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ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2019

OF THE CONDITION AND AFFAIRS OF THE

QualChoice Life and Health Insurance Company, Inc.

(Name)

NAIC Group Code 01295 (Current Period), 01295 (Prior Period) NAIC Company Code 70998 Employer's ID Number 71-0386640

Organized under the Laws of Arkansas, State of Domicile or Port of Entry Arkansas

Country of Domicile United States

Licensed as business type: Life, Accident & Health [X] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]

Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ ]

Other [ ] Is HMO, Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized 10/17/1992 Commenced Business 04/25/1965

Statutory Home Office 1 Allied Drive Suite 2520 (Street and Number), Little Rock, AR, US 72202 (City or Town, State, Country and Zip Code)

Main Administrative Office 7700 Forsyth Blvd (Street and Number)

Saint Louis, MO, US 63105 (City or Town, State, Country and Zip Code) 314-725-4477 (Area Code) (Telephone Number)

Mail Address 7700 Forsyth Blvd (Street and Number or P.O. Box), Saint Louis, MO, US 63105 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 7700 Forsyth Blvd (Street and Number)

Saint Louis, MO, US 63105 (City or Town, State, Country and Zip Code), 314-725-4477 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.qualchoice.com

Statutory Statement Contact Craig Alles (Name), 314-519-1232 (Area Code) (Telephone Number) (Extension)

craig.l.alles@centene.com (E-Mail Address) 314-725-4658 (Fax Number)

OFFICERS

Name	Title	Name	Title
John P. Ryan #	President	Thomas P. Wise #	Vice President
Jeffrey A. Schwaneke #	Treasurer	Tricia L. Dinkelman #	Vice President of Tax

OTHER OFFICERS

Keith H. Williamson #	Secretary		

DIRECTORS OR TRUSTEES

Thomas P. Wise #	Jeffrey A. Schwaneke #	Keith H. Williamson #	John P. Ryan #

State of .....

County of ..... **ss**

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices* and *Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

John P. Ryan	Thomas P. Wise	Jeffrey A. Schwaneke
President	Vice President	Treasurer

Subscribed and sworn to before me this

_____ day of _____, _____

a. Is this an original filing? Yes [X] No [ ]

b. If no:

1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

_____

ASSETS

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1.	Bonds (Schedule D)	3,280,903		3,280,903	24,322,108
2.	Stocks (Schedule D):				
	2.1 Preferred stocks	0		0	0
	2.2 Common stocks	0		0	0
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens			0	0
	3.2 Other than first liens			0	0
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less $ encumbrances)			0	0
	4.2 Properties held for the production of income (less $ encumbrances)			0	0
	4.3 Properties held for sale (less $ encumbrances)			0	0
5.	Cash ($ 24,615,921 , Schedule E-Part 1), cash equivalents ($ 6,544,390 , Schedule E-Part 2) and short-term investments ($ 0 , Schedule DA)	31,160,311		31,160,311	38,059,030
6.	Contract loans (including $ premium notes)			0	0
7.	Derivatives (Schedule DB)	0		0	0
8.	Other invested assets (Schedule BA)	0		0	0
9.	Receivables for securities			0	0
10.	Securities lending reinvested collateral assets (Schedule DL)			0	0
11.	Aggregate write-ins for invested assets	0	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	34,441,214	0	34,441,214	62,381,138
13.	Title plants less $ charged off (for Title insurers only)			0	0
14.	Investment income due and accrued	53,337		53,337	133,028
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	824,261		824,261	472,232
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ earned but unbilled premiums)			0	0
	15.3 Accrued retrospective premiums ($) and contracts subject to redetermination ($)			0	0
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	211,351		211,351	63,542
	16.2 Funds held by or deposited with reinsured companies			0	0
	16.3 Other amounts receivable under reinsurance contracts			0	0
17.	Amounts receivable relating to uninsured plans			0	0
18.1	Current federal and foreign income tax recoverable and interest thereon	2,637,454		2,637,454	204,486
18.2	Net deferred tax asset			0	241,314
19.	Guaranty funds receivable or on deposit			0	0
20.	Electronic data processing equipment and software			0	0
21.	Furniture and equipment, including health care delivery assets ($)			0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23.	Receivables from parent, subsidiaries and affiliates	20,200,110		20,200,110	1,215,672
24.	Health care ($ 1,659,751) and other amounts receivable	3,236,580	1,576,829	1,659,751	836,853
25.	Aggregate write-ins for other-than-invested assets	11,874,366	72,660	11,801,706	9,259,779
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	73,478,673	1,649,489	71,829,184	74,808,044
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28.	Total (Lines 26 and 27)	73,478,673	1,649,489	71,829,184	74,808,044
DETAILS OF WRITE-INS					
1101.				0	0
1102.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501.	Insurance Charter	75,000	75,000	0	0
2502.	CSR Cost Sharing Receivable	11,524,816		11,524,816	9,259,779
2503.	State Income Tax Recoverable	276,890		276,890	
2598.	Summary of remaining write-ins for Line 25 from overflow page	(2,340)	(2,340)	0	0
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	11,874,366	72,660	11,801,706	9,259,779

