EXHIBIT A

STATE OF TENNESSEE

DEPARTMENT OF COMMERCE AND INSURANCE

REPORT ON EXAMINATION

OF

CRESTPOINT HEALTH INSURANCE COMPANY

(NAIC # 12858)

JOHNSON CITY, TENNESSEE

AS OF

DECEMBER 31, 2016

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Johnson City, Tennessee
April 4, 2018

Honorable Julie Mix McPeak
Commissioner
Tennessee Department of Commerce and Insurance
500 James Robertson Parkway
Nashville, Tennessee 37243

Dear Commissioner:

Pursuant to your instructions and in accordance with the Tennessee Code Annotated ("Tenn. Code Ann.") § 56-1-408, regulations, and resolutions adopted by the National Association of Insurance Commissioners (NAIC), a full-scope financial examination and market conduct review as of December 31, 2016, has been made of the condition and affairs of:

CRESTPOINT HEALTH INSURANCE COMPANY
NAIC # 12858
509 Med Tech Parkway, Suite 100
Johnson City, TN 37604

hereinafter generally referred to as the "Company" or "CHIC" and a report thereon is submitted as follows:

INTRODUCTION

This examination was arranged by the Tennessee Department of Commerce and Insurance (TDCI or "Department") under rules established by the State of Tennessee and as promulgated by the NAIC. The examination commenced on December 19, 2017, and was conducted by duly authorized representatives of the TDCI.

SCOPE OF EXAMINATION

This examination report covers the period from February 17, 2012, to the close of business on December 31, 2016, and includes any material transactions and/or events occurring subsequent to the examination date and noted during the course of the examination.

The examination was conducted in accordance with rules and procedures as prescribed by the statutes of the State of Tennessee, and in accordance with the NAIC *Financial Condition Examiners Handbook* ("Handbook"), as deemed appropriate. The examination sought to identify prospective risks by obtaining information about the Company, including its corporate governance, and by evaluating system controls and procedures used to mitigate those risks. The examination also included assessing the principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation and management's compliance with statutory accounting principles and annual statement instructions.

Our examination reviewed the Company's business policies and practices, management and corporate matters, and reviewed and evaluated assets, liabilities, income, and disbursements. In addition, our examination included tests to provide reasonable assurance that the Company was in compliance with applicable laws, rules, and regulations. In planning and conducting our examination, we considered the concepts of materiality and risk, and our examination efforts were directed accordingly.

The Company's 2016 annual statement was reconciled to the corresponding general ledger account balances.

A separate market conduct review was also performed concurrently with the financial examination. See the "Market Conduct Activities" section of this report.

Pershing Yoakley & Associates, P.C. (also known as "PYA") served as the certified public accountant (CPA) and independent auditor for the Company for all years under examination. The CPA's 2016 audit workpapers were reviewed and copies were incorporated into the examination, as deemed appropriate.

The Company provided a letter of representation certifying that management has disclosed all significant matters and records.

COMPLIANCE WITH PREVIOUS EXAMINATION FINDINGS

The last examination of the Company, which occurred as of December 31, 2011, revealed no compliance issues and no adjustments to the statutory financial statements. The Company was formerly named Tennessee Insurance Company (TIC) and at the time of the last exam, was owned by Ingram Industries, Inc. ("Ingram"). As detailed in the "Company History" section below, TIC was purchased by Integrated Solutions Health Network, LLC (ISHN), effective February 17, 2012.

COMPANY HISTORY

On January 16, 1930, TIC was incorporated under the laws of Tennessee as a property and casualty insurance company, and commenced business on March 1 of the same year. The Company was owned by J.E. Lutz & Company, Inc. ("Lutz") as the sole shareholder. On November 26, 1979, Ingram purchased all outstanding shares of TIC from Lutz. As a result, Ingram became TIC's sole shareholder.

