

HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2020 OF THE CONDITION AND AFFAIRS OF THE

Coventry Health Care of Kansas, Inc.

	(Current) (Prior) NAIC Compan	Code 95489 Employer's ID	Number 48-0840330	
Organized under the Laws of	Kansas	State of Domicile or Port of Entr	y KS	
Country of Domicile	United St	ates of America		
icensed as business type:	Health Mainte	nance Organization		
s HMO Federally Qualified? Yes[] No [X	1			
incorporated/Organized		Commonand Business	10/01/1981	
Statutory Home Office	3535 E. 21st Street N (Street and Number)		Wichita, KS, US 67206 own, State, Country and Zip Code)	
Main Administrative Office	9401 Indian Cre	ek Parkway, Ste. 1300	, , , ,	
	(Street	and Number)	-	
Overland Park, Ki (City or Town, State, Con			913-202-5400 a Code) (Telephone Number)	
Mail Address 9401 Indian C	reek Parkway Ste 1300		verland Park, KS, US 66210	
(Street and	Number or P.O. Box)	(City or T	own, State, Country and Zip Code)	
Primary Location of Books and Records	9401 Indian Cre	ek Parkway, Ste. 1300		
Overland Park K		and Number)	012 202 5400	
(City or Town, State, Con	S, US 66210 untry and Zip Code)		913-202-5400 a Code) (Telephone Number)	-
nternet Website Address		.aetna.com		
Statutory Statement Contact			045 775 0500	
tatutory Statement Contact	(Name)		215-775-6508 (Area Code) (Telephone Number)	
StatutoryReporting (E-mail Ad-			860-262-7767 (FAX Number)	
(L-man Au			(FAX Number)	
President Jame	OF es Benjamin Boyman #	FICERS Vice President and Trea	surer Tracy Louise Smith	
Vice President and Secretary E		vice i resident and frea	Street Tracy Louise Smith	
-	· · · · · · · · · · · · · · · · · · ·	TUE-		
Kevin James Casey, Senior Investment	Officer Peter Keller,	THER Assistant Controller	Bryan James Lane, Assistant Conf	roller
Whitney Dorothy Nazarko, Assistant Cor	troller # Robert Joseph Pars	slow, Corporate Controller	Bryan James Lane, Assistant Cont Davin Henry Reinecke, Chief Financia	l Officer
		OR TRUSTEES		
James Benjamin Boyman #	Gregory	Stephen Martino	Cathleen Sue Tinker	
The officers of this reporting entity being duly sy all of the herein described assets were the ab- tatement, together with related exhibits, sched condition and affairs of the said reporting entity accordance with the NAIC Annual Statemen ules or regulations require differences in report curthermore, the scope of this attestation by the except for formatting differences due to electronclosed statement.	solute property of the said reporting er ules and explanations therein container as of the reporting period stated above, I Instructions and Accounting Practices in or related to accounting practices a ne described officers also includes the	tity, free and clear from any liens o I, annexed or referred to, is a full and and of its income and deductions th and Procedures manual except to the procedures, according to the bes related corresponding electronic fili	r claims thereon, except as herein stated it true statement of all the assets and liabil erefrom for the period ended, and have b he extent that: (1) state law may differ, of to of their information, knowledge and belie may with the NAIC, when required, that is	i, and that the ities and of the een complete r, (2) that sta f, respectivel an exact con
Jámes Benjamin Boyman	- Edua	d Chung-I Lee	Tenant anima C	
President		dent and Secretary	Tracy Louise Smith Vice President and Treasu	rer
tate of Missouri ounty of St. Charles	State of Connectic	ut	State of Rhode Island County of Providence	
ubscribed and sworn to before me this	Subscribed and sworn	o hefore me this	Subscribed and sworn to before me th	ia
27 day of October				
day or Color	2020 day of	, 2020	day of	, 2020
Y Mata Cluaton	000			
IOTAR PUBLIC (Seal)	NOTARY PUBLIC (Sea	l)	NOTARY PUBLIC (Seal)	
MARTA ANDERSON Notary Public - Notary Seal State of Missouri Commissioned for St. Charles Col My Commission Expires: May 27,	unty	·		



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AS OF SEPTEMBER 30, 2020 OF THE CONDITION AND AFFAIRS OF THE

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NAIC Gro	oup Code 0001 (Current)	0001 NAIC Compar (Prior)	ny Code <u>95489</u> Employer	s ID Number	48-0840330
Organized under the Laws of		nsas	State of Domicile or Port of	Entry	KS
Country of Domicile		United S	States of America		
Licensed as business type:		Health Maint	enance Organization		
Is HMO Federally Qualified? Yes	[] No[X]				
Incorporated/Organized	01/02/1976		Commenced Business		10/01/1981
Statutory Home Office	8535 E. 21st	Street N		Wichita, KS,	US 67206
·	(Street and N		(City	or Town, State, C	ountry and Zip Code)
Main Administrative Office	-		eek Parkway, Ste. 1300 t and Number)		· · · · · · · · · · · · · · · · · · ·
	land Park, KS, US 66210	<u>`</u>		913-202	
	n, State, Country and Zip	•		(Area Code) (Tele	
Mail Address 9	401 Indian Creek Parkwa (Street and Number or F			Overland Park, or Town, State, C	KS, US 66210 ountry and Zip Code)
Primary Location of Books and Re	cords	9401 Indian C	reek Parkway, Ste. 1300		
•		(Stree	t and Number)	012.000	3.5400
	land Park, KS, US 66210 rn, State, Country and Zip			(Area Code) (Tele	2-5400 ephone Number)
Internet Website Address		ww	w.aetna.com		
Statutory Statement Contact	, ,	im E. Roth		21	5-775-6508
-		(Name)	, ,		(Telephone Number)
Statu	toryReporting@aetna.com (E-mail Address)			(FAX: No	
		0	FFICERS		
-	James Benjamin		Vice President and	Treasurer	Tracy Louise Smith
Vice President and Secretary _	Edward Chung				
Kevin James Casey, Senio	r Investment Officer	Peter Keller	OTHER , Assistant Controller	Bryan .	James Lane, Assistant Controller
Whitney Dorothy Nazarko, A	Assistant Controller #	Robert Joseph Pa	rslow, Corporate Controller	Davin Hen	ry Reinecke, Chief Financial Officer
			RS OR TRUSTEES		
James Benjamin			/ Stephen Martino		Cathleen Sue Tinker
all of the herein described assets statement, together with related excondition and affairs of the said rein accordance with the NAIC Annurules or regulations require differer Furthermore, the scope of this att	were the absolute proper chibits, schedules and exp porting entity as of the rep- ual Statement Instructions nees in reporting not relate estation by the described	ty of the said reporting elanations therein contained orting period stated abowe and Accounting Practice d to accounting practices officers also includes the	entity, free and clear from any lie ad, annexed or referred to, is a ful a, and of its income and deduction is and Procedures manual excep and procedures, according to the e related corresponding electroni	ns or claims there I and true statemens therefrom for the t to the extent that best of their inforring c filing with the N	If that on the reporting period stated above, con, except as herein stated, and that this int of all the assets and liabilities and of the e period ended, and have been completed t: (1) state law may differ, or, (2) that state mation, knowledge and belief, respectively. AIC, when required, that is an exact copy s regulators in lieu of or in addition to the
James Benjamin B President	oyman		ard Chung-I Lee sident and Secretary		Tracy Louise Smith Vice President and Treasurer
State of Missouri County of St. Charles		State of Connect County of Hartford			Rhode Island Providence
Subscribed and sworn to before m	ne this	Subscribed and sworr	to before me this	Subscribed	d and sworn to before me this
day of	, 2020	to day of OC	10ber , 2020	day	y of, 2020
		0 +	- 1		
NOTARY PUBLIC (Seal)		NOTARY PUBLIC SO	ME DONO	NOTARY I	PUBLIC (Seal)



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Coventry Health Care of Kansas, Inc.

Organized under the Laws of Kansas State of Domicile United States of America Country of Domicile United States of America Health Maintenance Organization		
Licensed as business type: Health Maintenance Organization Is HMO Federally Qualified? Yes [] No [X] Incorporated/Organized 01/02/1976 Commenced Business 10/01/1981 Statutory Home Office 8535 E. 21st Street N Wichita, KS, US 67208 (Street and Number) (City or Town, State, Country and Zip Code) Main Administrative Office 9401 Indian Creek Parkway, Ste. 1300 (City or Town, State, Country and Zip Code) (Street and Number) 913-202-5400 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) Mail Address 9401 Indian Creek Parkway, Ste. 1300 (City or Town, State, Country and Zip Code) Primary Location of Books and Records 9401 Indian Creek Parkway, Ste. 1300 (Street and Number or P.O. Box) (Street and Number) 913-202-5400 (City or Town, State, Country and Zip Code) (Street and Number) 9401 Indian Creek Parkway, Ste. 1300 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) Internet Website Address www.aetna.com Statutory Statement Contact Kim E. Roth (Name) (Area Code) (Telephone Number) Statutory Statement Contact Kim E. Roth (Name) (Area Code) (Telephone Number) StatutoryReporting@aetna.com 860-282-7767 (E-mail Address) (FAX Number) OFFICERS Vice President and Treasurer Tracy Louise Vice President and Treasurer Tracy Louise State Country Ages Casey, Senior Investment Officer Peter Keller, Assistant Controller Bryan James Lane, Assistant		
Is HMO Federally Qualified? Yes [
Statutory Home Office		
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OTHER Kevin James Casey, Senior Investment Officer Peter Keller, Assistant Controller Bryan James Lane, Assistant		
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	at Controller	
virilliney Dorothy Mazairto, Assistant Controller # Robert Joseph Parsiow, Corporate Controller Davin Henry Reinecke, Chief Fif		
DIRECTORS OR TRUSTEES		
James Benjamin Boyman # Gregory Stephen Martino Cathleen Sue Tink	ker	
all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets an condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and h in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may diffuse or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, t (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of	stated, and that this and liabilities and of the have been completed liffer; or, (2) that state and belief, respectively. that is an exact copy	
- Mary Th	mits	
James Benjamin Boyman Edward Chung-I Lee Trady Louise Sr President Vice President and Secretary Vice President and T	mith Treasurer	
Todash and Sociality Todash and Sociality	Trouburor	
Subscribed and sworn to before me this Subscribed and sworn to before me this Subscribed and sworn to before me this	e me this	
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NOTADY BURLING (GD.	TR4, 2020	
	Too.	
NOTARY PE STATE OF RHOL	TR4, 2020	

ASSETS

		1	Current Statement Date 2	3 Net Admitted Assets	4 December 31 Prior Year Net
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds	12,647,749	0	12,647,749	10,401,827
2.	Stocks:				
	2.1 Preferred stocks	0	0	0	0
	2.2 Common stocks	0	0	0	0
3.	Mortgage loans on real estate:				
	3.1 First liens	0	0	0	0
	3.2 Other than first liens	0	0	0	0
	Real estate:				
	4.1 Properties occupied by the company (less \$	0	0	0	0
	4.2 Properties held for the production of income (less				
	\$0 encumbrances)	0	0	0	0
	4.3 Properties held for sale (less \$0 encumbrances)	0	0	0	0
5	Cash (\$12,220,906), cash equivalents				
5.					
	(\$6,351,532) and short-term investments (\$0)	10 570 400	0	18,572,438	7 006 467
6	Contract loans (including \$0 premium notes)			0,372,438	
	Derivatives			0	0
					0
	Other invested assets			0	0
	Securities lending reinvested collateral assets				0
	Aggregate write-ins for invested assets			0	0
	Subtotals, cash and invested assets (Lines 1 to 11)			31,220,187	
	Title plants less \$				10,000,204
	only)	0	0	0	0
	Investment income due and accrued				133,915
	Premiums and considerations:	70,100			
	15.1 Uncollected premiums and agents' balances in the course of collection.	148 943	2 632	146,311	150 213
	15.2 Deferred premiums, agents' balances and installments booked but		, 002	110,011	
	deferred and not yet due (including \$0				
	earned but unbilled premiums)	0	0	0	0
	15.3 Accrued retrospective premiums (\$98,781) and	-			-
	contracts subject to redetermination (\$871,909)	970.690	0	970,690	17,866
16.	Reinsurance:			, , , , , ,	,
	16.1 Amounts recoverable from reinsurers	0	0	0	0
	16.2 Funds held by or deposited with reinsured companies			0	0
	16.3 Other amounts receivable under reinsurance contracts			0	0
	Amounts receivable relating to uninsured plans				839 , 122
	Current federal and foreign income tax recoverable and interest thereon			0	0
	Net deferred tax asset		3,557,619	997,403	1,320,041
19.	Guaranty funds receivable or on deposit	0	0	0	0
	Electronic data processing equipment and software				0
	Furniture and equipment, including health care delivery assets				
	(\$	1, 140,731	1,140,731	0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates			0	0
	Receivables from parent, subsidiaries and affiliates			234	0
24.	Health care (\$891,851) and other amounts receivable	891,972	121	891,851	200,236
	Aggregate write-ins for other than invested assets			541,055	497,802
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	41,471,167		36,770,064	21,557,489
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28.	Total (Lines 26 and 27)	41,471,167	4,701,103	36,770,064	21,557,489
	DETAILS OF WRITE-INS				
1101.		0	0	0	0
1102.			0	0	0
1103.			0	0	0
1198.	Summary of remaining write-ins for Line 11 from overflow page		0	0	0
	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.	Recoverable state premium taxes	438,526	0	438,526	489,616
	State income tax receivable			102,529	8,186
2503.			0	0	0
	Summary of remaining write-ins for Line 25 from overflow page			0	0
	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	541,055	0		497,802

LIABILITIES, CAPITAL AND SURPLUS

	_ ,		Prior Year		
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$15,937 reinsurance ceded)		1.116.102		840.589
2.	Accrued medical incentive pool and bonus amounts	, , ,	0		43,667
3.	Unpaid claims adjustment expenses		0	110,659	6,806
4.	Aggregate health policy reserves, including the liability of	,		,	,
	\$3,945,583 for medical loss ratio rebate per the Public				
	Health Service Act	5,022,435	0	5,022,435	2,549,869
5.	Aggregate life policy reserves		0	0	0
6.	Property/casualty unearned premium reserve	0	0	0	0
7.	Aggregate health claim reserves		0	0	267
8.	Premiums received in advance		0	11,057	15,301
9.	General expenses due or accrued	0	0	0	1,496
10.1	Current federal and foreign income tax payable and interest thereon				
	(including \$0 on realized gains (losses))	468,337	0	468,337	4,081
10.2	Net deferred tax liability	0	0	0	0
11.	Ceded reinsurance premiums payable	0	0	0	0
12.	Amounts withheld or retained for the account of others	0	0	0	0
13.	Remittances and items not allocated	82,331	0	82,331	109,813
14.	Borrowed money (including \$0 current) and				
	interest thereon \$0 (including				
	\$0 current)		0		0
15.	Amounts due to parent, subsidiaries and affiliates		0	981,004	741,022
16.	Derivatives		0	0	0
17.	Payable for securities			0	0
18.	Payable for securities lending	0	0	0	0
19.	Funds held under reinsurance treaties (with \$				
	authorized reinsurers, \$0 unauthorized				
	reinsurers and \$0 certified reinsurers)	18,593	0	18,593	1,996
20.	Reinsurance in unauthorized and certified (\$0)				
	companies			0	0
21.	Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22.	Liability for amounts held under uninsured plans	4,730	0	4,730	0
23.	Aggregate write-ins for other liabilities (including \$0	.=0 05.		. -	
	current)		0		195,278
	Total liabilities (Lines 1 to 23)				
25.	Aggregate write-ins for special surplus funds				135,700
26.	Common capital stock				5,000
27.	Preferred capital stock				0
28.	Surplus notes				
29.	Aggregate write-ins for other than special surplus funds				
30. 31.	Unassigned funds (surplus)				(115 865 106)
32.	Less treasury stock, at cost:			(112,509,251)	(113,003,130)
32.	32.10 shares common (value included in Line 26				
	\$	YYY	YYY	0	0
	32.2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	700		
	\$	xxx	xxx	0	0
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)				17,047,304
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	36,770,064	21,557,489
	DETAILS OF WRITE-INS			,,	,,
2301.	Escheat payable	179 851	0	179 851	195 278
2302.				0	0
2303.					0
2398.	Summary of remaining write-ins for Line 23 from overflow page		0		0
2399.	Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	470 054	0	179,851	195,278
2501.	Estimated health insurer fee accrual		XXX	0	135,700
2502.					0
2503.					0
2598.	Summary of remaining write-ins for Line 25 from overflow page				0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	135,700
3001.				0	0
3002.					0
3003.					0
3098.	Summary of remaining write-ins for Line 30 from overflow page				0
3099.	Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	XXX		2,848	4,572
2.	Net premium income (including \$0 non-health				
	premium income)	XXX	40,220,745	4,200,607	6,716,210
3.	Change in unearned premium reserves and reserve for rate credits	XXX	(2,472,566)	1,075,708	702,691
4.	Fee-for-service (net of \$0 medical expenses)	XXX	0	0	0
5.	Risk revenue	XXX			0
6.	Aggregate write-ins for other health care related revenues			(93)	
7.	Aggregate write-ins for other non-health revenues				
8.	Total revenues (Lines 2 to 7)	XXX	37,748,179	5,276,222	7,418,808
	Hospital and Medical:				
9.	Hospital/medical benefits				
10.	Other professional services			196,366	270,565
11.	Outside referrals			125,000	144,707
12.	Emergency room and out-of-area	*		264,325	370,759
13.	Prescription drugs			197,583	292,186
14.	Aggregate write-ins for other hospital and medical				0
15.	Subtotal (Lines 9 to 15)				
16.	Subtotal (Lines 9 to 15)	3, 120,210	29,039,505 [.	2,002,700	4,011,343
17.	Net reinsurance recoveries	0	108 900	21 816	21 816
18.	Total hospital and medical (Lines 16 minus 17)		•	*	
19.	Non-health claims (net)			0	0,000,727
20.	Claims adjustment expenses, including \$				
20.	containment expenses	0	806 133	89 793	168 456
21.	General administrative expenses				791,987
22.	Increase in reserves for life and accident and health contracts		, , ,	,	,,
	(including \$	0	0	0	0
23.	Total underwriting deductions (Lines 18 through 22)	3,120,218	34,377,700	3,492,598	4,950,170
24.	Net underwriting gain or (loss) (Lines 8 minus 23)				2,468,638
25.	Net investment income earned	0	337,972	400,073	511,836
26.	Net realized capital gains (losses) less capital gains tax of				
	\$(4,217)				74,682
27.	Net investment gains (losses) (Lines 25 plus 26)	0	101,960	431,723	586,518
28.	Net gain or (loss) from agents' or premium balances charged off [(amount				
	recovered \$0)				
	(amount charged off \$		0	0	0
29.		0	0	0	0
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	3.472.439	2,215,347	3,055,156
31.	Federal and foreign income taxes incurred			(182,964)	70,626
32.	Net income (loss) (Lines 30 minus 31)	XXX	3,221,572	2,398,311	2,984,530
	DETAILS OF WRITE-INS				
0601.	Non medical income	XXX	0	(93)	(93)
0602.		XXX	0	0	0
0603.		xxx	0	0	0
0698.		XXX	0	0	0
0699.	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	(93)	(93)
0701.		XXX	.0	0	0
0702.		XXX	0	0	0
0703.		XXX	0	0	0
0798.	Summary of remaining write-ins for Line 7 from overflow page		0	0	0
0799.	Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.		0	0	0	0
1402.		0	0	0	0
1403		0	0	n	n .
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	n	n
1499.	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901.		0	0	0	n
2902.		0	0	n	n
2903		n	n	n	n
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	n	n l	n .
2999.	Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0	0
2000.	Totalo (Ellico 2001 tillough 2000 plus 2000)(Ellic 20 above)	U	o I	0	U