LIABILITIES, CAPITAL AND SURPLUS

		Current Year			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $ ..... reinsurance ceded)	17,368,301		17,368,301	15,549,990
2.	Accrued medical incentive pool and bonus amounts			0	0
3.	Unpaid claims adjustment expenses	370,186		370,186	316,514
4.	Aggregate health policy reserves, including the liability of $ ..... for medical loss ratio rebate per the Public Health Service Act	24,326,046		24,326,046	5,364,810
5.	Aggregate life policy reserves			0	0
6.	Property/casualty unearned premium reserves			0	0
7.	Aggregate health claim reserves			0	0
8.	Premiums received in advance			0	20,554
9.	General expenses due or accrued	1,656,777		1,656,777	1,512,259
10.1	Current federal and foreign income tax payable and interest thereon (including $ ..... on realized capital gains (losses))			0	1,051,583
10.2	Net deferred tax liability			0	0
11.	Ceded reinsurance premiums payable			0	83,835
12.	Amounts withheld or retained for the account of others			0	0
13.	Remittances and items not allocated			0	0
14.	Borrowed money (including $ ..... current) and interest thereon $ ..... (including $ ..... current)			0	0
15.	Amounts due to parent, subsidiaries and affiliates	6,446,503		6,446,503	0
16.	Derivatives		0	0	0
17.	Payable for securities			0	0
18.	Payable for securities lending			0	0
19.	Funds held under reinsurance treaties (with $ ..... authorized reinsurers, $ ..... unauthorized reinsurers and $ ..... certified reinsurers)			0	0
20.	Reinsurance in unauthorized and certified ($ .....) companies			0	0
21.	Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22.	Liability for amounts held under uninsured plans			0	0
23.	Aggregate write-ins for other liabilities (including $ ..... current)	0	0	0	0
24.	Total liabilities (Lines 1 to 23)	50,167,813	0	50,167,813	23,899,545
25.	Aggregate write-ins for special surplus funds	XXX	XXX	2,463,683	0
26.	Common capital stock	XXX	XXX	1,013,750	1,013,750
27.	Preferred capital stock	XXX	XXX	1,500,000	1,500,000
28.	Gross paid in and contributed surplus	XXX	XXX	48,680,395	45,537,206
29.	Surplus notes	XXX	XXX	0	5,000,000
30.	Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31.	Unassigned funds (surplus)	XXX	XXX	(31,996,457)	(2,142,461)
32.	Less treasury stock, at cost:				
	32.1 ..... shares common (value included in Line 26 $ .....)	XXX	XXX		0
	32.2 ..... shares preferred (value included in Line 27 $ .....)	XXX	XXX		0
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	21,661,371	50,908,495
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	71,829,184	74,808,040
DETAILS OF WRITE-INS					
2301.	Rounding			0	0
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399.	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501.	ACA Section 9010 Assessment	XXX	XXX		0
2502.	Health Insurer Fee	XXX	XXX	2,463,683	
2503.		XXX	XXX		
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	2,463,683	0
3001.		XXX	XXX		
3002.		XXX	XXX		
3003.		XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099.	Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months	XXX	392,319	346,338
2.	Net premium income (including $ 210,806 non-health premium income)	XXX	142,410,805	126,667,623
3.	Change in unearned premium reserves and reserve for rate credits	XXX		0
4.	Fee-for-service (net of $ medical expenses)	XXX		0
5.	Risk revenue	XXX		0
6.	Aggregate write-ins for other health care related revenues	XXX	0	0
7.	Aggregate write-ins for other non-health revenues	XXX	22,500	23,498
8.	Total revenues (Lines 2 to 7)	XXX	142,433,305	126,691,121