Effective October 15, 1984, TIC acquired the assets and assumed all the contracts and liabilities of Bluewater Insurance Ltd. (BIL), a Bermuda corporation which was a wholly-owned subsidiary of Ingram. TIC then managed the run-off of the long-tail casualty reinsurance premiums and losses acquired by BIL.

Prior to October 1999, TIC served as a captive insurance company for its parent, Ingram, by providing marine hull and cargo coverage and multiple liability coverage and by reinsuring Ingram's workers' compensation carrier. In 1995, TIC began insuring standard and non-standard automobile risks in Tennessee by writing its automobile business through a former affiliate, Permanent Assurance Corporation, Inc. (PGC). PGC later established Permanent General Assurance Corporation of Ohio (PGAC-OH) to write and renew the non-standard auto insurance business that TIC had been writing. TIC's customers were then given the option to either renew with PGAC-OH, or seek insurance elsewhere.

On December 2, 2004, PGC was sold to PGC Holdings, Inc., a holding company owned by the Capital Z Investment Group. The sale of PGC included the auto business previously written and administered by TIC. Following the sale of PGC, TIC remained an insurance subsidiary of Ingram.

A Reinsurance and Administrative Agreement was entered into between TIC and PGC's subsidiary, Permanent General Assurance Corporation (PGAC), where the Company ceded one hundred percent (100%) of its auto writings and liabilities to PGAC through December 31, 2005. As a result of this agreement, TIC no longer wrote any new business (effective April, 2002) or renewal business (effective December, 2005), and was in complete run-off starting January 1, 2006.

During 2009, TIC commuted its assumed reinsurance contracts (that were acquired from BIL) to Everest Re for approximately $4.5 million. This significantly reduced TIC's reserves from $6.9 million to $2.8 million.

On January 6, 2012, Ingram entered into a stock purchase agreement to sell ten thousand (10,000) shares, representing all of the stock of TIC, to ISHN, a Tennessee limited liability company. Mountain States Health Alliance (MSHA), a Tennessee not-for-profit healthcare corporation owns ninety-nine and eighty-three one-hundredths percent (99.83%) of ISHN. As stated above, TIC had been operating as a shell company that had been in complete runoff since 2006. The purchase price of TIC was equal to: the aggregate amount of TIC's asset value as of the valuation date; plus $200,000 for the Certificate of Authority (COA); minus any liabilities of TIC, which the buyer, ISHN, in its sole discretion agreed to assume.

On February 16, 2012, the TDCI conducted a hearing on the proposed acquisition of TIC by ISHN. The acquisition was approved by the TDCI on February 17, 2012. Effective March 12, 2012, TIC changed its name to CrestPoint Health Insurance Company (CHIC).

CHIC is a for-profit insurance company licensed in the State of Tennessee that provided network access and administration, and third-party administrator (TPA) services. CHIC had a risk-based contract with the Center for Medicare & Medicaid Services (CMS) to provide or arrange for the provision of healthcare services to senior citizens who have Medicare Part A, Medicare Part B, and Medicare Part D entitlements.

On October 9, 2012, the TDCI received a letter from CHIC requesting to surrender its COA for property and casualty insurance and have the TDCI reissue the COA for life and health insurance. On November 8, 2012, CHIC surrendered its property and casualty COA and was reissued a new COA authorizing the Company to transact the business of accident and health insurance in the State of Tennessee. The Company is only licensed in Tennessee, and Medicare was the only line of business the Company wrote.

Originally, the Company provided TPA services for its ultimate parent company, MSHA, with plans to offer TPA services to other self-funded health benefit plans. On October 1, 2012, the Company received approval from CMS to begin operation as a Medicare Advantage (MA) Plan, a federal program regulated by the CMS, beginning in Contract Year 2013 (January 1, 2013).