STATEMENT OF REVENUE AND EXPENSES (Continued)

	STATEMENT OF REVENUE AND EX	PENSES (C	ontinuec	,
		1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
	CAPITAL AND SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year.	17,047,304	13,701,044	13,701,044
34.	Net income or (loss) from Line 32	3,221,572	2,398,311	2,984,530
35.	Change in valuation basis of aggregate policy and claim reserves	0	0	0
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$1, 154	4,341	46,795	48,178
37.	Change in net unrealized foreign exchange capital gain or (loss)	0	0	0
38.	Change in net deferred income tax	(439,638)	(3,751,929)	(731,594)
39.	Change in nonadmitted assets	573,970	4,547,041	1,045,146
40	Change in unauthorized and certified reinsurance	0	0	0
41.	Change in treasury stock	0	0	0
42.	Change in surplus notes	0	0	0
43.	Cumulative effect of changes in accounting principles	0	0	0
44.	Capital Changes:			
	44.1 Paid in	0	0	0
	44.2 Transferred from surplus (Stock Dividend)	0	0	0
	44.3 Transferred to surplus.	0	0	0
45.	Surplus adjustments:			
	45.1 Paid in	0	0	0
	45.2 Transferred to capital (Stock Dividend)	0	0	0
	45.3 Transferred from capital	0	0	0
46.	Dividends to stockholders	0	0	0
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital & surplus (Lines 34 to 47)	3,360,245	3,240,218	3,346,260
49.	Capital and surplus end of reporting period (Line 33 plus 48)	20,407,549	16,941,262	17,047,304
	DETAILS OF WRITE-INS			
4701.		0	0	0
4702.		0	0	0
4703.		0	0	0
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

	_	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance	39,288,462	3,518,121	6,033,336
2.	Net investment income	388,367	405,289	493,577
3.	Miscellaneous income	0	(93)	(93)
4.	Total (Lines 1 to 3)	39,676,829	3,923,317	6,526,820
5.	Benefit and loss related payments	21,823,346	2,608,621	3,958,009
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7.	Commissions, expenses paid and aggregate write-ins for deductions	5,670,319	1,103,349	2,324,487
8.	Dividends paid to policyholders	0	0	0
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital			
	gains (losses)	(217,606)	235,821	(414,375)
10.	Total (Lines 5 through 9)	27,276,059	3,947,791	5,868,121
11.	Net cash from operations (Line 4 minus Line 10)	12,400,770	(24,474)	658,699
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	4,732,079	7,851,564	10,486,565
	12.2 Stocks	0	482,259	482,259
	12.3 Mortgage loans	0	0	0
	12.4 Real estate	0	0	0
	12.5 Other invested assets	0	0	0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	26	12	12
	12.7 Miscellaneous proceeds	0	0	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	4,732,105	8,333,835	10,968,836
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	7,205,394	7,846,026	9,639,914
	13.2 Stocks	0	0	0
	13.3 Mortgage loans	0	0	0
	13.4 Real estate	0	0	0
			0	0
	13.6 Miscellaneous applications	0	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	7,205,394	7,846,026	9,639,914
14.	Net increase (or decrease) in contract loans and premium notes	0	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(2,473,289)	487,809	1,328,922
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes	0	0	0
	16.2 Capital and paid in surplus, less treasury stock	0	0	0
	16.3 Borrowed funds	0	0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
	16.5 Dividends to stockholders	0	0	0
	16.6 Other cash provided (applied)	648,490	(1,492,203)	(1,218,329)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	648,490	(1,492,203)	(1,218,329)
	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)	10,5/5,971	(1,028,868)	769,292
19.	Cash, cash equivalents and short-term investments:		 :	
	19.1 Beginning of year			7,227,175
	19.2 End of period (Line 18 plus Line 19.1)	18,572,438	6,198,307	7,996,467

Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001. Non-cash transaction - tax free bond exchange	212,634	0	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehe (Hospital & N	ensive	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	575	0	0	0	0	0	0	575	0	0
2. First Quarter	2,550	0	0	0	0	0	0	2,550	0	0
3. Second Quarter	3,191	0	0	0	0	0	0	3,191	0	0
4. Third Quarter	3,761	0	0	0	0	0	0	3,761	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	26,559	0	0	0	0	0	0	26,559	0	0
Total Member Ambulatory Encounters for Period:										
7 Physician	79,537	0	0	0	0	0	0	79,537	0	0
8. Non-Physician	42,770	0	0	0	0	0	0	42,770	0	0
9. Total	122,307	0	0	0	0	0	0	122,307	0	0
10. Hospital Patient Days Incurred	3,087	0	0	0	0	0	0	3,087	0	0
11. Number of Inpatient Admissions	706	0	0	0	0	0	0	706	0	0
12. Health Premiums Written (a)	40,347,431	(21,081)	0	0	0	0	0	40,368,512	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	37,874,865	(21,081)	0	0	0	0	1,100,000	36,795,946	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	21,918,184	45,697	(2,021,676)	0	0	0	(9,522)	23,903,685	0	0
18. Amount Incurred for Provision of Health Care Services	29,839,505	(93, 164)	(2,217,884)	0	0	0	(17,949)	32,168,502	0	0

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported) Aging Analysis of Unpaid Claims

Ag	ging 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)		•	•	•		
						ļ
						ļ
0299999 Aggregate accounts not individually listed-uncovered		374 912	2,158		1,861	28,305
0399999 Aggregate accounts not individually listed-covered	1,516				13,924	1,553,175
0499999 Subtotals	1,539	661 7,734	18,300	0	15,785	1,581,480
0599999 Unreported claims and other claim reserves						7,900,975
0699999 Total amounts withheld						0
0799999 Total claims unpaid						9,482,455
0899999 Accrued medical incentive pool and bonus amounts						17,000

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

ANALYSIS OF CLAIMS U	IPAID - PRIOR YEAR - NET OF REINSU				5			
	Claims			Liability		Liability End of Current Quarter		6
	Year to			ent Quarter				
	1	2	3	4		Fatina ata al Olaina		
	0-		0			Estimated Claim		
	On Claims Incurred Prior	On	On Claims Unpaid	On	Claims Incurred in	Reserve and Claim Liability		
	to January 1 of	Claims Incurred	Dec. 31	Claims Incurred	Prior Years	December 31 of		
Line of Business	Current Year	During the Year	of Prior Year	During the Year	(Columns 1 + 3)	Prior Year		
Line of business	Current real	During the real	OI FIIOI Teal	During the real	(Columns 1 + 3)	FIIOI Teal		
Comprehensive (hospital and medical)	(1,975,979)	0	(109)	0	(1,976,088)	291,293		
O. Madisara Complement	0	٥	0	0	0	٥		
2. Medicare Supplement		0	0		U	0		
3. Dental Only	0	0	0	0	0	0		
,								
		•	0	٥		•		
4. Vision Only	0	0	0	0		0		
5. Federal Employees Health Benefits Plan	(9,522)	0	0	0	(9,522)	8,427		
o. Folding Employees Floating Edition of Tall	(0,0==)				(0,0==)	,		
			10.000		==	=		
6. Title XVIII - Medicare	539,753	23,256,373	12,229	9,454,398	551,982	541,136		
7 Title XIX - Medicaid	0	0	0	0	0	0		
The AX medical								
	_	_	_	_	_	_		
8. Other health	0	0	0	0	0	0		
9. Health subtotal (Lines 1 to 8)	(1,445,748)	23.256.373	12.120	9,454,398	(1,433,628)	840,856		
5. Ficulti substitut (Elico i 10.0)			12, 120	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
10. Healthcare receivables (a)	0	891,851	0	0	0	200,236		
11. Other non-health	0	0	0	0	0	0		
11. Outer normality		0	0			0		
12. Medical incentive pools and bonus amounts	(43,667)	56,267	0	17,000	(43,667)	43,667		
42 Tetals (Lines 0.40) 441 (42)	(1,489,415)	22,420,789	12,120	9,471,398	(1,477,295)	684,287		
13. Totals (Lines 9-10+11+12)	(1,469,413)	22,420,789	12, 120	9,411,398	(1,411,295)	004,287		

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying statutory financial statements of Coventry Health Care of Kansas, Inc. ("the Company"), indirectly a wholly-owned subsidiary of CVS Health Corporation ("CVS Health"), have been prepared in conformity with accounting practices prescribed or permitted by the Kansas Insurance Department ("Kansas Department") ("Kansas Accounting Practices"). The Kansas Department recognizes only statutory accounting practices prescribed or permitted by the State of Kansas for determining and reporting the financial condition and results of operations of an insurance company, which include accounting practices and procedures adopted by the National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures Manual ("NAIC SAP").

A reconciliation of the Company's net income and surplus between NAIC SAP and practices prescribed and permitted by the State of Kansas for the periods ended September 30, 2020 and December 31, 2019 is as follows:

		SSAP#	F/S Page	F/S Line #	2020	2019
NET II	NCOME					
(1)	State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 3,221,572	\$ 2,984,530
(2)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3)	State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4)	Net Income NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 3,221,572	\$ 2,984,530
SURPI	LUS					
(5)	State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 20,407,549	\$ 17,047,304
(6)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7)	State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8)	Statutory Surplus NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 20,407,549	\$ 17,047,304

B. <u>Use of Estimates in the Preparation of the Financial Statements</u>

The preparation of these financial statements in conformity with Kansas Accounting Practices requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and revenues and expenses. Actual results could differ from those estimates.

C. Accounting Policies

The Company applies the following significant accounting policies:

(1) No significant change.

(2) Bonds

Bonds, which include special deposits, are carried at amortized cost except for those bonds with an NAIC designation of 3 through 6, which are carried at the lower of amortized cost or fair value. The amount carried at fair value is not material to the financial statements. Bond premiums and discounts are amortized using the scientific interest method. When quoted prices in active markets for identical assets are available, the Company uses these quoted market prices to determine the fair value of bonds. This is used primarily for U.S. government securities. In other cases where a quoted market price for identical assets in an active market is either not available or not observable, the Company estimates fair values using valuation methodologies based on available and observable market information or by using a matrix pricing model. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal analysis of each investment's financial performance and cash flow projections. The Company had no investments where fair value was determined using broker quotes or an internal analysis of financial performance and cash flow projections. Bonds include all investments whose maturity is greater than one year when purchased. Loan-backed and structured securities are carried at amortized cost adjusted for unamortized premiums and discounts and are accounted for using the retrospective adjustment method. Premiums and discounts on loan-backed and structured securities are amortized using the scientific method over the estimated remaining term of the securities, adjusted for anticipated prepayments. All adjustments between amortized cost and carrying value are reflected in unrealized capital gains and losses and are reported as direct adjustments to surplus.

Bonds are recorded as purchases or sales on the trade date.

The Company periodically reviews its bonds to determine whether a decline in fair value below the carrying value is other-than-temporary. For bonds, other than loan-backed and structured securities ("LB&SS"), an other-than-temporary impairment ("OTTI") shall be recorded if it is probable that the Company will be unable to collect all amounts due according to the contractual terms in effect at the date of acquisition. Declines deemed to be OTTI in the cost basis are recognized as realized capital losses. Yield-related impairments are deemed other-than-temporary when the Company intends to sell an investment at the reporting date before recovery of the cost of the investment.

For LB&SS, the Company records OTTI when the fair value of the loan-backed or structured security is less than the amortized cost basis at the balance sheet date and (1) the Company intends to sell the investment, or (2) the Company does not have the intent and ability to retain the investment for the time sufficient to recover the amortized cost basis, or (3) the Company does not expect to recover the entire amortized cost basis of the security, even if it does not intend to sell the security and has the intent and ability to hold. If it is determined an OTTI has occurred because of (1) or (2), the amount of the OTTI is equal to the difference between the amortized cost and the fair value of the security at the balance sheet date and this difference is recorded as a realized capital loss. If it is determined an OTTI has occurred because of (3), the amount of the OTTI is equal to the difference between the amortized cost and the present value of cash flows expected to be collected, discounted at the loan-backed or structured security's effective interest rate and this difference is also accounted for as a realized capital loss.

The Company analyzes all relevant facts and circumstances for each investment when performing its analysis to determine whether an OTTI exists. Among the factors considered in evaluating whether a decline is other-than-temporary, management considers whether the decline in fair value results from a change in the quality of the investment security itself, whether the decline results from a downward movement in the market as a whole, the prospects for realizing the carrying value of the bond based on the investee's current and short-term prospects for recovery and other factors. The risks inherent in assessing the impairment of an investment include the risk that market factors may differ from the Company's expectations and the risk that facts and circumstances factored into its assessment may change with the passage of time. Unexpected changes to market factors and circumstances that were not present in past reporting periods may result in a current period decision to sell securities that were not other-than-temporarily-impaired in prior reporting periods.

The Company had no Securities Valuation Office-identified investments that are being reported at a different measurement method from the prior year annual statement.

(3) through (20): No significant change.

D. Going Concern

As of November 11, 2020, management evaluated whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern and management has determined that it is not probable that the Company will be unable to meet its obligations as they become due within one year after the financial statements are available to be issued. Management will continuously evaluate the Company's ability to continue as a going concern and will take appropriate action and will make appropriate disclosures if there is any change in any condition or events that would raise substantial doubt about the Company's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

Effective for the period ended March 31, 2020, the Company prospectively began reporting its risk adjustment considerations from the Centers for Medicare & Medicaid Services ("CMS") related to its Medicare products as "Accrued retrospective premiums and contracts subject to redetermination." Prior to the period ended March 31, 2020, these balances were reported as part of "Uncollected premiums and agents' balances in the course of collection." These balances were \$871,892 and \$137,219 at September 30, 2020 and December 31, 2019, respectively. The reclassification is a conforming change in reporting to ensure proper classification of these considerations amongst the Company and its affiliates. There was no impact to the Company's capital and surplus as a result of this reclassification, and accordingly, there was no adjustment to unassigned funds (surplus) in the period of the reclassification.

3. Business Combinations and Goodwill

No significant change.

4. <u>Discontinued Operations</u>

No significant change.

5. <u>Investments</u>

A. through C: No significant change.

D. The Company did not have any loan-backed securities at September 30, 2020.

E. <u>Dollar Repurchase Agreements and/or Securities Lending Transactions</u>

(1) and (2): No significant change.

- (3) Neither the Company nor its agent has accepted collateral that is permitted by contract or custom to sell or repledge as of September 30, 2020.
- (4) through (7): No significant change.
- F. The Company did not have any repurchase agreements transactions accounted for as secured borrowing at September 30, 2020.
- G. The Company did not have any reverse repurchase agreements transactions accounted for as secured borrowing at September 30, 2020.
- H. The Company did not have any repurchase agreements transactions accounted for as a sale at September 30, 2020.
- I. The Company did not have any reverse repurchase agreements transactions accounted for as a sale at September 30, 2020.
- J. through L: No significant change.
- M. The Company did not have any working capital finance investments at September 30, 2020.
- N. The Company did not have any offsetting and netting of derivative, repurchase and reverse repurchase, and securities borrowing and securities lending assets or liabilities at September 30, 2020.
- O. through Q: No significant change.
- 6. Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

7. <u>Investment Income</u>

No significant change.

8. Derivative Instruments

The Company did not have any derivative instruments at September 30, 2020.

9. <u>Income Taxes</u>

A.