Hospital and Medical:				
9.	Hospital/medical benefits		80,241,784	57,158,273
10.	Other professional services			0
11.	Outside referrals			0
12.	Emergency room and out-of-area		22,336,821	7,912,621
13.	Prescription drugs		21,391,033	18,022,888
14.	Aggregate write-ins for other hospital and medical	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts			0
16.	Subtotal (Lines 9 to 15)	0	123,969,638	83,093,782
Less:				
17.	Net reinsurance recoveries		453,053	97,560
18.	Total hospital and medical (Lines 16 minus 17)	0	123,516,585	82,996,222
19.	Non-health claims (net)			0
20.	Claims adjustment expenses, including $ 2,525,283 cost containment expenses		3,825,194	4,430,870
21.	General administrative expenses		26,494,887	15,884,109
22.	Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only)		15,871,980	0
23.	Total underwriting deductions (Lines 18 through 22)	0	169,708,646	103,311,201
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(27,275,341)	23,379,920
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		670,740	953,402
26.	Net realized capital gains (losses) less capital gains tax of $ (7,458)		(28,057)	(136,268)
27.	Net investment gains (losses) (Lines 25 plus 26)	0	642,683	817,134
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $) (amount charged off $)]		0	0
29.	Aggregate write-ins for other income or expenses	0	(1,298,836)	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	(27,931,494)	24,197,054
31.	Federal and foreign income taxes incurred	XXX	(1,696,365)	1,054,196
32.	Net income (loss) (Lines 30 minus 31)	XXX	(26,235,129)	23,142,858
DETAILS OF WRITE-INS				
0601.		XXX		
0602.		XXX		
0603.		XXX		
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	Commission on Life Product	XXX	22,500	23,498
0702.		XXX		0
0703.		XXX		
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799.	Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	22,500	23,498
1401.				
1402.				
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
2901.				0
2902.	Change in Deferred Tax		(1,298,836)	0
2903.				
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	(1,298,836)	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year	2 Prior Year
	CAPITAL & SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	50,908,493	27,620,834
34.	Net income or (loss) from Line 32	(26,235,129)	23,142,858
35.	Change in valuation basis of aggregate policy and claim reserves		0
36.	Change in net unrealized capital gains (losses) less capital gains tax of $		0
37.	Change in net unrealized foreign exchange capital gain or (loss)		0
38.	Change in net deferred income tax	(266,972)	238,095
39.	Change in nonadmitted assets	(683,724)	(93,294)
40.	Change in unauthorized and certified reinsurance	0	0
41.	Change in treasury stock	0	0
42.	Change in surplus notes	(5,000,000)	0
43.	Cumulative effect of changes in accounting principles		0
44.	Capital Changes:		
	44.1 Paid in	0	0
	44.2 Transferred from surplus (Stock Dividend)		0
	44.3 Transferred to surplus		0
45.	Surplus adjustments:		
	45.1 Paid in	34,200,000	0
	45.2 Transferred to capital (Stock Dividend)	0	0
	45.3 Transferred from capital		0
46.	Dividends to stockholders	(31,056,811)	0
47.	Aggregate write-ins for gains or (losses) in surplus	(204,486)	0
48.	Net change in capital and surplus (Lines 34 to 47)	(29,247,122)	23,287,659
49.	Capital and surplus end of reporting year (Line 33 plus 48)	21,661,371	50,908,493
DETAILS OF WRITE-INS			
4701.			0
4702.	Tax Receivable at Sale	(204,486)	
4703.			
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	(204,486)	0