After reporting significant net losses which required various capital infusions by MSHA to maintain regulatory capital requirements, in particular, a three hundred percent (300%) NAIC Risk Based Capital (RBC) ratio, CHIC management officially ceased writing MA effective June 1, 2016, and ceased providing Administrative Services Only (ASO) plans effective July 1, 2016. As a result, at December 31, 2016, ISHN was well into the winding down process of the Company. On August 31, 2017, the Company surrendered its COA to the TDCI.

MANAGEMENT AND CONTROL

MANAGEMENT

Directors

The Company's Bylaws state that the business and affairs of the corporation shall be managed by a Board of Directors ("Board") who shall be elected by the shareholders at an annual meeting held for that purpose and for such other business. Directors need not be residents of the State of Tennessee or shareholders of the Company.

The Company's Bylaws state that the number of Directors shall consist of not less than one (1), nor more than seven (7) Directors, as set forth from time-to-time by resolution of the Board. A majority of directors constitutes a quorum. Directors serve their full term, and thereafter, until a successor has been elected.

The following persons were serving as members of the Board, as of December 31, 2016:

Name	Principal Occupation
Dr. Morris Seligman	MSHA Exec VP, CMO
Marvin Eichorn	MSHA Exec VP, COO/Corporate Treasurer
Gary Peacock	Owner, The Glass Peacock
Tony Keck	MSHA Sr. VP, Development & Innovation
Mike Christian	Consultant, Consumer Credit Union

The Bylaws allow that whenever a meeting or vote of shareholders is required in connection with a corporate action, the meeting or vote does not have to be held as long as all shareholders who would have been entitled to vote provide a written consent for the proposed action. The consent must describe the action taken, be signed by each shareholder entitled to vote and indicate each shareholder's vote or abstention on the action.

Officers

The Bylaws provide that the officers of the Company shall be a President, Secretary, and Treasurer, and such other officers as the Board may designate. The same individual may simultaneously hold more than one office in the corporation, except the offices of President and Secretary.

The following individuals were serving as officers of the Company, as of December 31, 2016:

Name	Title
David Sensibaugh	President and CEO
E Paige Younkin	VP of Clinical Integration
Danara J Warrington	Chief Compliance Officer

Committees

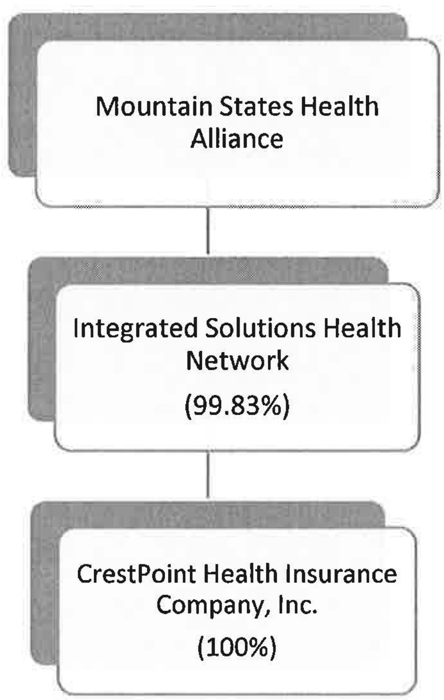
The Board may designate, establish, and charter any committees as it deems necessary. The Company's Board designated no committees during the period of examination.

CONTROL

The Company is a member of an insurance holding company system as defined by Tenn. Code Ann. § 56-11-101(7), and as such, is subject to the Insurance Holding Company System Act of 1986, set forth in Tenn. Code Ann. §§ 56-11-101 *et seq.* MSHA files a holding company registration statement annually, as required by Tenn. Code Ann. § 56-11-105.