(1) The components of the net DTAs recognized in the Company's Statutory Statements of Assets, Liabilities, Surplus and Other Funds are as follows:

		As of I	End of Current	Period		12/31/2019		Change				
		(1)	(2)	(3) (Col. 1 + 2)	(4)	(5)	(6) (Col. 4 + 5)	(7) (Col. 1 - 4)	(8) (Col. 2 - 5)	(9) (Col. 7 + 8)		
		Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total		
(a)	Gross Deferred Tax Assets	\$ 4,636,082	\$ 62,180	\$ 4,698,262	\$ 5,101,403	\$ 16,514	\$ 5,117,917	\$ (465,321)	\$ 45,666	\$ (419,655)		
(b)	Statutory Valuation Allowance Adjustment	_	_	_	_	_	_	_	_	_		
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	4,636,082	62,180	4,698,262	5,101,403	16,514	5,117,917	(465,321)	45,666	(419,655)		
(d)	Deferred Tax Assets Nonadmitted	3,557,619	_	3,557,619	3,675,773	_	3,675,773	(118,154)	_	(118,154)		
(e)	Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	1,078,463	62,180	1,140,643	1,425,630	16,514	1,442,144	(347,167)	45,666	(301,501)		
(f)	Deferred Tax Liabilities	23,912	119,328	143,240	24,103	98,000	122,103	(191)	21,328	21,137		
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 1,054,551	\$ (57,148)	\$ 997,403	\$ 1,401,527	\$ (81.486)	\$ 1,320,041	\$ (346,976)	\$ 24,338	\$ (322,638)		

(2) The amount of admitted gross DTAs admitted under each component of SSAP No. 101:

		As of E	nd of Curre	nt Period		12/31/2019			Change	
		(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) (5) (6) (Col. 4 + 5) Total		(Col. 4 + 5)	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
	nission Calculation Components P No. 101	Orumary	Сарітаі	Total	Ordinary	Capitai	Total	Orumary	Сарпа	Total
(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 250,868	s —	\$ 250,868	s —	s —	s —	\$ 250,868	s —	\$ 250,868
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	746,535	_	746,535	1,320,041	_	1,320,041	(573,506)	_	(573,506)
	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	746,535	_	746,535	1,320,041	_	1,320,041	(573,506)	_	(573,506)
	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	_	_	3,038,089	_	_	2,359,089	_	_	679,000
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	81,060	62,180	143,240	105,589	16,514	122,103	(24,529)	45,666	21,137
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total $(2(a) + 2(b) + 2(c))$	\$ 1,078,463	\$ 62,180	\$ 1,140,643	\$ 1,425,630	\$ 16,514	\$ 1,442,144	\$ (347,167)	\$ 45,666	\$ (301,501)

(3)

(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount. 2,545 % 1,976 %

(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above. \$ 20,253,926 \$ 15,727,263

(4) Impact of tax planning strategies on adjusted gross DTAs and net admitted DTAs:

	As of End of C	Current Period	12/31/2	2019		
	(1)	(2)	(3)	(4)	(5)	(6)
	Ordinary	Capital	Ordinary	Capital	(Col. 1 - 3) Ordinary	(Col. 2 - 4) Capital
Impact of Tax Planning Strategies:						
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.						
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 4,636,082	\$ 62,180	\$ 5,101,403	\$ 16,514	\$ (465,321)	\$ 45,666
Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies					_	_
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 1,078,463	\$ 62,180	\$ 1,425,630	\$ 16,514	\$ (347,167)	\$ 45,666
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	2 %	_ %	%	%	2 %	_ %

(b) Do the Company's tax-planning strategies include the use of reinsurance?

Yes [] No [X]

B. There are no DTLs that were not recognized at September 30, 2020 and December 31, 2019.

C. Current income taxes incurred consist of the following major components:

1.	Curr	ent income taxes incurred consist of the following major components:	(1) As of End of Current Period	(2) 12/31/2019	(3) (Col. 1 - 2) Change
	(a)	Federal		\$ 70,625	
	(b)	Foreign			
	(c)	Subtotal	250,867	70,625	180,242
	(d)	Federal income tax on net capital gains	(4,217)	45,901	(50,118)
	(e)	Utilization of capital loss carry-forwards			
	(f)	Other	_		_
	(g)	Federal and foreign income taxes incurred	246,650	116,526	130,124
	The t	tax effects of temporary differences that give rise to significant portions of the deferred ssets and liabilities are as follows:	210,000	110,020	130,121
	(a)	Ordinary:			
		(1) Discounting of unpaid losses	26,539	1,098	25,441
		(2) Unearned premium reserve	536	641	(105)
		(3) Policyholder reserves	_	_	-
		(4) Investments	_	_	-
		(5) Deferred acquisition costs	_	_	-
		(6) Policyholder dividends accrual		_	-
		(7) Fixed Assets(8) Compensation and benefits accrual	260,570	260,570	_ _
		(9) Pension accrual	_	_	-
		(10) Receivables - nonadmitted (11) Net operating loss carry-forward	578 80,302	5,394 80,302	(4,816)
		(12) Tax credit carry-forward	80,302	80,302	_
		(13) Other (including items <5% of total ordinary tax assets)	4,267,557	4,753,398	(485,841)
		(99) Subtotal	4,636,082	5,101,403	(465,321)
	(b)	Statutory valuation allowance adjustment	_	_	-
	(c)	Nonadmitted	3,557,619	3,675,773	(118,154)
	(d)	Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	1,078,463	1,425,630	(347,167)
	(e)	Capital: (1) Investments	62,180	16,514	15 666
		(1) Investments (2) Net capital loss carry-forward	02,180	10,314	45,666
		(3) Real estate	_	_	_
		(4) Other (including items <5% of total ordinary tax assets)	_	_	_
		(99) Subtotal	62,180	16,514	45,666
	(f)	Statutory valuation allowance adjustment	_	_	-
	(g)	Nonadmitted	_	_	-
	(h)	Admitted capital deferred tax assets (2e99 - 2f - 2g)	62,180	16,514	45,666
	(i)	Admitted deferred tax assets (2d + 2h)	1,140,643	1,442,144	(301,501)
		rred Tax Liabilities:			
	(a)	Ordinary:	22.021	22.921	
		(1) Investments	22,831	22,831	-
		(2) Fixed assets(3) Deferred and uncollected premium	_		
		(4) Policyholder reserves	_	_	_
		(5) Other (including items <5% of total ordinary tax liabilities)	1,081	1,272	(191)
		(99) Subtotal	23,912	24,103	(191)
	(b)	Capital:			
		(1) Investments	119,328	98,000	21,328
		(2) Real estate	_	_	_
		(3) Other (including items <5% of total capital tax liabilities)	_	_	-
		(99) Subtotal	119,328	98,000	21,328
	(c)	Deferred tax liabilities (3a99 + 3b99)	143,240	122,103	21,137
4.	Net o	deferred tax assets/liabilities (2i - 3c)	\$ 997,403	\$ 1,320,041	\$ (322,638)

The change in net deferred income taxes is comprised of the following:

	 9/30/2020	12/31/2019	Change
et Deferred Tax Assets/(Liabilities)	\$ 4,698,262 \$	5,117,917 \$	(419,655)
Total Deferred Tax Liabilities	 (143,240)	(122,103)	(21,137)
Net Deferred Tax Assets/(Liabilities)	\$ 4,555,022 \$	4,995,814 \$	(440,792)
Tax Effect of Unrealized Gains/(Losses)			1,154
Change in Net Deferred Income Tax		\$	(439,638)

The valuation allowance adjustment to gross DTAs was \$0 and \$0 for September 30, 2020 and December 31, 2019, respectively. The Company bases its estimates of the future realization of DTAs primarily on historic taxable income and existing DTLs.

D. The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

			Effective Tax			Effective Tax
	9.	/30/2020	Rate	12	2/31/2019	Rate
Provision computed at statutory rate	\$	728,140	21.0 %	\$	651,222	21.0 %
Health Insurer Fee		25,074	0.7 %		_	— %
Transfer Pricing Adjustment		(61,870)	(1.8)%		(15,904)	(0.5)%
Tax-Exempt Interest		(9,151)	(0.3)%		(11,264)	(0.4)%
Change in Nonadmitted Assets		4,816	0.1 %		2,093	0.1 %
Prior Year True-Up		_	— %		(2,063)	(0.1)%
Expiration of NOL		_	— %		69,788	2.3 %
Other		(721)	<u> </u>		154,248	5.0 %
Total	\$	686,288	19.7 %	\$	848,120	27.4 %
Federal and foreign income taxes incurred	\$	246,650	7.0 %	\$	116,526	3.8 %
Change in net deferred income taxes		439,638	12.7 %		731,594	23.6 %
Total statutory income taxes	\$	686,288	19.7 %	\$	848,120	27.4 %

Е

- (1) At September 30, 2020, the Company had no net capital loss carryforwards and net operating loss carryforwards of \$382,390 expiring through the year 2022. At December 31, 2019, the Company had no net capital loss carryforwards and net operating loss carryforwards of \$382,390 expiring through the year 2022.
- (2) The amount of federal income taxes incurred that are available for recoupment in the event of future net losses are:

Year	Ordinary	Capital	Total
2020	250,868	_	250,868
2019	_	_	_
2018	N/A	_	<u> </u>
Total	250,868		250,868

- (3) The Company did not report any deposits as admitted assets under Internal Revenue Code Section 6603 at September 30, 2020 and Decmeber 31, 2019.
- F. through I. No significant change.
- 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No significant change.

- 11. <u>Debt</u>
 - A. The Company did not have any items related to debt, including capital notes at September 30, 2020.
 - B. The Company did not have any Federal Home Loan Bank agreements at September 30, 2020.

12. <u>Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans</u>

The Company did not have a retirement plan, deferred compensation plan or other postretirement benefit plan at September 30, 2020

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

No significant change.

14. Liabilities, Contingencies and Assessments

No significant change.

15. Leases

No significant change.

16. <u>Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk</u>

No significant change.

- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
 - A. Transfers of Receivables Reported as Sales

No significant change.

- B. Transfer and Servicing of Financial Assets
 - (1) No significant change.
 - (2) and (3) The Company did not have any servicing assets or liabilities at September 30, 2020.
 - (4) The Company did not have any securitized financial assets at September 30, 2020.
 - (5) through (7): No significant change.
- C. Wash Sales
 - (1) In the course of the Company's asset management, securities are sold and reacquired within 30 days of the sale date to enhance the Company's yield on its investment portfolio.
 - (2) The Company had no securities sold during the quarter ended September 30, 2020 and reacquired within 30 days of the sale date.
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

No significant change.

19. <u>Direct Premium Written/Produced by Managing General Agents/Third Party Administrators</u>

No significant change.

20. Fair Value Measurements

A. and B.

The Company had no material assets or liabilities measured and reported at fair value at September 30, 2020.

Certain of the Company's financial instruments are measured at fair value in the financial statements. The fair values of these instruments are based on valuations that include inputs that can be classified within one of three levels of a hierarchy. The following are the levels of the hierarchy and a brief description of the type of valuation information ("inputs") that qualifies a financial asset or liability for each level:

- Level 1 Unadjusted quoted prices for identical assets or liabilities in active markets.
- **Level 2 -** Inputs other than Level 1 that are based on observable market data. These include: quoted prices for similar assets in active markets, quoted prices for identical assets in inactive markets, inputs that are observable that are not prices (such as interest rates and credit risks) and inputs that are derived from or corroborated by observable markets.
- Level 3 Developed from unobservable data, reflecting the Company's own assumptions.

Financial assets and liabilities are classified based upon the lowest level of input that is significant to the valuation. When quoted prices in active markets for identical assets and liabilities are available, the Company uses these quoted market prices to determine the fair value of financial assets and liabilities and classifies these assets and liabilities as Level 1. In other cases where a quoted market price for identical assets and liabilities in an active market is either not available or not observable, the Company estimates fair value using valuation methodologies based on available and observable market information or by using a matrix pricing model. These financial assets and liabilities would then be classified as Level 2. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal analysis of each investment's financial performance and cash flow projections. Thus, financial assets and liabilities may be classified in Level 3 even though there may be some significant inputs that may be observable.

There were no material realized and unrealized capital gains, purchases, sales, settlements, or transfers into or out of the Company's Level 3 financial assets during the period ending September 30, 2020.

Transfers in and out of all levels are recognized at the end of the reporting period of which the transfer occurred.

C. The carrying values and estimated fair values of the Company's financial instruments at September 30, 2020 were as follows:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds, short-term and cash equivalents	\$ 19,535,902	\$ 18,999,282	\$ 6,880,466	\$ 12,655,436	\$ —	\$ —	s —

In evaluating the Company's management of interest rate and liquidity risk and currency exposures, the fair values of all assets and liabilities should be taken into consideration, not only those presented above.

- D. The Company did not have any financial instruments where it was not practicable to estimate the fair value.
- E. The Company has not elected to use the net asset value practical expedient to fair value to measure its investments.

21. Other Items

A. and B: No significant change.

C. Other Disclosures

The Coronavirus Disease 2019 ("COVID-19") pandemic continues to evolve. The Company believes COVID-19's impact on the Company's businesses, operating results, cash flows and/or financial condition primarily will be driven by the geographies impacted and the severity and duration of the pandemic; the pandemic's impact on the U.S. and global economies and consumer behavior and health care utilization patterns; and the timing, scope and impact of stimulus legislation as well as other federal, state and local governmental responses to the pandemic. Those primary drivers are beyond the Company's knowledge and control. As a result, the impact COVID-19 will have on the Company's businesses, operating results, cash flows and/or financial condition is uncertain, but the impact could be adverse and material. COVID-19 also may result in legal and regulatory proceedings, investigations and claims against the Company.

D. through I: No significant change.

22. Events Subsequent

A. Type I - Recognized Subsequent Events

Subsequent events have been considered through November 11, 2020 for the statutory statement issued on November 12, 2020.

The Company had no known reportable recognized subsequent events.

B. Type II - Non-Recognized Subsequent Events

Subsequent events have been considered through November 11, 2020 for the statutory statement issued on November 12, 2020.

The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act (collectively, the "ACA") established a temporary risk corridor program, which expired at the end of 2016, for qualified individual and small group health insurance plans. Under this program, health insurance companies were to make payments to, or receive payments from, the U.S. Department of Health and Human Services based on their ratio of allowable costs to target costs (as defined by the ACA).

CVS Health, together with its subsidiaries, filed a lawsuit in August 2019 to recover the \$313 million it was owed under the ACA's risk corridor program, which had been stayed pending the Supreme Court decision. In April 2020, the U.S. Supreme Court ruled that health insurance companies may sue the federal government for amounts owed as calculated under the ACA's temporary risk corridor program. At September 30, 2020, the Company did not record any ACA risk corridor receivables because payment was uncertain.

On October 22, 2020, CVS Health received the \$313 million it was owed under the ACA's risk corridor program. The Company recorded its share of the risk corridor payment of \$11,271,651 as an increase to premium revenue in the fourth quarter of 2020.

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. through D: No significant 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 [X] No[].
- (2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year:

		AMO	UNT
a.	Permanent ACA Risk Adjustment Program		
	Assets		
	1. Premium adjustments receivable due to ACA Risk Adjustment	\$	17
	Liabilities (including high-risk pool payments)		
	2. Risk adjustment user fees payable for ACA Risk Adjustment		_
	3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool payments)		_
	Operations (Revenue & Expense)		
	4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment		_
	5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)		_
b.	Transitional ACA Reinsurance Program		
	Assets		
	1. Amounts recoverable for claims paid due to ACA Reinsurance		_
	2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)		_
	3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance		_
	Liabilities		
	4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium		_
	5. Ceded reinsurance premiums payable due to ACA Reinsurance		_
	6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance		_
	Operations (Revenue & Expense)		
	7. Ceded reinsurance premiums due to ACA Reinsurance		_
	8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments		
	9. ACA Reinsurance contributions – not reported as ceded premium		_
c.	Temporary ACA Risk Corridors Program		
	Assets		
	1. Accrued retrospective premium due to ACA Risk Corridors		_
	Liabilities		
	2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors		_
	Operations (Revenue & Expense)		
	3. Effect of ACA Risk Corridors on net premium income (paid/received)		_
	4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$	

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

	Accrued I Prior Y		Received or the Currer		Differ	rences	Δdi	ustments		alances as of
	Before De		Written December	Written Before December 31 of the Pay		Prior Year Accrued Less Payments (Col 1 - 3) Accrued Less Payments (Col 2 - 4)		To Prior Year Balances	Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)
	1	2	3	4	5	(Col 2 - 4) Balances 7		8	9	10
	Receivabl e	(Payable)	Receivable (Payable) Re		Receivable	(Payable)	Receivable	(Payable) R	ef Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program										
1. Premium adjustments receivable (including high risk pool payments)	\$ 17	\$ —	\$ —	\$ —	\$ 17	\$ —	\$	\$ — A	\$ 17	s —
2. Premium adjustments (payable) (including high risk pool premium)	_	_	_	_	_	_	_	_	_	_
3. Subtotal ACA Permanent Risk Adjustment Program	17	_	_	_	17	_	_		17	_
b. Transitional ACA Reinsurance Program										
1. Amounts recoverable for claims paid	_	_	_	_	_	_	_	_	_	_
2. Amounts recoverable for claims unpaid (contra liability)	_	_	_	_	_	_	_	_	_	_
3. Amounts receivable relating to uninsured plans	_	_	_	_	_	_	_	_	_	_
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	_	_	_	_	_	_	_	_	_	_
5. Ceded reinsurance premiums payable	_	_	_	_	_	_	_	_	_	_
6. Liability for amounts held under uninsured plans	_	_	_	_	_	_	_	_	_	_
7. Subtotal ACA Transitional Reinsurance Program	_	_	_	_	_	_	_		_	_
c. Temporary ACA Risk Corridors Program										
1. Accrued retrospective premium	_	_	_	_	_	_	_		_	_
2. Reserve for rate credits or policy experience rating refunds	_	_	_	_	_	_	_	_	_	_
3. Subtotal ACA Risk Corridors Program	_	_	_	_	_	_	_		_	_
d. Total for ACA Risk Sharing Provisions	\$ 17	\$ —	\$ —	\$ —	\$ 17	\$	\$ —	s —	\$ 17	s —

Explanations of Adjustments

- A. Due to updates to the data available to the Company to calculate the risk adjustment.
- (4) There is no roll-forward of Risk Corridor Asset and Liability Balances by Program Benefit Year.
- (5) ACA Risk Corridors Receivable as of Reporting Date

	Risk Corridors Program Year	F:	Estimated Amount to be Filed or Final Amount Filed with CMS		2 Non-Accrued Amounts for Impairment or Other Reasons		Amounts received from CMS		Asset Balance (Gross of Non- admissions) (1-2-3)		Non-admitted Amount		6 Net Admitted Asset (4-5)	
a.	2014	\$	10,755,583	\$	8,953,679	\$	1,801,904	\$		\$		\$	=	刁
b.	2015		2,312,994		2,312,994		_		_		_		=	-
c.	2016		_		_		_		_		_		=	-
d.	Total $(a + b + c)$	\$	13,068,577	\$	11,266,673	\$	1,801,904	\$	_	\$	_	\$	-	

24E(5)d (Column 4) should equal 24E(3)c1 (Column 9) 24E(5)d (Column 6) should equal 24E(2)c1

25. Change in Incurred Claims and Claim Adjustment Expenses

A. Reserves as of December 31, 2019 were \$891,328. As of September 30, 2020, (\$1,482,609) has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$12,120 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$2,361,818

favorable prior-year development since December 31, 2019 to September 30, 2020, primarily related to the Company's Medicare line of business. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. Included in this increase, the Company experienced \$10,846 of unfavorable prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.