CASH FLOW

	Cash from Operations	1 Current Year	2 Prior Year
1.	Premiums collected net of reinsurance	160,916,416	126,133,748
2.	Net investment income	754,706	921,714
3.	Miscellaneous income	22,500	23,498
4.	Total (Lines 1 through 3)	161,693,622	127,078,960
5.	Benefit and loss related payments	141,518,608	79,138,862
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0
7.	Commissions, expenses paid and aggregate write-ins for deductions	26,037,698	25,848,320
8.	Dividends paid to policyholders		0
9.	Federal and foreign income taxes paid (recovered) net of $ tax on capital gains (losses)	1,780,728	(561,838)
10.	Total (Lines 5 through 9)	169,337,034	104,425,344
11.	Net cash from operations (Line 4 minus Line 10)	(7,643,412)	22,653,616
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	24,630,792	12,869,943
	12.2 Stocks	0	0
	12.3 Mortgage loans	0	0
	12.4 Real estate	0	0
	12.5 Other invested assets	0	0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	2	0
	12.7 Miscellaneous proceeds	0	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	24,630,794	12,869,943
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	3,627,750	17,258,546
	13.2 Stocks	0	0
	13.3 Mortgage loans	0	0
	13.4 Real estate	0	0
	13.5 Other invested assets	0	0
	13.6 Miscellaneous applications	1,540	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	3,629,290	17,258,546
14.	Net increase (decrease) in contract loans and premium notes	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	21,001,504	(4,388,603)
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes	(5,000,000)	0
	16.2 Capital and paid in surplus, less treasury stock	15,800,000	0
	16.3 Borrowed funds	0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		0
	16.5 Dividends to stockholders	31,056,811	0
	16.6 Other cash provided (applied)	0	(11,400,280)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(20,256,811)	(11,400,280)
	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)	(6,898,719)	6,864,733
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	38,059,030	31,194,297
	19.2 End of year (Line 18 plus Line 19.1)	31,160,311	38,059,030

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	142,410,805	135,943,163	5,092,943	0	0	0	0	0	1,163,893	210,806
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of $ ..... medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	22,500	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,500
7. Total revenues (Lines 1 to 6)	142,433,305	135,943,163	5,092,943	0	0	0	0	0	1,163,893	233,306
8. Hospital/medical benefits	80,241,784	75,105,922	3,814,040						1,321,822	XXX
9. Other professional services	0									XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	22,336,821	21,636,185	506,037						194,599	XXX
12. Prescription drugs	21,391,033	21,391,033								XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0									XXX
15. Subtotal (Lines 8 to 14)	123,969,638	118,133,140	4,320,077	0	0	0	0	0	1,516,421	XXX
16. Net reinsurance recoveries	453,053	453,053								XXX
17. Total hospital and medical (Lines 15 minus 16)	123,516,585	117,680,087	4,320,077	0	0	0	0	0	1,516,421	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including $ 2,525,283 cost containment expenses	3,825,194	3,478,707	346,487							
20. General administrative expenses	26,494,887	25,583,992	895,624						15,271	
21. Increase in reserves for accident and health contracts	15,871,980	15,871,980								XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	169,708,646	162,614,766	5,562,188	0	0	0	0	0	1,531,692	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(27,275,341)	(26,671,603)	(469,245)	0	0	0	0	0	(367,799)	233,306
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601. Commissions of Life Product	22,500	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,500
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	22,500	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,500
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)	136,492,058		548,895	135,943,163
2. Medicare Supplement	5,092,943			5,092,943
3. Dental only				0
4. Vision only				0
5. Federal Employees Health Benefits Plan				0
6. Title XVIII - Medicare				0
7. Title XIX - Medicaid				0
8. Other health	1,163,893			1,163,893
9. Health subtotal (Lines 1 through 8)	142,748,894	0	548,895	142,199,999
10. Life	1,195,116		984,310	210,806
11. Property/casualty				0
12. Totals (Lines 9 to 11)	143,944,010	0	1,533,205	142,410,805