Abbreviated Organizational Chart

The following abbreviated organizational chart illustrates the Company's ownership structure:



CONFLICTS OF INTEREST AND PECUNIARY INTERESTS

The Company is required to comply with Tenn. Code Ann. § 56-3-103 prohibiting officers and directors of insurance companies from having a pecuniary interest in the investment or disposition of funds of a domestic insurance company. MSHA and all its subsidiaries have adopted a Conflict of Interest Policy which requires compliance with laws and regulations applicable to its business. The policy requires that all employees annually report all information required to be reported therein and such other information as may be relevant to determine the existence or likely development of a significant conflict of interest. However, for the period covered by the examination, numerous disclosures for officers and directors could not be provided as the Company was unable to locate the disclosure statements. For those conflict of interest disclosure statements reviewed, no conflicts were noted. See "Subsequent Events" section in this report.

DIVIDENDS

TIC paid dividends to its parent, Ingram, on February 15, 2012, in the amount of $270,000. The sale of TIC to ISHN was approved by the Department on February 17, 2012. Once TIC, now CHIC, was owned by ISHN, no further dividends were issued or paid during the examination period.

CORPORATE RECORDS

The minutes of meetings of the Company's shareholders and Board were reviewed for the period under examination. The Board minutes were found to be incomplete as to necessary detail to sufficiently conclude that the Board was overseeing the Company in compliance with the stipulations of its Charter and Tenn. Code Ann. § 56-3-408(b)(1), regarding investment transaction approvals. The CHIC Board should conduct its Board meetings at the entity level (specific to CHIC) and review, approve, and record its actions regarding investment transactions accordingly. See "Subsequent Events" section in this report.

Charter

The Charter in effect as of December 31, 2016, is the Company's Amended and Restated Charter that was adopted by the Board on February 21, 2012, and filed with the TDCI on March 9, 2012. This restatement of the Charter was the result of the acquisition of the Company by ISHN. The restatement changed the Company's name, changed the number of shares of authorized common stock and par value, changed the address of the Company's principal office, added a registered agent, stated the Company is for-profit, and stated CHIC's purpose.

Bylaws

The Bylaws of the Company, in effect as of December 31, 2016, are the Company's Amended and Restated Bylaws that were adopted by the Board on February 21, 2012. The changes to the Bylaws were the result of the acquisition of the Company by ISHN. The Bylaws provide for an annual shareholders' meeting at which a Board is elected. Officers are elected by the Board. The Bylaws are such as are generally found in companies of this type and contain no unusual provisions. They provide for the regulation of the business and for the conduct of the affairs of the Company, the Board, and its shareholders.

AGREEMENTS WITH PARENT AND AFFILIATES

The Company relies upon ISHN and other affiliates under common control of its ultimate parent for support and operational functions under various agreements. The Company had three (3) agreements with its parent and affiliated companies in effect, as of December 31, 2016.

Business Associate Agreement - ISHN

The Company has executed a Business Associate Agreement with its immediate parent, ISHN, effective June 6, 2013. Per terms of this agreement, ISHN performs management services (under the executed Management Services Agreement discussed below), and as such, may disclose health and other personal information to ISHN. This Business Associate Agreement is required for purposes of the Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health (HITECH).

Management Services Agreement - ISHN

The Company executed a Management Services Agreement with its immediate parent, ISHN, effective February 17, 2012, and subsequently amended the Management Services Agreement on August 1, 2012. The Management Services Agreement, as reinforced by the amendment, details the services provided by ISHN to CHIC, including: day-to-day management, provider contracting, policies/procedures, management of funds, accounting and financial reporting, purchasing, marketing, business expansion, and corporate compliance. These services were performed through the leasing of ISHN employees. The agreement was automatically renewed for one (1) year terms. On a monthly basis, CHIC paid for costs incurred on its behalf, including, but not limited to: portions of leased employees' salaries, wages, overtime, fringe benefits, group insurance premiums, workers' compensation insurance premiums, and payroll tax obligations; payments made to third-parties on account for CHIC obligations; and other necessary business expenses attributable to CHIC.