B. There has been no significant change in the Company's methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

26. Intercompany Pooling Arrangements

No significant change.

27. Structured Settlements

No significant change.

28. Health Care Receivables

No significant change.

29. Participating Policies

No significant change.

30. Premium Deficiency Reserves

No significant change.

31. Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?						Yes []	No [X]
1.2	If yes, has the report been filed with the domiciliary state?]	No []
2.1	Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?						Yes []	No [X]
2.2	If yes, date of change:									
3.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1 and 1A.						Yes [Х]	No []
3.2	Have there been any substantial changes in the organizational chart since the prior quarter end?						Yes [Х]	No []
3.3	If the response to 3.2 is yes, provide a brief description of those changes. On July 29, 2020, Aetna Korea Limited was liquidated. On July 31, 2020, Coventry Health Care Workers Compensation, Inc. and its subsidiaries (First Script Network Services, Inc., FOCUS HealthCare Management, Inc., MetraComp, Inc., and Coventry Rehabilitation Services, Inc.) were sold.									
3.4	Is the reporting entity publicly traded or a member of a publicly traded group?	?					Yes [Х]	No []
3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued	ed by the SEC for the entity/group.				····· <u> </u>	00	00064	4803	
4.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?						Yes []	No [X]
4.2	If yes, provide the name of the entity, NAIC Company Code, and state of dor ceased to exist as a result of the merger or consolidation.	micile (use two letter state abbrevi	ation) for an	y entity	that has					
	1 Name of Entity	2 NAIC Company Code	3 State of D							
5.	If the reporting entity is subject to a management agreement, including third-in-fact, or similar agreement, have there been any significant changes regard If yes, attach an explanation. In the first quarter, the existing Administrative Services Agreement was ame provided by other affiliates.	ding the terms of the agreement of	r principals i	nvolved	!?'	Yes [X] No	[]] N/A	[
6.1	State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2018							2018		
6.2	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.						12	2/31/2	2018	
6.3	the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet						6/22/2	2020		
6.4 6.5	By what department or departments? Kansas Insurance Department Have all financial statement adjustments within the latest financial examinati					/aa [1 No.		1 N/A	ΓV
0.0	statement filed with Departments? Yes [] No [] N/A [X									
6.67.1	Have all of the recommendations within the latest financial examination report been complied with?									
7.2	If yes, give full information:						100 [,	no į n	,
8.1	Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?						1			
8.2	If response to 8.1 is yes, please identify the name of the bank holding company.									
8.3	Is the company affiliated with one or more banks, thrifts or securities firms?]			
8.4	If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.									
	1 Affiliate Name	2 Location (City, State)		3 FRB	4 OCC	5 FDIC	6 SEC			

GENERAL INTERROGATORIES

9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or person similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and prelationships; (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity; (c) Compliance with applicable governmental laws, rules and regulations; (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and		Yes [X] No []
0.44	(e) Accountability for adherence to the code.				
9.11	If the response to 9.1 is No, please explain:				
9.2	Has the code of ethics for senior managers been amended?		Yes [] No [X	[]
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).				
9.3 9.31	Have any provisions of the code of ethics been waived for any of the specified officers? If the response to 9.3 is Yes, provide the nature of any waiver(s).		Yes [] No [X]
	FINANCIAL				
10.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?		Yes [X] No []
10.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:	\$ <u></u> .			0
	INVESTMENT				
11.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise ma use by another person? (Exclude securities under securities lending agreements.)		1 20V] No [X	1
11.2	If yes, give full and complete information relating thereto:		165 [) NO [A	.]
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:				
13.	Amount of real estate and mortgages held in short-term investments:				
14.1 14.2	Does the reporting entity have any investments in parent, subsidiaries and affiliates?		Yes [.]
	Prior	1 Year-End	Cu	2 rrent Quar	ter
	Book	k/Adjusted		ok/Adjuste	
1 21		ying Value	Ca	rrying Valu	ue
1 22	Preferred Stock \$				
	Common Stock \$				
	Short-Term Investments \$		φ		٥٥
	Mortgage Loans on Real Estate \$		\$		٥
	All Other		\$		٥
	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)\$		\$		٥٥
	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?		1 20V	1 No [V	1
15.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?				
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				
	16.3 Total payable for securities lending reported on the liability page.	\$			0

GENERAL INTERROGATORIES

	1	requirements of the NAIC Financ		2			
	Name of Custo			Custodian Addi	ress		
State Street Bank	and Irust Company			ncial Center; One Linco	oln Street; Boston, MA 		
For all agreements to ocation and a comp		th the requirements of the NAIC	Financial Condition	Examiners Handbook, p	rovide the name,		
1 Name		2 Location(s)	3 Complete Explanation(s)				
Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?					er?	Yes [] No [X
1 Old Cus		2 New Custodian	3 Date of Ch	ange	4 Reason		
make investment de	cisions on behalf of	vestment advisors, investment m the reporting entity. For assets the ment accounts"; "handle secur	nat are managed inte				
	Name of Firm		Affiliation				
Kevin J. Casey as	Senior Investment O	fficer	A				
47.5007.5		1 in the table for Overtice 47.5					
		I in the table for Question 17.5, d more than 10% of the reporting of				Yes [] No [X
total assets	under management	with the reporting entity (i.e. des aggregate to more than 50% of	the reporting entity's	invested assets?] No [X
able below.	dividuals listed in the	table for 17.5 with an affiliation	code of "A" (affiliated		<u></u>	ne	
1		2		3			5
					4	M	nvestment lanagement
Central Registration Depository Number		Name of Firm or Individual	Leg			M	nvestment
Central Registration Depository Number	-	Name of Firm or Individual		al Entity Identifier (LEI)	Registered With	M	nvestment lanagement Agreement
Depository Number	Kevin J. Casey			al Entity Identifier (LEI)	Registered With	M /	nvestment lanagement Agreement (IMA) Filed
Depository Number	Kevin J. Casey			al Entity Identifier (LEI)	Registered With	M /	nvestment lanagement Agreement (IMA) Filed
Depository Number Have all the filing red f no, list exceptions: By self-designating 5 a. Documentatic security is not b. Issuer or oblig c. The insurer have	GGI securities, the reprint available.		of the NAIC Investments for ecurity does not exist opayments.	ent Analysis Office been each self-designated 5Gl or an NAIC CRP credit rad principal.	Registered With Not registered followed? security: ating for an FE or PL	Yes [nvestment lanagement Agreement (IMA) Filed
Depository Number Have all the filing red f no, list exceptions: By self-designating 5 a. Documentatic security is no b. Issuer or oblig c. The insurer ha Has the reporting en By self-designating F a. The security w b. The reporting or c. The NAIC Des on a current pr d. The reporting	Kevin J. Casey GGI securities, the report of the Purchase of the Purchas	porting entity is certifying the following and procedures Manual or porting entity is certifying the following and principal partition of ultimate payment of all comparisons of the securities? The porting entity is certifying the following entity is certifying entity is certifying the following entity is certifying entity in the procedure of the following entity is certifying the following entity in the procedure entity is certifying the following entity in the procedure entity is certifying entity in the procedure entity in the following entity is certifying the following entity in the procedure entity is certifying the following entity in the procedure entity is certifying the following entity in the following entity is certifying the following entity in the procedure entity is certifying the following entity in the following entity is certifying the following entity in the following entity is certifying the following entity in the following entity is certifying the following entity in the following entity is certifying entity in the following entity in the following entity is certifying entity in the following entity in the following entity is certifying entity in the following entity in the following entity is certifying entity in the following entity in the following entity is certifying entity in the following entity in the following entity is certifying entity in the following entity in the follow	of the NAIC Investments for ecurity does not exist of payments. Intracted interest and ollowing elements of the company of the payments of the company of th	ent Analysis Office been each self-designated 5Gl or an NAIC CRP credit rad principal. each self-designated PL each self-desi	Registered With Not registered followed? security: ating for an FE or PL GI security: RSRO which is shown	Yes [Nvestment lanagement Agreement (IMA) Filed
Depository Number Have all the filing red f no, list exceptions: By self-designating 5 a. Documentatic security is no b. Issuer or oblig c. The insurer has the reporting en By self-designating F a. The security w b. The reporting of c. The NAIC Des on a current pu d. The reporting en Has the reporting en	GI securities, the repart available. PLGI securities, the repart available. For is current on all cases an actual expectative self-designated self-designated self-designation was derived in the properties of the result of th	rposes and Procedures Manual porting entity is certifying the following a full credit analysis of the secton tracted interest and principal pation of ultimate payment of all costs of securities? The porting entity is certifying the form January 1, 2018. The form the credit rating assigned and the insurer and available for the credit rating assigned and the credit rati	of the NAIC Investments for ecurity does not exist of payments. Contracted interest and collowing elements of the Collowing elements of the collowing elements of the collowing elements of the payments.	ent Analysis Office been each self-designated 5Gl or an NAIC CRP credit rand principal. each self-designated PL each for the security. ets legal capacity as a NI te insurance regulators.	Registered With Not registered followed? security: ating for an FE or PL GI security: RSRO which is shown	Yes [nvestment lanagement Agreement (IMA) Filed
Depository Number Have all the filing red f no, list exceptions: By self-designating 5 a. Documentatic security is no b. Issuer or oblig c. The insurer ha Has the reporting en By self-designating F a. The security w b. The reporting or c. The NAIC Des on a current pr d. The reporting en By assigning FE to a FE fund: a. The shares we b. The reporting or	Kevin J. Casey GI securities, the reun necessary to permit available. gor is current on all cas an actual expectatity self-designated support of the control of the co	rposes and Procedures Manual porting entity is certifying the following a full credit analysis of the secton tracted interest and principal pation of ultimate payment of all constructed interest and principal pation of ultimate payment of all constructed interest and principal pation of ultimate payment of all constructed interest and principal patients. The proposition of the process of the patients of the process of the process and principal patients. The process is a constructed in the process of the process	of the NAIC Investment owing elements for expayments. Contracted interest and collowing elements of the collowing elements	ent Analysis Office been each self-designated 5Gl or an NAIC CRP credit rand principal. each self-designated PL each self-des	Registered With Not registered followed? security: ating for an FE or PL GI security: RSRO which is shown of each self-designated	Yes [nvestment lanagement Agreement (IMA) Filed
Depository Number Have all the filing red f no, list exceptions: By self-designating 5 a. Documentation security is not b. Issuer or oblig c. The insurer has the reporting en By self-designating F a. The security w b. The reporting en c. The NAIC Des on a current pr d. The reporting en By assigning FE to a FE fund: a. The shares we b. The reporting to January 1, 201 d. The fund only	Revin J. Casey GI securities, the remainder a consideration and a consideration and a consideration and a consideration are purchased prior to a consideration was derived in the consideration and consideration and consideration and consideration are purchased prior to a consideration and consi	porting entity is certifying the folianit a full credit analysis of the secontracted interest and principal ption of ultimate payment of all coordinates? The porting entity is certifying the food January 1, 2018. It commensurate with the NAIC of from the credit rating assigned lid by the insurer and available for the total commensurate with the NAIC of the credit rating of the PLGI securities?	of the NAIC Investment owing elements for ecurity does not exist of payments. Contracted interest and collowing elements of the Designation reported by an NAIC CRP in its payment of examination by state PL security with the collowing entity is certifying the Designation reported saigned by an NAIC	ent Analysis Office been each self-designated 5Gl or an NAIC CRP credit rand principal. each self-designated PL each self-designated PL each self-designated PL each self-designated PL each for the security. Each self-designated PL each self-desi	Registered With Not registered	Yes [nvestment lanagement Agreement (IMA) Filed
Depository Number Depository Nu	Kevin J. Casey GI securities, the reun necessary to permit available. For is current on all cases an actual expectatity self-designated for the compact of the compac	porting entity is certifying the folkinit a full credit analysis of the secontracted interest and principal ption of ultimate payment of all costs securities? The porting entity is certifying the folking of the securities of January 1, 2018. The transport of the securities of January 1, 2019. The securitie	of the NAIC Investment owing elements for examination by an NAIC CRP in its examination by state of the PL security with the state of the PL s	ent Analysis Office been each self-designated 5Gl or an NAIC CRP credit rand principal. each self-designated PL each self-designated PL each self-designated PL each self-designated PL each for the security. Its legal capacity as a NI te insurance regulators. SVO. g the following elements ed for the security. CRP in its legal capacity annual surveillance ass	Registered With Not registered	Yes [nvestment lanagement Agreement (IMA) Filed

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

	1.1 A&H loss percent	 			80	0.3 %
	1.2 A&H cost containment percent	 			1	.5 %
	1.3 A&H expense percent excluding cost containment expenses	 			10	.8 9
2.1	Do you act as a custodian for health savings accounts?	 Yes [] N	lo [X	(]	
2.2	If yes, please provide the amount of custodial funds held as of the reporting date	\$ 				0
2.3	Do you act as an administrator for health savings accounts?	 Yes [] N	lo [X	(]	
2.4	If yes, please provide the balance of the funds administered as of the reporting date	\$ 				0
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	 Yes [X] N	lo []	
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes [] N	lo [1	

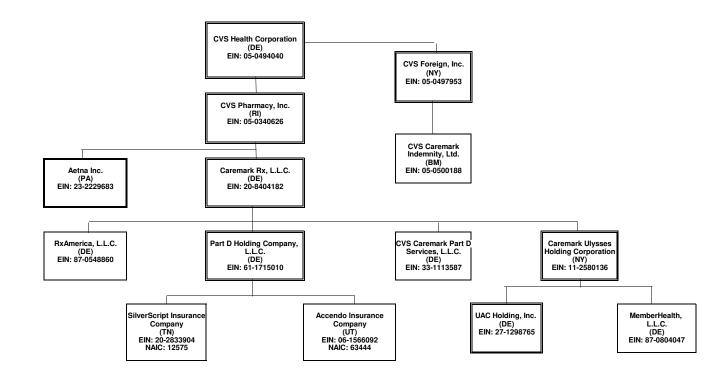
Showing All New Reinsurance	Treaties - Current Year to Date

