000	5,133,609	5,058,373		(17,428)		(17,428)		5,040,945		7,030			XXX.	XXX.
	al - Bonds - Part 4				XXX	7,622,132	7,577,000	7,685,187	7,615,555		(3,632)		(3,632)		7,611,904		6,050	6,050	128,742	XXX.	XXX.
	ary Item from Part 5 for Bonds (N/A to Quart	,,			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX.	XXX.
8399999 Subto	al - Bonds				XXX	7,622,132	7,577,000	7,685,187	7,615,555		(3,632)		(3,632)		7,611,904		6,050	6,050	128,742	XXX.	XXX.
8999998 Summ	ary Item from Part 5 for Preferred Stocks (N.	/A to Q	(uarterly)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX.	XXX.
8999999 Subto	al - Preferred Stocks				XXX		XXX													XXX.	XXX.
Common	Stocks Mutual Funds																				
	Stocks - Mutual Funds		00/00/2017	l	00 01-1-						.1			1							1.
	COHEN&STEERS ITL RLTY I		08/30/2019	Unknown	80,645.161	1,009,677	XXX	925,000	901,613	23,387			23,387		925,000		84,677	84,677	13,790	XXX.	L
	FIDELITY 500 INDEX FUND			Unknown	3,999.600	405,163	XXX	387,158	348,365	38,793			38,793		387,158		18,005	18,005	1,820	XXX.	V
	al - Common Stocks - Mutual Funds				XXX	1,414,841	XXX	1,312,158	1,249,978	62,180			62,180		1,312,158		102,683	102,683	15,610	XXX.	XXX.
					XXX	1,414,841	XXX	1,312,158	1,249,978	62,180			62,180		1,312,158		102,683	102,683	15,610	XXX.	XXX.
9799998 Summ	ary Item from Part 5 for Common Stocks (N/	/A to Q	uarterly)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX.	XXX.
9799999 Subto	al - Common Stocks				XXX	1,414,841	XXX	1,312,158	1,249,978	62,180			62,180		1,312,158		102,683	102,683	15,610	XXX.	XXX.
9899999 Subto	al - Preferred and Common Stocks				XXX	1,414,841	XXX	1,312,158	1,249,978	62,180			62,180		1,312,158		102,683	102,683	15,610	XXX.	XXX.
	Bonds, Preferred and Common Stocks				XXX	9.036.972	XXX	8,997,345	8,865,533		(3,632)	1	58,548		8,924,062		108.733			XXX.	XXX.
Joseph Total	Donas, i roieneu ana Common Stocks				٨٨٨	3,030,372	۸۸۸	0,557,545	0,000,000	1 02,100	1 (5,052)		1		0,524,002		1 100,733	1	1	· · · · · · · · · · · · · · · · · · ·	I V V V .

E06 Schedule DB Part A Section 1
E07 Schedule DB Part B Section 1
E08 Schedule DB Part D Section 1
E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE
E10 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE
E11 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

# STATEMENT AS OF September 30, 2019 OF THE GROUP HEALTH COOPERATIVE OF SOUTH CENTRAL WISCONSIN SCHEDULE E - PART 1 - CASH

Month	Fnd [	Depository	Ralances
WOULD	LIIU		Dalalices

1	2	3	4	5	Book Bala	nce at End of E	ach Month	9
			Amount	Amount of	Dur	ing Current Qua	arter	
			of Interest	Interest	6	7	8	
			Received	Accrued				
			During	at Current				
		Rate of	Current	Statement	First	Second	Third	
Depository	Code	Interest	Quarter	Date	Month	Month	Month	*
open depositories								
Johnson Bank Operating					(1,250,896)	(1,231,425)	(1,417,829)	XXX
0199998 Deposits in0 depositories that do not exceed the								
allowable limit in any one depository (see Instructions) - open depositories .	XXX	X X X			0	0	0	XXX
0199999 Totals - Open Depositories	XXX	X X X			(1,250,896)	(1,231,425)	(1,417,829)	XXX
0299998 Deposits in0 depositories that do not exceed the								
allowable limit in any one depository (see Instructions) - suspended								
depositories	XXX							XXX
0299999 Totals - Suspended Depositories	XXX							XXX
0399999 Total Cash On Deposit	XXX	X X X			(1,250,896)	(1,231,425)	(1,417,829)	XXX
0499999 Cash in Company's Office	XXX	X X X	. XXX.	X X X	6,360	6,360	6,360	XXX
0599999 Total Cash	XXX	X X X			(1,244,536)	(1,225,065)	(1,411,469)	XXX

# **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
							Amount of	
			Date	Rate of	Maturity	Book/Adjusted	Interest	Amount Received
Cusip	Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year
Sweep Accounts								
	Johnson Bank Sweep Account		09/30/2019	1.250	10/01/2019	17,272,391	10,418	91,522
8499999 Subtotal - Sweep Accounts						17,272,391	10,418	91,522
All Other Money Market Mutual Funds								
783965593	SEI DAILY:GOVT F	C	09/23/2019	1.720	X X X	529,583	398	1,681
	SEI DAILY:GOVT F	SD	09/04/2019	1.790		7,332	12	193
	SEI DAILY:GOVT F		09/04/2019	1.790	X X X	350,733	560	3,688
921932109	VANGUARD TRS MM INV		10/23/2018	1.930	X X X	3,500,000	5,634	63,142
8699999 Subtotal - All Other Money Market Mutual Funds						4,387,648	6,603	68,704
8899999 Total - Cash Equivalents						21,660,038	17,021	160,226

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