Capital Maintenance Agreement

Effective December 6, 2013, the Company entered in to a Capital Maintenance Agreement with its ultimate parent, MSHA, whereby MSHA committed to the maintenance of capital levels at the Company to ensure that the RBC ratio does not fall below three hundred percent (300%) or Company Action Level. This agreement is effective until the end of the first year that the Company achieves profitability. As the Company never did reach profitability, this agreement remains in effect.

FIDELITY BOND AND OTHER INSURANCE

The Company is listed as a named insured on a directors and officers insurance policy carried by its ultimate parent, MSHA. The Company's coverage exceeds the minimum amount suggested in the NAIC Handbook. The policy coverage was inspected and appears to be in-force as of the date of this examination. The above policy was issued by a company licensed to transact business in the State of Tennessee.

EMPLOYEE BENEFITS AND PENSION PLANS

The Company has no employees. All business functions are performed by ISHN under service agreements discussed under the caption "Agreements with Parent and Affiliates."

TERRITORY AND PLAN OF OPERATION

Territory

The Company was a stock for-profit health insurance company domiciled in Tennessee and licensed to transact business only in Tennessee. The Company's COA was reviewed. The Company surrendered its COA to the TDCI on August 31, 2017, after it voluntarily ceased writing its health plans, effective the second quarter, 2016.

Premium tax records were reviewed for Tennessee, and no exceptions were noted.

Schedule T – Premiums and Annuity Considerations

State or District	Medicare Title XVIII
Tennessee	$22,243,660
Totals	$22,243,660

PLAN OF OPERATIONS

The Company's sole line of business was Title XVIII Medicare, providing a wide range of services and solutions that met the healthcare needs for an enrolled population. In addition to offering MA programs, CHIC offered customized ASO plans to meet the specific needs of businesses.

GROWTH OF COMPANY

The following exhibit depicts certain aspects of the growth and financial history of the Company for the period subject to this examination, according to its annual statements as filed with the TDCI:

Year	Admitted Assets	Liabilities	Capital and Surplus	Revenues
2016	$12,348,114	$3,521,367	$8,826,747	$21,843,626
2015	$16,955,784	$9,877,505	$7,078,279	$41,400,679
2014	$13,675,031	$8,008,923	$5,666,108	$20,870,070
2013	$7,958,762	$4,525,304	$3,433,458	$2,161,311
2012	$2,547,555	$462,955	$2,084,600	$0

LOSS EXPERIENCE

The loss ratios for the Company's Medicare business for the years indicated were as follows:

Year	Claims Payments	Claim Adjustment Expense Payments	Premiums Earned	Loss Experience Ratio
2016	$21,660	$1,475	$21,844	107.90%
2015	$44,931	$3,274	$41,401	116.90%
2014	$20,170	$2,446	$20,870	108.40%
2013	$2,161	$1,892	$2,161	165.30%
2012	$0	$0	$0	0.00%

REINSURANCE AGREEMENTS

Assumed Reinsurance

The Company assumed no reinsurance over the examination period.

Ceded Reinsurance

Effective January 1, 2016, through January 1, 2017, the Company entered a managed care excess loss reinsurance agreement with PartnerRe America Insurance Company covering hospital and physician claim costs on a per member basis. Coverage is generally ninety percent (90%) of the cost of services, in excess of a $150,000 per member limit, up to a maximum of $2 million per contract year. The Company would be liable for such risks only if the reinsurer failed to meet its obligation. Reinsurance expense was approximately $400,000 and $570,000 for the years ending December 31, 2016, and December 31, 2015, respectively.

Other Considerations

The Company's reinsurance agreement was found to contain such language as recommended by the NAIC and as required for reinsurance credit pursuant to Tenn. Code Ann. § 56-2-207(a)(2) with the exception of a standard insolvency clause. The agreement also appeared to effectuate proper transfer of risk in accordance with Statement of Statutory Accounting Principles (SSAP) No. 61 and NAIC guidelines. See "Subsequent Events" section in this report.