Showing All New Reinsurance Treaties - Current Year to Date								
1	2	3 4	5	6	7	8	9 Certified	10 Effective Date of
NAIC Company	ID Normalia a sa	Effective Name of Brigary	Domiciliary	Type of Reinsurance	Type of Business	Top of Delegance	Reinsurer Rating	Certified Reinsurer
Code	Number	Date Name of Reinsurer	Jurisdiction	Ceded	Ceded	Type of Reinsurer	(1 through 6)	Rating
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SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories Direct Business Only Federal Employees Life and Health Annuity Premiums & Other Property/ Casualty Active Accident and **Benefits** Total Status Health Columns 2 Medicaid Program Deposit-Type Premiums States, etc (a) Title XVIII Title XIX Premiums consideration Premiums Through 7 Contracts 1. Alabama ΑL N. .0 0 0 .0 .0 0 0 0 2. Alaska 0 0 ΑK N 0 0 0 0 0 3. Arizona ΑZ N. .0 .0 .0 .0 .0 .0 .0 .0 4. Arkansas AR 0 0 0 0 0 0 0 0 5. California CA N 0 0 0 0 0 0 0 0 6. 0 0 0 0 Colorado CO N 0 0 0 0 Connecticut 7. CT N 0 0 0 0 0 0 0 0 8. 0 Delaware 0 0 0 DE N. .0 0 0 0 District of Columbia . DC 9. N 0 0 0 0 0 0 0 0 10. .0 .0 Florida FL N. .0 .0 0 0 0 0 11. Georgia GA N 0 0 0 0 0 0 0 0 12. .0 .0 Hawaii ΗΙ N. .0 .0 .0 .0 .0 .0 13. Idaho ID N 0 0 0 0 0 0 0 0 14. Illinois Ш N 0 0 0 0 0 0 0 0 15. Indiana IN N 0 0 0 0 0 0 0 0 16. 0 0 Iowa IΑ N 0 0 0 0 0 0 17. (21.081) 144.369 123.288 Kansas KS L 0 .0 0 0 0 18. Kentucky 0 0 0 ΚY N 0 0 0 0 0 19. Louisiana LA N. .0 .0 .0 .0 .0 0 0 .0 20. Maine MF N 0 0 0 0 0 0 0 0 21. Maryland MD N. .0 .0 .0 .0 .0 .0 .0 .0 22. Massachusetts MA N 0 0 0 0 0 0 0 0 23. Michigan MI N 0 0 0 0 0 0 0 0 24. 0 Minnesota 0 0 0 0 0 0 MN N 0 Mississippi 25. MS N 0 0 0 0 0 0 0 0 26. Missouri 40.224.143 0 0 40.224.143 MO L .0 0 0 0 27. Montana MT N 0 0 0 0 0 0 0 0 28. Nebraska .0 .0 NE N. .0 .0 .0 .0 .0 .0 29. Nevada . ΝV N 0 0 0 0 0 0 0 0 30. New Hampshire NH N 0 0 0 0 0 0 0 0 31. New Jersey NJ N 0 0 0 0 0 0 0 0 32. New Mexico 0 0 NM N 0 0 0 0 0 0 33. New York NY N. .0 0 0 0 0 0 0 0 North Carolina 34. 0 0 NC N 0 0 0 0 0 0 35. North Dakota ND N. .0 .0 0 .0 .0 0 0 0 36. Ohio OH N 0 0 0 0 0 0 0 0 37. Oklahoma OK .L .0 .0 .0 .0 .0 .0 .0 .0 38. Oregon. OR N 0 0 0 0 0 0 0 0 39. Pennsylvania PA N 0 0 0 0 0 0 0 0 40. Rhode Island 0 0 0 0 RI N 0 0 0 0 South Carolina 41. SC N 0 0 0 0 0 0 0 0 42. South Dakota 0 0 0 SD N. .0 0 0 0 0 43. Tennessee. TN N 0 0 0 0 0 0 0 0 44. .0 .0 Texas TX N. .0 .0 .0 0 0 0 45. Utah . UT N 0 0 0 0 0 0 0 0 46. Vermont VT N. .0 .0 .0 .0 .0 .0 .0 .0 47. Virginia. VA N 0 0 0 0 0 0 0 0 48. Washington 0 0 WA N 0 0 0 0 0 0 49. West Virginia WV N 0 0 0 0 0 0 0 0 50. Wisconsin. 0 0 WI N 0 0 0 0 0 0 51. Wyoming WY N. .0 0 0 .0 .0 0 0 0 52. American Samoa... AS N 0 0 0 0 0 0 0 0 53. Guam GU N. .0 .0 .0 .0 .0 .0 .0 .0 54. Puerto Rico 0 PR N 0 0 0 0 0 0 0 55. U.S. Virgin Islands ... VI N 0 0 0 0 0 0 0 0 Northern Mariana 56. N 0 0 0 0 0 0 0 0 Islands MP 57. Canada CAN N 0 0 0 .0 0 0 0 0 Aggregate Other Aliens 58. 0 0 0 OT XXX 0 0 0 0 0 59. 40 368 512 40.347.431 Subtotal XXX (21.081)0 0 0 0 0 Reporting Entity 60. Contributions for Employee Benefit Plans XXX 0 0 Totals (Direct Business) 40,368,512 0 40,347,431 61 (21,081) 0 0 0 XXX **DETAILS OF WRITE-INS** 58001. XXX 58002 XXX 58003 58998. Summary of remaining write-ins for Line 58 from overflow page ..0 .0 ..0 .0 .0 .0 ..0 .0 XXX Totals (Lines 58001 through 58003 plus 58998)(Line 58 58999 0 0 0 0 0 0 0 0 above) XXX (a)

a) Active Status Counts:		
L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG	4	R - Registered - Non-domiciled RRGs0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state	0	Q - Qualified - Qualified or accredited reinsurer0
N - None of the above - Not allowed to write business in the state	53	



This organizational chart reflects the insurance entity reporting system and identifies the relationship between the ultimate parent and all member insurers.

The ultimate controlling company is a Fortune 7 company with numerous subsidiaries, the majority of which do not interact with the insurance entities.

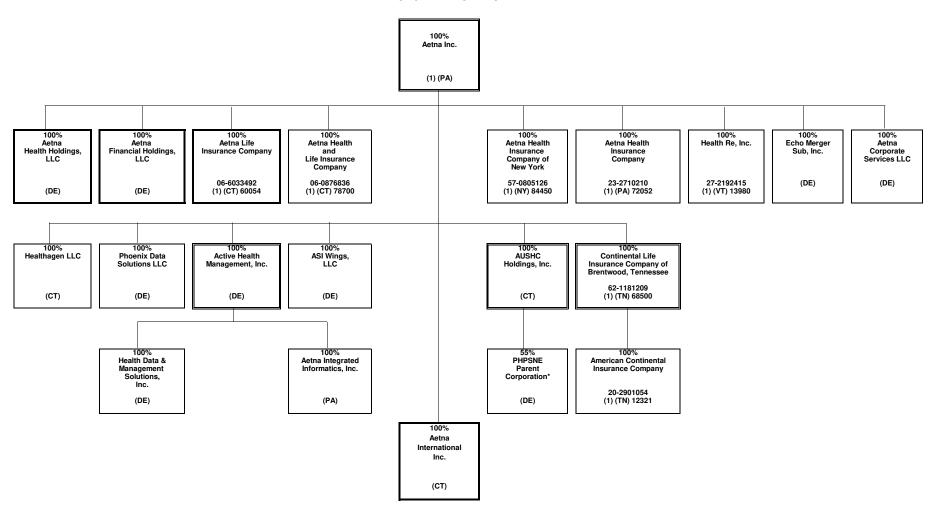
⁽¹⁾ Insurers/HMO's

Percentages are rounded to the nearest whole percent and based on ownership of voting rights.

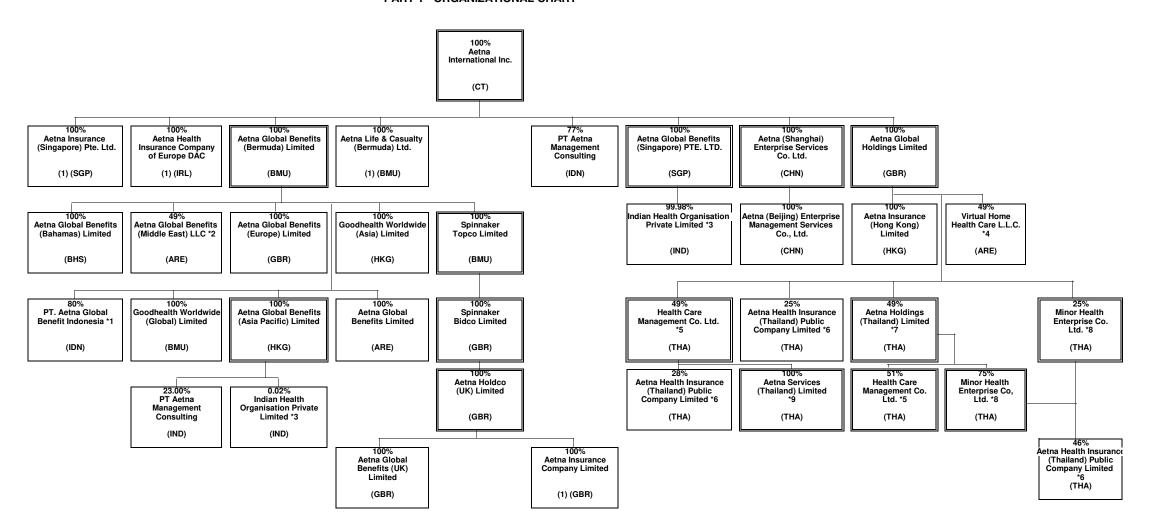
Double borders indicate entity has subsidiaries shown on the same page. Bold borders indicate entity has subsidiaries shown on a separate page.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



^{*} PHPSNE Parent Corporation is also 45% owned by third parties.



^{*1} PT. Aetna Global Benefits Indonesia is also 20% owned by Suhatsyah Rivai, Aetna's Nominee.

^{*2} Aetna Global Benefits (Middle East) LLC is also 51% is owned by Éuro Gulf LLC, Aetna's Nominee.

^{*3} Indian Health Organisation Private Limited is 0.019857% owned by Aetna Global Benefits (Asia Pacific) and 99.980143% owned by Aetna Global Benefits (Singapore) PTE. LTD.

^{*4} Virtual Home Health Care L.L.C. is also 51% owned by CBD Commercial Brokers LLC, Aetna's Nominee

^{*5} Health Care Management Co. Ltd. Is also owned by Aetna Global Benefits (Bermuda) Limited (1 share).

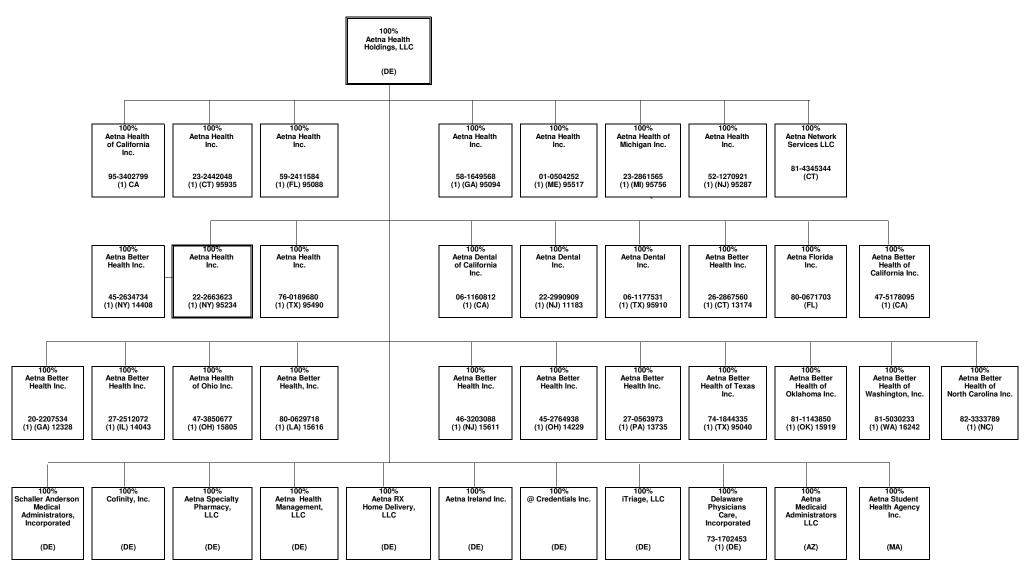
*6 Aetna Health Insurance (Thailand) Public Company Limited is also owned by Aetna Global Benefits (Bermuda) Limited (1 share), Ms. Srisa-ard Sansanapongpherchar (1 Share),

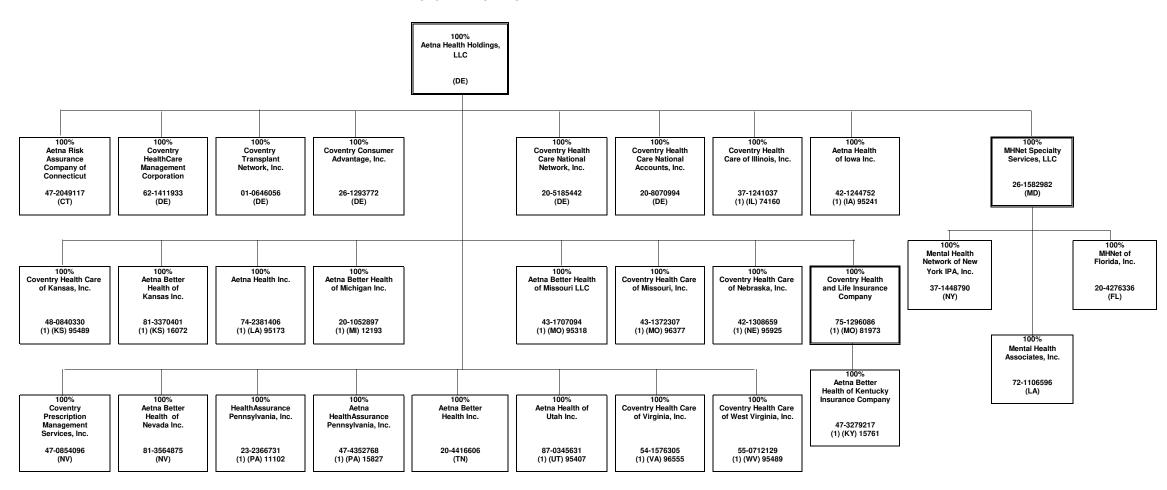
Mr. Jitphasong Itsaraphakde (1 Share); Mrs. Suphee Wattana (1 Share); and Mr. Buncha Tanphragorn (1 Share)

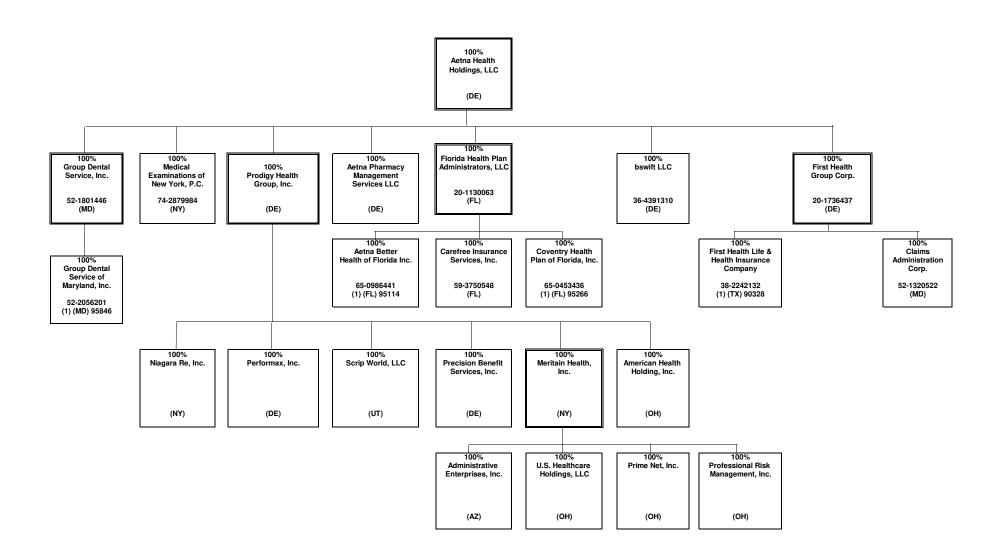
^{*7} Aetna Holdings (Thailand) Limited is also 51% owned by Mr. Paiboon Sutantivorakoon plus Aetna Benefits (Bermuda) Limited owns 1 share.

^{*8} Minor Health Enterprise Co, Ltd is is also (1 share) owned by Aetna Global Benefits (Bermuda) Limited

^{*9} Aetna Services (Thailand) Limited is also (1 share) owned by Aetna Global Benefits (Bermuda) Limited and (1 share) owned by Aetna Global Holdings Limited

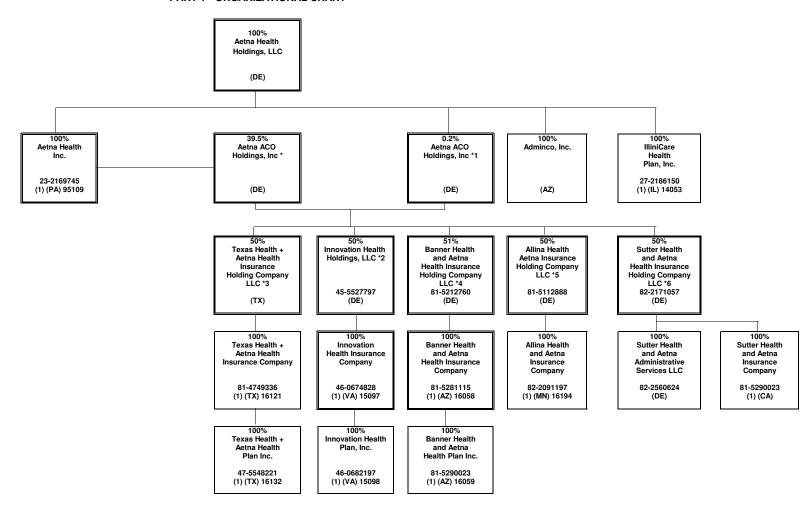






SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

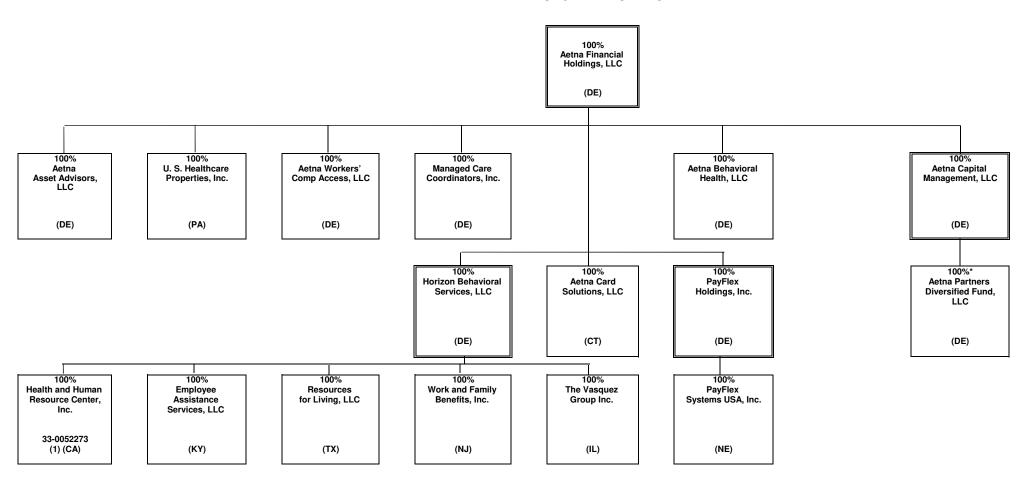


^{*1} Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).
*2 Innovation Health Holdings, LLC is also 50% owned by Inova Health System Foundation.