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	129,107,843	123,076,656	4,425,080						1,606,107	
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	290,244	290,244								
1.4 Net	128,817,599	122,786,412	4,425,080	0	0	0	0	0	1,606,107	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	17,368,314	16,530,270	457,210	0	0	0	0	0	380,834	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	17,368,314	16,530,270	457,210	0	0	0	0	0	380,834	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	6,956,516	6,956,516								
7. Amounts recoverable from reinsurers December 31, current year	196,351	196,351								
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	15,549,990	14,517,241	562,230	0	0	0	0	0	470,519	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	15,549,990	14,517,241	562,230	0	0	0	0	0	470,519	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	33,542	33,542	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	123,969,651	118,133,169	4,320,060	0	0	0	0	0	1,516,422	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	453,053	453,053	0	0	0	0	0	0	0	0
12.4 Net	123,516,598	117,680,116	4,320,060	0	0	0	0	0	1,516,422	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	927,135	882,428	24,391						20,316	
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	0									
1.4. Net	927,135	882,428	24,391	0	0	0	0	0	20,316	0
2. Incurred but Unreported:										
2.1. Direct	16,441,179	15,647,842	432,819						360,518	
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	0									
2.4. Net	16,441,179	15,647,842	432,819	0	0	0	0	0	360,518	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	0									
3.2. Reinsurance assumed	0									
3.3. Reinsurance ceded	0									
3.4. Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct	17,368,314	16,530,270	457,210	0	0	0	0	0	380,834	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4. Net	17,368,314	16,530,270	457,210	0	0	0	0	0	380,834	0

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	14,221,209	108,402,393	1,113	16,529,128	14,222,322	14,599,436
2. Medicare Supplement	507,994	3,917,086		457,226	507,994	562,062
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid					0	0
8. Other health	165,470	1,440,637		380,834	165,470	388,491
9. Health subtotal (Lines 1 to 8)	14,894,673	113,760,116	1,113	17,367,188	14,895,786	15,549,989
10. Healthcare receivables (a)	1,701,169	3,523,586		3,432,931	1,701,169	1,701,169
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9-10+11+12)	13,193,504	110,236,530	1,113	13,934,257	13,194,617	13,848,820

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A – Paid Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	10,306	10,306	10,306	10,306	10,306
2. 2015	38,044	54,509	54,159	54,159	54,159
3. 2016	XXX	110,289	128,961	128,950	128,950
4. 2017	XXX	XXX	82,104	89,365	89,395
5. 2018	XXX	XXX	XXX	72,839	85,359
6. 2019	XXX	XXX	XXX	XXX	104,879

Section B – Incurred Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	10,306	10,306	10,306	10,306	10,306
2. 2015	56,082	54,511	54,159	54,159	54,159
3. 2016	XXX	129,337	128,962	128,979	128,979
4. 2017	XXX	XXX	94,101	89,738	89,738
5. 2018	XXX	XXX	XXX	87,036	85,360
6. 2019	XXX	XXX	XXX	XXX	119,269

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Hospital and Medical

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2015	62,233	54,159	963	1.8	55,122	88.6			55,122	88.6
2. 2016	126,671	128,950	1,023	0.8	129,973	102.6			129,973	102.6
3. 2017	108,591	89,395	2,735	3.1	92,130	84.8			92,130	84.8
4. 2018	119,084	85,359	538	0.6	85,897	72.1	1		85,898	72.1
5. 2019	136,492	104,879	3,165	3.0	108,044	79.2	16,529	370	124,943	91.5