LITIGATION AND CONTINGENT LIABILITIES

The Company ceased writing business and terminated its contract with CMS, effective June 1, 2016, for the Medicare business. The Company ceased its ASO business effective July 1, 2016. Thus, at December 31, 2016, the Company was solely focused on final claims processing. There was no litigation outside of the normal course of business reported by the Company. Legal inquiry through the examination fieldwork date revealed no undisclosed litigation that may have a material impact on the financial statements as of December 31, 2016.

The only remaining contingent liability reported by the Company is the final settlement due to CMS. As of December 31, 2016, the Company had established reserves, as reported on the Liabilities, Capital, and Surplus page of the annual statement, to settle the final balance due to CMS. The Company has been informed that the final settlement balance will be reported by CMS in the fourth quarter of 2018, or first quarter of 2019. Based on review of reserve amounts and consideration of all information communicated by CMS through the examination fieldwork date, it appears that the Company has reserved appropriately for this liability.

STATUTORY DEPOSITS

In compliance with statutory and other requirements, the Company maintained deposits with the jurisdiction named below, as of December 31, 2016.

The following deposit is maintained with the State of Tennessee where special deposits are for the benefit of all policyholders, claimants, and creditors of the Company. This deposit was confirmed with the TDCI.

Jurisdiction	Description of Security	Book/Adjusted Carrying Value	Fair Value	Par Value (Dollars)
Tennessee Department of Insurance	Bonds	$495,903	$492,938	$465,000
Total		$495,903	$492,938	$465,000

ACCOUNTS AND RECORDS

Tenn. Comp. R. & Regs. 0780-01-65-.08(4), states that no partner or other person responsible for rendering a report by a certified public accounting firm may act in that capacity for more than five (5) consecutive years. The Company is audited annually by Pershing Yoakley & Associates, P.C. and is in compliance with this regulation.

The Company executed a custodial agreement with First Tennessee Bank National Association effective March 5, 2014. This agreement was found to not be in compliance with NAIC Handbook guidelines or Tenn. Comp. R. & Regs. 0780-01-46-.02. The Company should update its custodial agreement executed with First Tennessee Bank National Association to meet the requirements of guidelines in the NAIC Handbook and Tenn. Comp. R. & Regs. 0780-01-46-.02. See "Subsequent Events" section in this report.

During the course of the examination, certain balances were tested, and amounts were traced from the Company's trial balance to the annual statement. All of the Company's investment securities were confirmed with the custodian of such securities as of the date of this examination. All annual statements for the period under examination were reviewed for completeness and adequacy of disclosure. The Company's risk-based capital filings were reviewed. These test checks and reviews revealed no material discrepancies.

The Company's books and records are located in Johnson City, Tennessee.

MARKET CONDUCT ACTIVITIES

In conjunction with this examination, a limited market conduct review was made of the Company, as of December 31, 2016. Because the Company exclusively wrote MA coverage, CMS standards supersede any state law or regulation in certain areas, including complaints, marketing, producer licensing, underwriting, policyholder service, and claims.

The Company's anti-fraud initiatives were examined to determine if they are reasonably calculated to detect, prosecute, and prevent fraudulent insurance acts. Company procedures and policies relating to privacy and HIPAA were reviewed to determine compliance with applicable statutes, rules and regulations. No issues were noted.

SUBSEQUENT EVENTS

Effective August 31, 2017, the Company surrendered its COA to the TDCI. This communication was accompanied by a letter from MSHA, in which MSHA reaffirmed its commitment to settle all of the remaining liabilities of CHIC. Upon this surrender, the Company's statutory deposit held for the benefit of policyholders, claimants and creditors, was released by the TDCI. The Company is no longer expected to submit regulatory filings (i.e. annual statement, audited financial statements, actuarial opinion) to the TDCI.

During the examination, several violations were noted related to conflict of interest statements, Board approvals and oversight, the custodial agreement, and the reinsurance agreement, which are described in the body of this report. However, no corrective action is deemed necessary as the Company has surrendered its COA.