^{*3} Texas Health + Aetna Health Insurance Holding Company LLC is also 50% owned by Texas Health Resources.

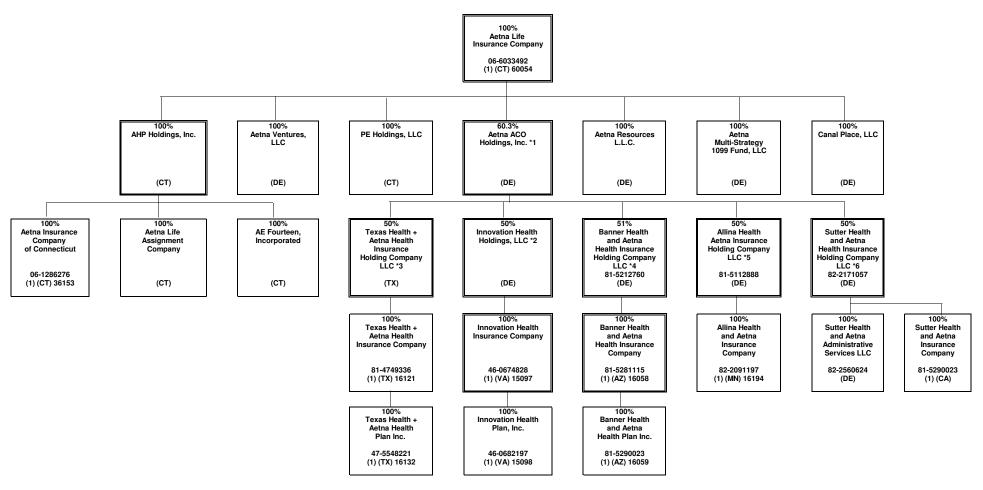
 ^{*4} Banner Health and Aetna Health Insurance Holding Company LLC is also 49% owned by Banner Health.
 *5 Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health.

^{*6} Sutter Health and Aetna Insurance Holding Company LLC is also 50% owned by Sutter Health Plan Products Organization, LLC.



^{*} Aetna Capital Management, LLC owns 100% of the voting rights of Aetna Partners Diversified Fund, LLC ("APDF"). APDF is a fund of hedge funds and certain subsidiaries of CVS Health Group invest in this fund, which does not confer any managing or controlling ownership interests in APDF.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP **PART 1 - ORGANIZATIONAL CHART**



^{*1} Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).

^{*2} Innovation Health Holdings, LLC is also 50% owned by Inova Health System Foundation.

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^{*4} Banner Health and Aetna Health Insurance Holding Company LLC is also 49% owned by Banner Health.

^{*5} Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health.
*6 Sutter Health and Aetna Insurance Holding Company LLC is also 50% owned by Sutter Health Plan Products Organization, LLC.

	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
					,	·	_				Type	If			' '
											of Control	Control			'
											(Ownership,	is		Is an	'
						Name of Securities			Relation-		Board,	Owner-		SCA	'
						Exchange		Domi-	ship		Management,	ship		Filing	'
		NAIG					Name of	_	- 1			- 1			'
		NAIC	ın			if Publicly Traded	Names of	ciliary	to	Discoult Constant and the	Attorney-in-Fact,	Provide	LUC L. O L. U.	Re-	. 1 '
Group		Company	. ID	Federal	0114	(U.S. or	Parent, Subsidiaries Or Affiliates	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	_ '
Code	Group Name	Code	Number	RSSD	CIK	International)	0.7	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	'
0001	CVS HEALTH GROUP		05-0494040		0000064803	NYSE	CVS Health Corporation	DE	UIP	Board of Directors	Board of Directors	100.000	. CVS Health Corporation	N	0!
0001	CVS HEALTH GROUP	63444	06-1566092				Accendo Insurance Company	UT	IA	Part D Holding Company, L.L.C.	Owner ship	100.000	. CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000					SilverScript Insurance Company	TN RI	IA	Part D Holding Company, L.L.C.	Ownership	100.000	CVS Health Corporation	N N	
0001	CVS HEALTH GROUP	00000	20-8404182				Caremark Rx. L.L.C.	DE	NIA	CVS Health Corporation	Ownership	100.000	CVS Health Corporation	NN.	0 0
0001	CVS HEALTH GROUP	00000	61-1715010				Part D Holding Company, L.L.C.	DE	NIA	Caremark, Rx., L.L.C.	Owner ship.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	33-1113587				CVS Caremark Part D Services, L.L.C.	DE	NIA	Caremark, Rx., L.L.C.	Ownership	100.000	CVS Health Corporation	N.	0
0001	CVS HEALTH GROUP	00000	87-0548860				RxAmerica. L.L.C.	DE	NIA	Caremark, Rx., L.L.C.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	11-2580136				Caremark Ulysses Holding Corporation	NY	NIA	Caremark, Rx., L.L.C.	Ownership	100.000	CVS Health Corporation	N.	0
0001	CVS HEALTH GROUP	00000	87-0804047				MemberHealth, L.L.C.	DE	NIA	Caremark Ulysses Holding Corporation	Ownership.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	05-0500188				CVS Caremark Indemnity, Ltd.	BMU	IA	CVS Foreign, Inc.	Owner ship.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	27-1298765				UAC Holding, Inc.	DE	NI A	Caremark Ulysses Holding Corporation	Ownership.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	05-0497953				CVS Foreign, Inc.	NY	NIA	CVS Health Corporation	Ownership	100.000	. CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	23-2229683	. 3060706	0001122304		Aetna Inc.	PA	UIP	CVS Pharmacy, Inc	Ownership.	100.000	. CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	30-0123754				Aetna Health Holdings, LLC	DE	UDP	Aetna Inc.	Ownership	100.000	. CVS Health Corporation	N	0'
0001	CVS HEALTH GROUP	00000	95-3402799				Aetna Health of California Inc.	CA	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95935	23-2442048				Aetna Health Inc.	CT	IA	Aetna Health Holdings, LLC	Owner ship	100.000	. CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95088	59-2411584				Aetna Health Inc.	FL	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95094	58-1649568				Aetna Health Inc.	GA	IA	Aetna Health Holdings, LLC	Owner ship	100.000	. CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95517	01-0504252				Aetna Health Inc.	ME	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95756	23-2861565				Aetna Health of Michigan Inc.	MI	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95287	52-1270921				Aetna Health Inc.	NJ	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N	0
	CVS HEALTH GROUP	95234	22-2663623				Aetna Health Inc.	NY	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	14408	45-2634734				Aetna Better Health Inc.	NY	IA	Aetna Health Inc. (NY)	Ownership	100.000	. CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95490	76-0189680				Aetna Health Inc.	TX	IA	Aetna Health Holdings, LLC	Owner ship	100.000	. CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95040	74-1844335 20-2207534				Aetna Better Health of Texas Inc.	TXGA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N N	0
0001	CVS HEALTH GROUP	00000	06-1160812				Aetna Better Health Inc. Aetna Dental of California Inc.	CA	IA	Aetna Health Holdings, LLC Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NN.	0
0001	CVS HEALTH GROUP	11183	22-2990909				Aetna Dental Inc.	NJ	IA	Aetna Health Holdings, LLC	Owner ship.	100.000	CVS Health Corporation	NN	0
0001	CVS HEALTH GROUP	95910	06-1177531				Aetna Dental Inc.	TX	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NN.	ا ا
0001	CVS HEALTH GROUP	00000	30-0123760				Aetna Rx Home Delivery, LLC	DE	NIA	Aetna Health Holdings, LLC	Owner ship.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	13-3670795				Aetna Health Management, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N N	0
0001	CVS HEALTH GROUP	00000	22-3187443					DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	57-1209768				Aetna Ireland Inc	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-1274723				Cofinity, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	23-2671370				@Credentials Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	N.	0
0001	CVS HEALTH GROUP	00000					Aetna Services (Thailand) Limited	THA	NIA	Health Care Management Co. Ltd.	Ownership.	100.000	. CVS Health Corporation	N	17
0001	CVS HEALTH GROUP	13735	27-0563973				Aetna Better Health Inc.	PA	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	13174	26-2867560				Aetna Better Health Inc.	CT	IA	Aetna Health Holdings, LLC	Owner ship	100.000	. CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	47-5178095				Aetna Better Health of California Inc		IA	Aetna Health Holdings, LLC	Owner ship	100.000	. CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	14043	27-2512072				Aetna Better Health Inc.	IL	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	15805	47-3850677				Aetna Health of Ohio Inc.	OH	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	15616	80-0629718				Aetna Better Health, Inc.	LA	IA	Aetna Health Holdings, LLC	Owner ship	100.000	. CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	80-0671703				Aetna Florida Inc.	FL	NIA	Aetna Health Holdings, LLC	Owner ship	100.000	. CVS Health Corporation	N	. 0
	CVS HEALTH GROUP	14229	25-2764938				Aetna Better Health Inc.	OH	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	15611	46-3203088				Aetna Better Health Inc.	NJ	IA	Aetna Health Holdings, LLC	Owner ship	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	15919	81-1143850				Aetna Better Health of Oklahoma Inc.	OK	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000					Aetna Student Health Agency Inc Delaware Physicians Care, Incorporated	MA DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N N	0
1 000	UNO FIERLIFI UNUUF	00000	13-1102453				Schaller Anderson Medical Administrators.		IA	Aetha nearth nordings, LLC	owner strip	100.000	. Ovo nearth corporation	N	v
0001	CVS HEALTH GROUP	00000	01-0826783				Incorporated	DE	NIA	Aetna Health Holdings, LLC	Ownership	100,000	CVS Health Corporation	N.	1
0001	CVS HEALTH GROUP	00000	86-0842559				Aetna Medicaid Adminstrators LLC	AZ	NIA	Aetna Health Holdings, LLC	Owner ship	100.000	CVS Health Corporation	NN	0
	CVS HEALTH GROUP	00000	45-2944270				iTriage, LLC	DE	NIA	Aetna Health Holdings, LLC	Owner ship	100.000	CVS Health Corporation	NN.	v
	CVS HEALTH GROUP	00000	16-1471176				Prodigy Health Group, Inc.	DE	NIA	Aetna Health Holdings, LLC	Owner ship.	100.000	CVS Health Corporation	N	0
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	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM														
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											of Control	Control		'	
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						Name of Constition			Deletion			-			
						Name of Securities		_	Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	*
0001	CVS HEALTH GROUP	00000	74-2879984				Medical Examinations of New York, P.C	NY	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	45-4901541				Aetna ACO Holdings, Inc.	DE	NIA	Aetna Health Holdings, LLC	Owner ship	0.200	CVS Health Corporation	Y	3
0001	CVS HEALTH GROUP	00000	45-5527797				Innovation Health Holdings, LLC	DE	NIA	Aetna ACO Holdings, Inc.	Ownership	50.000	CVS Health Corporation	N	6
0001	CVS HEALTH GROUP	15097	46-0674828				Innovation Health Insurance Company	VA	IA	Innovation Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	15098	46-0682197				Innovation Health Plan, Inc.	VA	IA	Innovation Health Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
							Texas Health + Aetna Health Insurance Holding							· '	
0001	CVS HEALTH GROUP	00000	81-3789357				Company LLC	TX	NIA	Aetna ACO Holdings, Inc.	Ownership	50.000	CVS Health Corporation	N	8
2004	OVO USU SU OBOVO	10101					Texas Health + Aetna Health Insurance Company			Texas Health + Aetna Health Insurance		400.000	lava u u u a	· '	
0001	CVS HEALTH GROUP	16121	81-4749336					TX	IA	Holding Company LLC	Ownership	100.000	CVS Health Corporation	N	0
0004	OVO LIEM THE OPOLID	40400	47 5540004				T	TV	1.4	Texas Health + Aetna Health Insurance		400.000	01/0 11 111 0	"	
0001	CVS HEALTH GROUP	16132 95109	47-5548221 23-2169745				Texas Health + Aetna Health Plan Inc.	TX	IAIA	Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95109	45-4901541				Aetna ACO Holdings, Inc.	PA DE	NIA	Aetna Health Holdings, LLC	Ownership	39.500	CVS Health Corporation	N Y	0
0001	CVS HEALTH GROUP	00000	45-4901541 20-0438576				Niagara Re. Inc.	NY	NIA	Prodigy Health Group, Inc.	Ownership	39.500	CVS Health Corporation	N	3
0001	CVS HEALTH GROUP	00000	52-2200070				Performax. Inc.	DE	NIA	Prodigy Health Group, Inc.	Owner ship	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	87-0632355				Scrip World, LLC	UT	NIA	Prodigy Health Group, Inc.	Owner ship	100.000	CVS Health Corporation	N	V
0001	CVS HEALTH GROUP	00000	27-1760756				Precision Benefit Services, Inc.	DE	NIA	Prodigy Health Group, Inc.	Owner ship	100.000	CVS Health Corporation	N. N.	0
0001	CVS HEALTH GROUP	00000	31-1368946				American Health Holding, Inc.	OH	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	16-1264154				Meritain Health, Inc.	NY	NIA	Prodigy Health Group, Inc.	Owner ship.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	86-0537707				Adminco. Inc.	AZ	NIA	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	86-0527428				Administrative Enterprises, Inc.	AZ	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	16-1684061				U.S. Healthcare Holdings, LLC	OH	NIA	Meritain Health, Inc.	Owner ship	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	34-1670299				Prime Net. Inc.	OH	NIA	Meritain Health, Inc.	Owner ship.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	34-1348032				Professional Risk Management, Inc.	OH	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	N.	0
			1				Continental Life Insurance Company of								
0001	CVS HEALTH GROUP	68500	62-1181209				Brentwood, Tennessee	TN	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
										Continental Life Insurance Company of			·	· · · · '	
0001	CVS HEALTH GROUP	12321	20-2901054				American Continental Insurance Company	TN	IA	Brentwood, Tennessee	Ownership.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	60054	06-6033492				Aetna Life Insurance Company	CT	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	45-4901541				Aetna ACO Holdings, Inc.	DE	NIA	Aetna Life Insurance Company	Owner ship	60.300	CVS Health Corporation	Y	3
0001	CVS HEALTH GROUP	00000	06-1270755				AHP Holdings, Inc.	CT	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	36153	06-1286276				Aetna Insurance Company of Connecticut	CT	IA	AHP Holdings, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	06-1028469				AE Fourteen, Incorporated	CT	NIA	AHP Holdings, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	06-1373153				Aetna Life Assignment Company	CT	NIA	AHP Holdings, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-3678339				PE Holdings, LLC	CT	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	06-1423207				Aetna Resources L.L.C.	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000					Canal Place, LLC	DE	NIA	Aetna Life Insurance Company	Ownership.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-3180700				Aetna Ventures, LLC	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000			0001552250		Aetna Multi-Strategy 1099 Fund, LLC	DE	NIA	Aetna Life Insurance Company	Ownership	79.250	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	41-2035961	-			Aetna Financial Holdings, LLC	DE	NIA	Aetna Inc.	Owner ship	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	26-2030792				Aetna Asset Advisors, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	23-2354500 38-3704481				U.S. Healthcare Properties, Inc.	PA DE	NIA NIA	Aetna Financial Holdings, LLC Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	Q
		00000			0001214500		Aetna Capital Management, LLC						CVS Health Corporation	N	v
0001	CVS HEALTH GROUP	00000	11-3667142		0001314522		Aetna Partners Diversified Fund, LLC	DE	NIA NIA.	Aetna Capital Management, LLC Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation CVS Health Corporation	N N	1
0001	CVS HEALTH GROUP	00000	20-04466713				Aetna Behavioral Health, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N N	0
0001	CVS HEALTH GROUP	00000	23-2670015				Managed Care Coordinators, Inc.	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	59-3269144				Horizon Behavioral Services, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NN	0
0001	CVS HEALTH GROUP	00000	61-1193498				Employee Assistance Services, LLC	KY	NIA	Horizon Behavioral Services, LLC	Owner snip	100.000	CVS Health Corporation	NN.	0
0001	CVS HEALTH GROUP	00000	33-0052273				Health and Human Resource Center, Inc.	CA	IA	Horizon Behavioral Services, LLC	Ownership.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	75-2420973				Resources for Living, LLC	TX	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	N.	0
0001	CVS HEALTH GROUP	00000	36-3681261				The Vasquez Group Inc.	IL	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	22-3178125				Work and Family Benefits, Inc.	NJ	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	27-1773021				Aetna Card Solutions, LLC	CT	NIA	Aetna Financial Holdings, LLC	Owner ship.	100.000	CVS Health Corporation	N N	0
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	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM														
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											(Ownership,	is		Is an	'
						Name of Securities			Relation-		Board,	Owner-		SCA	'
						Exchange		Domi-	ship		Management,	ship		Filing	'
		NIAIO					Name of	-	- 1					1 3	'
		NAIC	I.D.	F		if Publicly Traded	Names of	ciliary	to	Discoult Controlled	Attorney-in-Fact,	Provide	LUC L. O L. U.	Re-	
Group		Company	, ID	Federal	0114	(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	_ '
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	
0001	CVS HEALTH GROUP	00000	20-5216478				PayFlex Holdings, Inc.	DE	NIA	Aetna Financial Holdings, LLC	Owner ship.	100.000	. CVS Health Corporation	N	0!
0001	CVS HEALTH GROUP	00000	91-1774434				PayFlex Systems USA, Inc.	NE	NIA	PayFlex Holdings, Inc.	Ownership	100.000	. CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	78700 72052	06-0876836				Aetna Health and Life Insurance Company	CT	IA	Aetna Inc.	Owner ship.	100.000	. CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	72052 84450	23-2710210 57-0805126				Aetna Health Insurance Company	PA	IA	Aetna Inc.	Ownership	100.000	. CVS Health Corporation	N N	0
0001	CVS HEALTH GROUP	94450	06-1571642				Aetna Health Insurance Company of New York	NY	NIA			100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	98-0211470				Aetna International Inc	BMU	IA	Aetna Inc	Ownership	100.000	CVS Health Corporation	N	
0001	CVS HEALTH GROUP	00000	90-0211470				Aetna Insurance (Singapore) PTE. LTD.	SGP	IA	Aetna International Inc.	Owner Strip	100.000	CVS Health Corporation	N	JV
0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (Bermuda) Limited	BMU	NIA	Aetna International Inc.	Ownership	100.000	CVS Health Corporation	N	
0001	CVS HEALTH GROUP	00000	1				Goodhealth Worldwide (Global) Limited	BMU	NIA	Aetna Global Benefits (Bermuda) Limited	Owner Strip.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	1				Aetna Global Benefits (Europe) Limited	GBR	NIA	Aetna Global Benefits (Bermuda) Limited	Owner strip	100.000	CVS Health Corporation	NN.	0
0001	CVS HEALTH GROUP	00000	1				Goodhealth Worldwide (Asia) Limited	HKG	NIA	Aetna Global Benefits (Bermuda) Limited	Owner ship.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	1				Aetna Global Benefits Limited	ARE	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	N	
0001	CVS HEALTH GROUP	00000	1				PT. Aetna Global Benefits Indonesia	IDN	NIA	Aetna Global Benefits (Bermuda) Limited	Owner ship.	80.000	CVS Health Corporation	N	4
0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (Middle East) LLC	ARE	NIA	Aetha Global Benefits (Bermuda) Limited	Owner ship.	49.000	CVS Health Corporation	N	5
	OTO TENETH GROOT						Aetna Global Benefits (Asia Pacific) Limited			Notice drober bonerito (bermada) Ermited	omor omp		Ovo ricartii corporation		1
0001	CVS HEALTH GROUP	00000					notina aroba: Bonorito (nota rabirro, Elimitoa	HKG	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	. CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000					PT Aetna Management Consulting	IDN	NIA	Aetna International Inc.	Ownership.	77.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000					Spinnaker Topco Limited	BMU	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	. CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000					Spinnaker Bidco Limited	GBR	NIA	Spinnaker Topco Limited	Ownership.	100.000	CVS Health Corporation	N.	0
0001	CVS HEALTH GROUP	00000					Aetna Holdco (UK) Limited	GBR	NI A	Spinnaker Bidco Limited	Ownership	100.000	. CVS Health Corporation	N	0
										Aetna Global Benefits (Asia Pacific)	· ·		•		'
0001	CVS HEALTH GROUP	00000					PT Aetna Management Consulting	IDN	NI A	Limited	Ownership	23.000	.CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (UK) Limited	GBR	NIA	Aetna Holdco (UK) Limited	Owner ship	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000					Aetna Insurance Company Limited	GBR	IA	Aetna Holdco (UK) Limited	Ownership	100.000	. CVS Health Corporation	N	0
										Aetna Global Benefits (Asia Pacific)					'
0001	CVS HEALTH GROUP	00000					Indian Health Organisation Private Limited	IND	NIA	Limited	Ownership	0.020	. CVS Health Corporation	N	2
							Aetna Health Insurance Company of Europe DAC								'
0001	CVS HEALTH GROUP	00000						IRL	I A	Aetna International Inc.	Ownership	100.000	. CVS Health Corporation	N	0
							Aetna (Shanghai) Enterprise Services Co. Ltd.								'
0001	CVS HEALTH GROUP	00000						CHN	NIA	Aetna International Inc.	Ownership	100.000	. CVS Health Corporation	N	0
							Aetna (Beijing) Enterprise Management			Aetna (Shanghai) Enterprise Services Co.					_ '
0001	CVS HEALTH GROUP	00000					Services Co., Ltd.	CHN	NIA	Ltd.	Ownership	100.000	. CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (Singapore) PTE. LTD.	SGP	NIA	Aetna International Inc.	Owner ship	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000					Indian Health Organisation Private Limited	IND	NIA	Aetna Global Benefits (Singapore) PTE, LTD.	Ownership	99.980	CVS Health Corporation	N	2
0001	CVS HEALTH GROUP	00000	22-2578985				AUSHC Holdings, Inc.	CT	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	22-23/0903				Aetna Global Holdings Limited	CI	NIA	Aetna International Inc.	Ownership.	100.000	CVS Health Corporation	N	
0001	CVS HEALTH GROUP	00000	1				Aetna Insurance (Hong Kong) Limited	HKG	NIA	Aetna Global Holdings Limited	Ownership	100.000	CVS Health Corporation	NN.	
0001	CVS HEALTH GROUP	00000	06-1182176				PHPSNE Parent Corporation	DE	NIA	AUSHC Holdings, Inc.	Owner strip	55.000	CVS Health Corporation		
0001	CVS HEALTH GROUP	00000	52-2182411				Active Health Management, Inc.	DE	NIA	Aetna Inc.	Owner ship	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	47-0970432				Health Data & Management Solutions, Inc.	DE	NIA	Active Health Management, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	23-2604867				Aetna Integrated Informatics, Inc.	PA	NIA	Active Health Management, Inc.	Owner ship	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	13980	27-2192415				Health Re. Inc.	VT	IA	Aetna Inc.	Owner ship	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	81-0579372				Phoenix Data Solutions LLC	DE	NIA	Aetna Inc.	Ownership.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	46-2469464				Healthagen LLC	CT	NIA	Aetna Inc.	Owner ship	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	51-0029326				ASI Wings, LLC	DE	NIA	Aetna Inc.	Ownership.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000					Echo Merger Sub, Inc.	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000					Aetna Corporate Services, LLC	DE	NIA	Aetna Inc.	Ownership.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	81973	75-1296086				Coventry Health and Life Insurance Company	MO	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N	0
1							Aetna Better Health of Kentucky Insurance		1	Coventry Health and Life Insurance Company	1		•	1	
0001	CVS HEALTH GROUP	15761	47-3279217				Company	KY	IA		Ownership	100.000	. CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	52-1801446				Group Dental Service, Inc.	MD	NIA	Aetna Health Holdings, LLC	Owner ship	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95846	52-2056201		l	l	Group Dental Service of Maryland, Inc	MD	IA	Group Dental Service, Inc.	Owner ship.	100.000	. CVS Health Corporation	N	0

	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	_	ŭ	•		· ·	1					Type	If			
											of Control	Control			
														lo on	
									5		(Ownership,	is		ls an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.Ś. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	*
0001	CVS HEALTH GROUP		81-4345344				Aetna Network Services LLC	CT	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95241	42-1244752				Aetna Health of Iowa Inc.	IA	IA	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95925	42-1308659				Coventry Health Care of Nebraska, Inc.	NE	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
	010 121211 011001						Aetna Risk Assurance Company of Connecticut			notina noartii noranigo, 220			. Oro ricartii oorporatron		1
0001	CVS HEALTH GROUP	00000	47-2049117				Inc.	CT	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95173	74-2381406				Aetna Health Inc.	LA	IA	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	11102	23-2366731				HealthAssurance Pennsylvania, Inc.	PA	IA.	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
	010 121211 011001		20 2000707				Coventry Prescription Management Services.			nottia noartii noranigo, 220			oro ricartir corporation		1
0001	CVS HEALTH GROUP	00000	47-0854096				Inc.	NV	NIA	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	16148	81-3564875	1			Aetna Better Health of Nevada Inc.	NV	NIA	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	96555	54-1576305				Coventry Health Care of Virginia, Inc.	VA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	01-0646056	1			Coventry Transplant Network, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	96377	43-1372307				Coventry Health Care of Missouri, Inc.	MO	IA	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95318	43-1702094]			Aetna Better Health of Missouri LLC	MO	IA	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95408	55-0712129				Coventry Health Care of West Virginia, Inc.	WV	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	62-1411933				Coventry HealthCare Management Corporation	DE	NIA	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	15827	47-4352768				Aetna HealthAssurance Pennsylvania, Inc	PA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95489	48-0840330				Coventry Health Care of Kansas, Inc.	KS	RE	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	16072	81-3370401				Aetna Better Health of Kansas Inc.	KS	IA.	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	12193	20-1052897				Aetna Better Health of Michigan Inc.	MI	IA	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95407	87-0345631				Aetna Health of Utah Inc.	UT	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-4416606				Aetna Better Health Inc.	TN	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	74160	37-1241037				Coventry Health Care of Illinois, Inc.	IL	IA	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	N	0
	OTO TENETH GROOT		07 1211007				Coventry Health Care National Accounts. Inc.			nothe nourth horarigo, EEO	omior on p.		ovo nearth corporation		1
0001	CVS HEALTH GROUP	00000	20-8070994				coronery mount in our of macronian moodanto, mor	DE	NIA	Aetna Health Holdings, LLC	Ownership.	100.000	. CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-5185442				Coventry Health Care National Network, Inc	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N N	0
0001	CVS HEALTH GROUP	00000	26-1293772				Coventry Consumer Advantage, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-1736437				First Health Group Corp.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N.	0
	010 121211 011001						First Health Life & Health Insurance Company			notina noartii noranigo, 220			oro ricartir corporation		1
.0001	CVS HEALTH GROUP	90328	38-2242132				The roat in 2110 a roat in moderator company	TX	IA	First Health Group Corp.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	52-1320522				Claims Administration Corp.	MD	NIA	First Health Group Corp.	Ownership.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-1130063				Florida Health Plan Administrators, LLC	FL	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95114	65-0986441				Aetna Better Health of Florida Inc.	FL	IA	Florida Health Plan Administrators, LLC	Ownership.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95266	65-0453436				Coventry Health Plan of Florida, Inc.	FL	IA	Florida Health Plan Administrators, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	59-3750548]			Carefree Insurance Services, Inc.	FL	NIA.	Florida Health Plan Administrators, LLC	Ownership.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	36-4391310	1			bswift LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000]	1			Virtual Home Healthcare L.L.C.	ARE	NIA	Aetna Global Holdings Limited	Ownership.	49.000	CVS Health Corporation	N	15
0001	CVS HEALTH GROUP	00000	26-1582982				MHNet Specialty Services, LLC	MD	NIA	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	37-1448790]			Mental Health Network of New York IPA, Inc.	NY	NIA.	MHNet Specialty Services, LLC	Owner ship.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	72-1106596	1			Mental Health Associates, Inc.	LA	NIA	MHNet Specialty Services, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-4276336]			MHNet of Florida, Inc.	FL	IA	MHNet Specialty Services, LLC	Ownership.	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	16242	81-5030233				Aetna Better Health of Washington, Inc	WA	IA	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	N	0
				1			Banner Health and Aetna Health Insurance				1		1		
0001	CVS HEALTH GROUP	00000	81-5212760				Holding Company LLC	DE	NIA	Aetna ACO Holdings, Inc.	Ownership.	51.000	.CVS Health Corporation	N	9
				1			Banner Health and Aetna Health Insurance			Banner Health and Aetna Health Insurance					
0001	CVS HEALTH GROUP	16058	81-5281115				Company	AZ	IA	Holding Company LLC	Ownership	100.000	CVS Health Corporation	N	0
	OTO TELEVIT GROOT			1				116		Banner Health and Aetna Health Insurance	oo.		or indicate of polation		1
0001	CVS HEALTH GROUP	16059	81-5290023				Banner Health and Aetna Health Plan Inc	AZ	IΔ	Company	Ownership	100.000	. CVS Health Corporation	N	0
	VIO INCIDENTIALITY			1			Allina Health and Aetha Health Insurance				551 5111 p				1
0001	CVS HEALTH GROUP	00000	81-5112888	I			Holding Company LLC	DE	NIA	Aetna ACO Holdings, Inc.	Ownership.	50.000	. CVS Health Corporation	N	10
	OTO TELESTI GIOGI						notating sampairy LES		1117	Allina Health and Aetna Health Insurance	oo.		- or rounding outpoint from		
0001	CVS HEALTH GROUP	16194	82-2091197	I			Allina Health and Aetna Insurance Company	MN	IA	Holding Company LLC	Ownership.	100.000	. CVS Health Corporation	N	0
				1			Sutter Health and Aetna Insurance Holding			,					
0001	CVS HEALTH GROUP	00000	82-2171057				Company LLC	DE	NIA	Aetna ACO Holdings, Inc.	Ownership.	50.000	CVS Health Corporation	N	11
									F						

SCHEDULE Y

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	If			
											of Control	Control			
											(Ownership,	is		ls an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filina	
		NAIC				if Publicly Traded	Names of	ciliarv	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	,
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	
					_	,	Sutter Health and Aetna Administrative			Sutter Health and Aetna Insurance Holding	,		3, 11, 11, 11,		1
0001	CVS HEALTH GROUP	00000	82-2560624				Services LLC	DE	NIA	Company LLC	Owner ship.	100.000	CVS Health Corporation	N	0
										Sutter Health and Aetna Insurance Holding			·		
	CVS HEALTH GROUP		81-5290023				Sutter Health and Aetna Insurance Company	CA	NIA	Company LLC	Owner ship		CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000					Aetna Holdings (Thailand) Limited	THA	NIA	Aetna Global Holdings Limited	Owner ship	49.000	CVS Health Corporation	N	12
							Aetna Health Insurance (Thailand) Public								
0001	CVS HEALTH GROUP	00000					Company Limited	THA	NIA	Aetna Global Holdings Limited	Ownership	25.000	CVS Health Corporation	N	13
0004	OVO LIEM THE OPOLID	00000					Aetna Health Insurance (Thailand) Public	T114		W: U IN E 1 . A 141		40.000	0/0 11 111 0 1:	.,	40
0001	CVS HEALTH GROUP	00000					Company Limited	THA	NIA	Minor Health Entreprise Co, Ltd	Ownership	46.000	CVS Health Corporation	N	13
0001	CVS HEALTH GROUP	00000					Aetna Health Insurance (Thailand) Public Company Limited	THA	NIA	Health Care Management Co. Ltd.	Ownership	20 000	CVS Health Corporation	N	13
	CVS HEALTH GROUP	00000					Health Care Management Co. Ltd.	THA		Aetna Global Holdings Limited	Owner ship		CVS Health Corporation	NN.	16
	CVS HEALTH GROUP	00000					Minor Health Entreprise Co. Ltd.	THA		Aetna Global Holdings Limited	Owner ship		CVS Health Corporation	N	14
	CVS HEALTH GROUP	00000					Minor Health Entreprise Co, Ltd.	THA		Aetna Holdings (Thailand) Limited	Ownership		CVS Health Corporation	N	14
	CVS HEALTH GROUP	00000]				Health Care Management Co. Ltd.	THA		Aetna Holdings (Thailand) Limited	Owner ship.		CVS Health Corporation	N	16
	CVS HEALTH GROUP	00000					Aetna Global Benefits (Bahamas) Limited	BHS		Aetna Global Benefits (Bermuda) Limited	Owner ship.		CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000					Aetna Pharmacy Management Services LLC	DE	NIA	Aetna Health Holdings, LLC	Owner ship		CVS Health Corporation	N	0
	CVS HEALTH GROUP		82-3333789				Aetna Better Health of North Carolina Inc	NC		Aetna Health Holdings, LLC	Owner ship		CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	14053	27-2186150				IlliniCare Health Plan, Inc	IL	IA	Aetna Health Holdings, LLC	Owner ship	100.000	CVS Health Corporation	N	0

Asterisk	Explanation
1 Aetna Capital Management, LLC owns 100%	of the voting rights of Aetna Partners Diversified Fund, LLC ("APDF"). APDF is a fund of hedge funds and certain subsidiaries of CVS Health Group invest in this fund, which does not confer any managing or controlling ownership interests in APDF
2 Indian Health Organisation Private Limi	ed is 0.019857% owned by Aetna Global Benefits (Asia Pacific) and 99.980143% owned by Aetna Global Benefits (Singapore) PTE. LTD.
3 Aetna ACO Holdings Inc. is owned by Aet	na Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).
4 PT. Aetna Global Benefits Indonesia is	ılso 20% owned by Suhatsyah Rivai, Aetna's Nominee.
5 Aetna Global Benefits (Middle East) LLC	is also 51% owned by Euro Gulf LLC, Aetna's Nominee.
6 Innovation Health Holdings LLC. Is also	50% owned by Inova Health System Foundation.
7	y AUSHC Holdings, Inc. The remaining 45% is owned by thirteen different hospitals (non-affiliates) which are shareholders with varying degrees of ownership.
3 Texas Health + Aetna Health Insurance H	olding Company LLC is also 50% owned by Texas Health Resources.
Banner Health and Aetna Health Insurance	Holding Company LLC is also 49% owned by Banner Health.
10 Allina Health and Aetna Insurance Holdi	ng Company LLC is also 50% owned by Allina Health.
11 Sutter Health and Aetna Insurance Holdi	ng Company LLC is also 50% owned by Sutter Health Plan Products Organization, LLC.
12 Aetna Holdings (Thailand) Limited is al	so 51% owned by Mr. Paiboon Sutantivorakoon plus Aetna Global Benefits (Bermuda) Limited owns 1 share
13 Aetna Health Insurance (Thailand) Publi	: Company Limited is also owned by Aetna Global Benefits (Bermuda) Limited (1 share), Ms. Srisa-ard Sansanapongpherchar (1 share), Mr. Jitphasong Itsaraphakde (1 share); Mrs. Suphee Wattana (1 share); and Mr. Buncha Tanphragorn (1 share)
14 Minor Health Enterprise Co, Ltd is also	(1 share) owned by Aetna Global Benefits (Bermuda) Limited.
15 Virtual Home Health Care L.L.C. is also	51% owned by CBD Commercial Brokers LLC, Aetna's Nominee.
16 Health Care Management Co. Ltd. Is also	(1 share) owned by Aetna Global Benefits (Bermuda) Limited.
17 Aetna Services (Thailand) Limited is al	so (1 share) owned by Aetna Global Benefits (Bermuda) Limited and (1 share) owned by Aetna Global Holdings Limited.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