FINANCIAL STATEMENTS

There follows a statement of assets, liabilities, and a summary of operations as of December 31, 2016, together with a reconciliation of capital and surplus for the period under review, as reported by the Company in its 2016 Annual Statement.

ASSETS

	Assets	Non-Admitted Assets	Net Admitted Assets
Bonds	$6,682,461		$6,682,461
Cash and short-term investments	4,585,496		4,585,496
Investment income due or accrued	59,381		59,381
Premiums and considerations:			
Accrued retrospective premium	875,535		875,535
Amounts receivable uninsured plans	695,181	549,940	145,241
Receivables from parent, subsidiaries and affiliates	50,923	50,923	0
Healthcare and other receivables	443,866	443,866	0
Totals	$13,392,843	$1,044,729	$12,348,114

LIABILITIES, CAPITAL, AND SURPLUS

Claims unpaid		$525,000
Accrued medical incentive pool and bonus amounts		73,728
Unpaid claims adjustment expenses		26,000
Aggregate health policy reserves		993,008
General expenses due and accrued		680,101
Amounts due to parent, subsidiaries and affiliates		175,073
Liability for amounts held under uninsured plans		1,048,457
Total Liabilities		$3,521,367
Aggregate write-ins for special surplus funds	($73,436)	
Common capital stock	1,000,000	
Gross paid in and contributed surplus	35,824,598	
Unassigned funds (surplus)	(27,924,415)	
Total Capital and Surplus		8,826,747
Totals		$12,348,114

STATEMENT OF REVENUE AND EXPENSES

Member Months		30,943
Net premium income		$21,843,626
Total Revenues		$21,843,626
HOSPITAL AND MEDICAL:		
Hospital/medical benefits	$16,813,486	
Other professional services	1,901,759	
Emergency room and out-of-area	1,015,446	
Prescription drugs	3,037,479	
Incentive pool, withhold adjustments and bonus amounts	72,347	
Total Hospital and Medical		$22,840,517
Net reinsurance recoveries	$1,602,934	
Total Hospital and Medical		$21,237,583
Claims adjustment expenses including cost containment	$1,942,076	
General administrative expenses	3,636,270	
Increase in reserves for life, accident and health contracts	(2,200,000)	
Total Underwriting Deductions		$24,615,929
Net Underwriting Gain (Loss)		($2,772,303)
INVESTMENT INCOME:		
Net investment income earned	$128,862	
Net Investment Gain		$128,862
OTHER INCOME:		
Aggregate write-ins for other income or expense	$417,567	
Total Other Income		$417,567
Net income or (loss) after capital gains tax and before all other federal income taxes		($2,225,874)
Federal income taxes incurred		0
Net Income		($2,225,874)

CAPITAL AND SURPLUS ACCOUNT

	2016	2015	2014	2013	2012
Capital and Surplus December 31, previous year	$7,078,279	$5,666,108	$3,433,458	$2,084,600	$2,400,544
Net income or (loss)	(2,225,874)	(8,519,523)	(4,573,265)	(8,611,463)	(3,011,536)
Change in non-admitted assets	(225,658)	978,694	(1,724,085)	(73,680)	0
Surplus adjustments: paid in	4,200,000	8,953,000	8,530,000	10,034,000	2,965,592
Dividends to stockholders	0	0	0	0	(270,000)
Net change in capital and surplus for the year	1,748,468	1,412,171	2,232,650	1,348,858	(315,944)
Capital and Surplus December 31, current year	$8,826,747	$7,078,279	$5,666,108	$3,433,458	$2,084,600

ANALYSIS OF CHANGES IN FINANCIAL STATEMENTS

Total Capital and Surplus $8,826,747

Total capital and surplus, as established by this examination, is the same as what was reported by the Company in its 2016 annual statement. There were no changes made to any asset or liability items as a result of our examination performed as of December 31, 2016.