			Response
1.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with t	his statement?	NO
	Explanation:		
1.	The data for this supplement is not required to be filed		
1.	Bar Code: Medicare Part D Coverage Supplement [Document Identifier 365]		

OVERFLOW PAGE FOR WRITE-INS

		Current Statement Date		4
	1	2	3	
			Net Admitted Assets	Prior Year Net
	Assets	Nonadmitted Assets	(Cols. 1 - 2)	Admitted Assets
1104.	0	0	0	
1105.	0	0	0	
1197. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	(
dditional Write-ins for Assets Line 25				
		0		4
		Current Statement Date)	4

		Current Statement Date)	4
	1	2	3	
			Net Admitted Assets	Prior Year Net
	Assets	Nonadmitted Assets	(Cols. 1 - 2)	Admitted Assets
2504.	0	0	0	0
2505.	0	0	0	0
2506.	0	0	0	0
2597. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0

Addition	al Write-ins for Liabilities Line 23							
			Current Period					
		1	2	3	4			
		Covered	Uncovered	Total	Total			
2304.		0	0	0	0			
2305.		0	0	0	0			
2306.		0	0	0	0			
2397.	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0			

Additional Write-ins for Liabilities Line 25				
		Current Period		Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
2504.	XXX	XXX	0	0
2505.	XXX	XXX	0	0
2597. Summary of remaining write-ins for Line 25 from overflow page	VVV	VVV	0	0

Additional Write-ins for Liabilities Line 30								
		Current Period						
	1	2	3	4				
	Covered	Uncovered	Total	Total				
3004.	XXX	XXX	0	0				
3005.	XXX	XXX	0	0				
3097. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0				

Additional Write-ins for Statement of Revenue and Expenses Line 6									
		Currer	t Year	Prior Year	Prior Year Ended				
		To I	Date	To Date	December 31				
		1 2		3	4				
		Uncovered	Total	Total	Total				
0604.		XXX	0	0	0				
0605.		XXX	0	0	0				
0606.		XXX	0	0	0				
0697.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0				

Additional Write-ins for Statement of Revenue and Expenses Line 7								
	Currer	nt Year	Prior Year	Prior Year Ended				
	To I	Date	To Date	December 31				
	1	2	3	4				
	Uncovered	Total	Total	Total				
0704.	XXX	0	0	0				
0705.	XXX	0	0	0				
0706.	XXX	0	0	0				
0797. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0				

Additional Write-ins for Statement of Revenue and Expenses Line 14									
		Currer	t Year	Prior Year	Prior Year Ended				
		To I	Date	To Date	December 31				
		1	2	3	4				
		Uncovered	Total	Total	Total				
1404.		0	0	0	0				
1405.		0	0	0	0				
1406.		0	0	0	0				
1497.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0				

Additional Write-ins for Statement of Revenue and Expenses Line 29				
		nt Year Date	Prior Year To Date	Prior Year Ended December 31
	1	2	3	4
	Uncovered	Total	Total	Total
2904.	0	0	0	0
2905.	0	0	0	0
2906.	0	0	0	0
2997. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0

Addition	al Write-ins for Capital and Surplus Account Line 47			
		1	2	3
		Current Year	Prior Year	Prior Year Ended
		to Date	to Date	December 31
4704.		0	.0	0
4705.		0	0	0
4706.		0	0	0
4797.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0

OVERFLOW PAGE FOR WRITE-INS

NONE

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		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted rying		
7.	Deduct current year's other than temporary impailment 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)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	wortgage Loans	1	2
		ı	Prior Year Ended
		Year to Date	December 31
			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		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage in lest parallel amitme lesses		
9.	Total foreign exchange change in book value/recorded investment excurse accrued a terest		
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)		

SCHEDULE BA - VERIFICATION

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:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
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

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	10,401,827	11,538,768
2.	Cost of bonds and stocks acquired		9,639,914
3.	Accrual of discount	54,084	74 , 125
4.	Unrealized valuation increase (decrease)	5,495	60,986
5.	Total gain (loss) on disposals	(74,921)	120,570
6.	Deduct consideration for bonds and stocks disposed of	4,990,741	11,000,567
7.	Deduct amortization of premium	46,717	63,712
8.	Total foreign exchange change in book/adjusted carrying value	0	0
9.	Deduct current year's other than temporary impairment recognized	165,334	0
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees	46,028	31,743
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	12,647,749	10,401,827
12.	Deduct total nonadmitted amounts	0	0
13.	Statement value at end of current period (Line 11 minus Line 12)	12,647,749	10,401,827

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	8,287,180 1,238,565	80,053,571	71,432,635 499,110	` ' '	7,729,024	8,287,180	16,905,946	7,308,508 1,946,531
3. NAIC 2 (a)	2,729,754	0	1,492,754	249.736	2.718.400	2,729,754	1.486.736	2,581,250
4. NAIC 4 (a)	69,911	0	0	2,133	250,631	69,911	72,044	251, 102
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	12,325,410	80,053,571	73,424,499	26,025	12,168,515	12,325,410	18,980,507	12,087,391
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock		0 050 571	<u> </u>	00.005	0 100 515	0	10,000,507	10.007.004
15. Total Bonds and Preferred Stock	12,325,410	80,053,571	73,424,499	26,025	12,168,515	12,325,410	18,980,507	12,087,391

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

Schedule DA - Part 1 - Short-Term Investments

NONE

Schedule DA - Verification - Short-Term Investments

NONE

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open **N O N E**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open **NONE**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

NONE

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	1	
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	1,686,634	1,342,113
2.	Cost of cash equivalents acquired	103,280,856	47,512,641
3.	Accrual of discount	15,472	39,925
4.	Unrealized valuation increase (decrease)	0	0
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	98,631,456	47,208,057
7.	Deduct amortization of premium	0	0
8.	Total foreign exchange change in book/adjusted carrying value	0	0
9.	Deduct current year's other than temporary impairment recognized	0	0
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	6,351,532	1,686,634
11.	Deduct total nonadmitted amounts	0	0
12.	Statement value at end of current period (Line 10 minus Line 11)	6,351,532	1,686,634

Schedule A - Part 2 - Real Estate Acquired and Additions Made **NONE**

Schedule A - Part 3 - Real Estate Disposed **N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made **NONE**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made NONE

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid **NONE**

SCHEDULE D - PART 3

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

Show All Long-Term Donds and Stock Acquired Duning the Current Quarter									
1	2	3	4	5	6	7	8	9	10
		-					-	_	NAIC
									Designation
									and
					Number of			Paid for Accrued	Admini-
CUSIP			Date		Shares of			Interest and	strative
Identification	Description	Foreign	Acquired	Name of Vendor	Stock	Actual Cost	Par Value	Dividends	Symbol
	E/BOND 0.250% 08/31/25	Foreign			Stock	4.996.484	5,000,000	Dividends 35	
			08/31/2020	Strategas Securities, LLC					***************************************
0599999. Subtotal - Bonds						4,996,484	5,000,000	35	XXX
8399997. Total - Bonds - Pa						4,996,484	5,000,000	35	XXX
8399998. Total - Bonds - Pa	art 5					XXX	XXX	XXX	XXX
8399999. Total - Bonds						4,996,484	5,000,000	35	XXX
8999997. Total - Preferred	Stocks - Part 3					0	XXX	0	XXX
8999998. Total - Preferred	Stocks - Part 5					XXX	XXX	XXX	XXX
8999999. Total - Preferred	Stocks					0	XXX	0	XXX
9799997. Total - Common S	Stocks - Part 3					0	XXX	0	XXX
9799998. Total - Common S	Stocks - Part 5					XXX	XXX	XXX	XXX
9799999. Total - Common S	Stocks					0	XXX	0	XXX
9899999. Total - Preferred	and Common Stocks					0	XXX	0	XXX
						†			
								• • • • • • • • • • • • • • • • • • • •	
9999999 - Totals	9999999 - Totals						XXX	35	XXX

SCHEDULE D - PART 4

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

					SHOW All LOI	ng-renn bu	inds and Stoc	k Solu, Keu	eemed or c	Juliel Wise L	nsposed (oi Dulling ti	ne Current	Quarter							
1	2	3	4	5	6	7	8	9	10	Ch	ange In Bo	ok/Adjusted	Carrying Va	lue	16	17	18	19	20	21	22
										11	12	13	14	15							
													Total	Total							
												Current	Change in	Foreign					Bond		NAIC
												Year's	Book/	Exchange	Book/				Interest/		Desig-
									Prior Year		Current	Other Than		Change in	Adjusted	Foreign			Stock	Stated	nation
										Unrealized	Year's	Temporary	.,	Book	Carrying	Exchange	Realized		Dividends	Con-	and
CUSIP					Number of				Adjusted	Valuation	(Amor-	Impairment		/Adjusted	Value at	Gain	Gain	Total Gain	Received	tractual	Admini-
Ident-		For	Disposal	Name	Shares of	Consid-		Actual	Carrying	Increase/	tization)/	Recog-	(11 + 12 -	Carrying	Disposal	(Loss) on		(Loss) on	During	Maturity	strative
ification	Description	eian		of Purchaser	Stock	eration	Par Value	Cost	Value		,		13)	Value	Disposai	Disposal	` '	Disposal	Year	Date	Symbol
ilication	Freddie Mac POOL NO G13789 4.500% 04/01/25	eign	Date	of Purchaser	Slock	eration	Par value	Cost	value	(Decrease)	Accretion	nizea	13)	value	Date	Disposai	Disposai	Disposai	reai	Date	Symbol
3128MC-NE-1			09/01/2020 .	Paydown		4.999	4,999	5.236	5. 157	0	(157)		(157)	0	4,999	٠,	0	0	1/0	04/01/2025	,
	Freddie Mac POOL NO G13790 4.500% 04/01/25			. rayuowii			4,333				(157)		(137)		4,333						
3128MC-NF-8	11 Cuare mad 100E No 010700 4.000% 04701720		09/01/2020	Pavdown		5.001	5,001	5,233	5, 123	0	(122)	0	(122)	0	5,001	0	0	0	150	04/01/2025	1
	MICHIGAN FIN AUTH LOC GOVT LOAN PROGRAM-			.,									,			[
59447P-YC-9	PUBLIC 5.000% 07/01/20		07/01/2020 .	. Maturity		1, 145,000	1,145,000	1,306,926	1, 159, 422	0	(14,422)	0	(14,422)	0	1,145,000	0	0	0		07/01/2020	. 3FE
	Subtotal - Bonds - U.S. Special Reven	nues				1,155,000	1,155,000	1,317,395	1,169,702	0	(14,701)	0	(14,701)	0	1,155,000	0	0	0	57,549	XXX	XXX
	CROWN CASTLE INTL CORP SR UNSECURED 4.875%																				
228227-BE-3	04/15/22 LEVEL 3 FINANCING INC SR UNSECURED 5.125%		07/06/2020 .	. Call 107.3990		536,995	500,000	496,875	498,877	0	233	0	233	0	499, 110	0	890	890	54,667	04/15/2022	_ 2FE
	LEVEL 3 FINANCING INC SR UNSECURED 5.125%									_		_		_							
527298-BF-9	O5/01/23 SPRINT NEXTEL CORP SR UNSECURED 7.000%		09/11/2020 .	. Call 100.0000		100,000	100,000	94,538	97,211	0	543	0	543	0		0	2,246	2,246	5,267	05/01/2023	. 3FE
852061-AR-1	OR/15/20		08/15/2020	Maturity		250.000	250.000	256.250	251.102	0	(1, 102)		(1, 102)	0	250.000	٠,	0	0	17 500	08/15/2020	200
	Subtotal - Bonds - Industrial and Misce	ono				886.995	850.000	847.663	847.190		(326)		(326)		846.864		3.136	3. 136	77.434	XXX	XXX
	otal - Bonds - Part 4	ellalle	ous (Unaiiii	ialeu)		,		, .		0	(- ,			0	-	0		3, 136	134.983	XXX	XXX
	otal - Bonds - Part 5					2,041,995 XXX	2,005,000 XXX	2,165,058 XXX	2,016,892 XXX	XXX	(15,027) XXX	XXX	(15,027) XXX	XXX	2,001,864 XXX	XXX	3,136 XXX	3, 136 XXX	XXX	XXX	XXX
										***				***							
	otal - Bonds					2,041,995	2,005,000	2,165,058	2,016,892	0	(15,027)	0	(15,027)	0	2,001,864	0	3,136	3, 136	134,983	XXX	XXX
	otal - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
	otal - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799997. 7	otal - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799998. 7	otal - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999. Total - Common Stocks				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX		
9899999. Total - Preferred and Common Stocks				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX		
		T											İ								
9999999 -	Totals					2,041,995	XXX	2,165,058	2,016,892	0	(15,027)	0	(15,027)	0	2,001,864	0	3,136	3, 136	134,983	XXX	XXX

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made **NONE**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open **NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By **NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To NONE

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees **NONE**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned **NONE**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned NONE

SCHEDULE E - PART 1 - CASH

Month	Fnd	Denository	/ Balances
IVIOLITI	LIIU		Dalalices

1		2 3 4 5 Book Balance at End of Ea During Current Qual					9	
			Amount of	Amount of	6	7	8	
			Interest Received	Interest Accrued				
D	0.4.	Rate of	During Current	at Current				*
, ,	Code	Interest	Quarter	Statement Date	First Month	Second Month	Third Month	
Citibank New Castle, DE		0.000	0	0	7,909,081	12,091,406	11,893,529	XXX
Wells Fargo San Francisco, CA		0.000	0	0	624,095	99,255		XXX
PNC Bank Pittsburgh, PA		0.000	0	0	3,654,283	100,000	99,981	XXX
0199998. Deposits in 0 depositories that do not								
exceed the allowable limit in any one depository (See			•	0	0			
instructions) - Open Depositories	XXX	XXX	0	0	0	0	0	XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	12,187,459	12,290,661	12,220,906	XXX
0299998. Deposits in 0 depositories that do not								
exceed the allowable limit in any one depository (See		1001	0	0	0	0	0	2001
instructions) - Suspended Depositories	XXX	XXX	U	0	U	0	0	XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	12,187,459	12,290,661	12,220,906	XXX
0499999. Cash in Company's Office		XXX	XXX	XXX	0	0	0	XXX
								1
				•	•			*
								*
								4
0599999. Total - Cash	XXX	XXX	0	0	12,187,459	12,290,661	12,220,906	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

~ :		
Show Investments	()Whed Find	ot ('iirrant ('iiiartar

	-		whea Ena of Curren		_		_	_
1	2	3	4	5	6	7	8	9
						Book/Adjusted	Amount of Interest	Amount Received
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Carrying Value	Due and Accrued	During Year
0599999. Total - U.S. Government Bonds						0	0	0
1099999. Total - All Other Government Bonds						0	0	0
1799999. Total - U.S. States, Territories and Po						0	0	0
2499999. Total - U.S. Political Subdivisions Bor						0	0	0
3199999. Total - U.S. Special Revenues Bonds						0	0	0
PARKER-HANNIFIN CORPORATION CP 4(2) 144/	Α		09/11/2020	0.150		849,975	0	71
PUGET SOUND ENERGY INC CP 3(A)3			08/24/2020	0.200	10/01/2020	483,000	0	102
RAYTHEON TECH CORP OF 4(2)			09/30/2020	0.120	10/14/2020	4,999,783	U	
						6,332,758	0	190
3899999. Total - Industrial and Miscellaneous (Unamiliated) Bonds					6,332,758	0	190
4899999. Total - Hybrid Securities						0	0	0
5599999. Total - Parent, Subsidiaries and Affilia	ates Bonds					0	0	0
6099999. Subtotal - SVO Identified Funds						0	0	0
6599999. Subtotal - Unaffiliated Bank Loans						0	0	0
7699999. Total - Issuer Obligations						6,332,758	0	190
7799999. Total - Residential Mortgage-Backed						0	0	0
7899999. Total - Commercial Mortgage-Backet						0	0	0
7999999. Total - Other Loan-Backed and Struct	tured Securities					0	0	0
8099999. Total - SVO Identified Funds						0	0	0
8199999. Total - Affiliated Bank Loans						0	0	0
8299999. Total - Unaffiliated Bank Loans						0	0	0
8399999. Total Bonds						6,332,758	0	190
60934N-50-0 FEDERATED INVESTORS INC TREASURY OBLIGA	ATION FUND		09/30/2020	0.000			0	34
8599999. Subtotal - Exempt Money Market Mut	tual Funds - as Identified by the SVO				1	18,774	0	34
					·			
		······ ······						†
		······ ······						
8899999 - Total Cash Equivalents				<u> </u>	<u> </u>	6.351.532		224