COMMENTS AND RECOMMENDATIONS

See the "Subsequent Events" section in this report.

CONCLUSION

The customary insurance examination practices and procedures, as prescribed by the statutes of the State of Tennessee, and guidance from the NAIC Handbook, as deemed appropriate, have been followed in connection with the verification and valuation of assets and the determination of liabilities of CrestPoint Health Insurance Company.

In such manner, it was found that, as of December 31, 2016, the Company had admitted assets of $12,348,114 and liabilities, exclusive of capital and surplus, of $3,521,367. Thus, there existed for the additional protection of the policyholders, the amount of $8,826,747 in the form of common capital stock, gross paid in and contributed surplus, and unassigned funds. Tenn. Code Ann. §§ 56-2-114 and 56-2-115 require an insurer of this Company's type to maintain a minimum capital of $1,000,000 and minimum surplus of $1,000,000. For this examination, as of December 31, 2016, the Company maintained capital and surplus in excess of the amounts required pursuant to Tenn. Code Ann. §§ 56-2-114 and 56-2-115.

The courteous cooperation of the officers and employees of the Company, extended during the course of the examination, is hereby acknowledged.

In addition to the undersigned, David Palmer, CFE, Supervising Examiner of the contracting firm Lewis & Ellis, Inc., Overland Park, Kansas, participated in the work of this examination.

Respectfully submitted,

Lindsey Pittman

Lindsey Pittman, CFE, MCM
Examiner-in-Charge
Lewis & Ellis, Inc.
Representing the State of Tennessee

Bryant Cummings, CFE, MCM
Assistant Chief Examiner
Tennessee Department of Commerce and Insurance

AFFIDAVIT

The undersigned deposes and says that she has duly executed the attached examination report of CrestPoint Health Insurance Company located in Johnson City, Tennessee, dated April 4, 2017, and made as of December 31, 2016, on behalf of the Tennessee Department of Commerce and Insurance. Deponent further says she is familiar with such instrument and the contents thereof, and the facts therein set forth are true to the best of her knowledge, information, and belief.

Lindsey Pittman

Lindsey Pittman, CFE, MCM
Examiner-in-Charge
Lewis & Ellis, Inc.
Representing the State of Tennessee

State Kansas

County Johnson

Subscribed to and sworn before me

this 26 day of Jan, 2018

(NOTARY)

My Commission Expires: 10-06-2019

STATE OF NOTARY PUBLIC KANSAS
MARY L. MAULE-LOTT
My Appointment Expires
October 6, 2019

AFFIDAVIT

The undersigned deposes and says that he has duly executed the attached examination report of CrestPoint Health Insurance Company located in Johnson City, Tennessee, dated April 4, 2017, and made as of December 31, 2016, on behalf of the Tennessee Department of Commerce and Insurance. Deponent further says he is familiar with such instrument and the contents thereof, and the facts therein set forth are true to the best of his knowledge, information, and belief.

Bryant Cummings, CFE, MCM
Assistant Chief Examiner
State of Tennessee

State Tennessee

County Davidson

Subscribed to and sworn before me

this 22nd day of June, 2018

(NOTARY)

My Commission Expires: March 8, 2021

JILL A. WILDER
STATE OF TENNESSEE
NOTARY
PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 3-8-2021

EXHIBIT B

CrestPointHealth

June 27, 2018

E. Joy Little
Director of Financial Examinations/Chief Examiner
Tennessee Department of Commerce and Insurance
500 James Robertson Parkway
Nashville, TN 37243-1135

RE: Report of Examination - CrestPoint Health Insurance Company

Dear Ms. Little:

We hereby acknowledge receipt of the final Report of Examination for **CrestPoint Health Insurance Company.**

By signing below, we indicate acceptance of the report, as transmitted, and without rebuttal.

Sincerely,

David H. Sensibaugh

David H. Sensibaugh
President/CEO, Integrated Solutions Health Network