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A – Paid Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	346	346	346	346	346
2. 2015	1,079	2,055	2,055	2,055	2,055
3. 2016	XXX	3,304	3,689	3,683	3,688
4. 2017	XXX	XXX	3,665	3,857	3,857
5. 2018	XXX	XXX	XXX	4,691	5,199
6. 2019	XXX	XXX	XXX	XXX	3,917

Section B - Incurred Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	346	346	346	346	346
2. 2015	1,709	2,055	2,055	2,055	2,055
3. 2016	XXX	3,712	3,689	3,688	3,688
4. 2017	XXX	XXX	3,665	3,854	3,857
5. 2018	XXX	XXX	XXX	5,251	5,199
6. 2019	XXX	XXX	XXX	XXX	4,374

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2015	2,066	2,055	32	1.6	2,087	101.0			2,087	101.0
2. 2016	3,994	3,688	32	0.9	3,720	93.1			3,720	93.1
3. 2017	3,148	3,857	82	2.1	3,939	125.1			3,939	125.1
4. 2018	4,959	5,199	98	1.9	5,297	106.8			5,297	106.8
5. 2019	5,093	3,917	0	0.0	3,917	76.9	457		4,374	85.9

Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

Pt 2C - Sn A - Paid Claims - XV

NONE

Pt 2C - Sn A - Paid Claims - XI

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Other

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	0	0	0	0	
2. 2015	0	0	0	0	
3. 2016	XXX	142	173	173	173
4. 2017	XXX	XXX	999	1,104	1,104
5. 2018	XXX	XXX	XXX	562	727
6. 2019	XXX	XXX	XXX	XXX	1,441

Section B – Incurred Health Claims - Other

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	0	0	0	0	
2. 2015	0	0	0	0	
3. 2016	XXX	142	173	173	173
4. 2017	XXX	XXX	999	1,104	1,104
5. 2018	XXX	XXX	XXX	950	727
6. 2019	XXX	XXX	XXX	XXX	1,821

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Other

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2015	0	0		0.0	0	0.0			0	0.0
2. 2016	272	173	2	1.2	175	64.3			175	64.3
3. 2017	743	1,104	21	1.9	1,125	151.4			1,125	151.4
4. 2018	1,253	727	23	3.2	750	59.9			750	59.9
5. 2019	1,164	1,441	0	0.0	1,441	123.8	381		1,822	156.5

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	10,652	10,652	10,652	10,652	10,652
2. 2015	39,123	56,564	56,214	56,214	56,214
3. 2016	XXX	113,735	132,823	132,806	132,811
4. 2017	XXX	XXX	86,768	94,326	94,356
5. 2018	XXX	XXX	XXX	78,092	91,285
6. 2019	XXX	XXX	XXX	XXX	110,237

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	10,652	10,652	10,652	10,652	10,652
2. 2015	57,791	56,566	56,214	56,214	56,214
3. 2016	XXX	133,191	132,824	132,840	132,840
4. 2017	XXX	XXX	98,765	94,696	94,699
5. 2018	XXX	XXX	XXX	93,237	91,286
6. 2019	XXX	XXX	XXX	XXX	125,464

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2015	64,299	56,214	995	1.8	57,209	89.0	0	0	57,209	89.0
2. 2016	130,937	132,811	1,057	0.8	133,868	102.2	0	0	133,868	102.2
3. 2017	112,482	94,356	2,838	3.0	97,194	86.4	0	0	97,194	86.4
4. 2018	125,296	91,285	659	0.7	91,944	73.4	1	0	91,945	73.4
5. 2019	142,749	110,237	3,165	2.9	113,402	79.4	17,367	370	131,139	91.9

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Pt 2C - Sn B - Incurred Claims - XV

NONE

Pt 2C - Sn B - Incurred Claims - XI

NONE

Part 2C - Sn C - Claims Expense Ratio DO

NONE

Part 2C - Sn C - Claims Expense Ratio VO

NONE

Part 2C - Sn C - Claims Expense Ratio FE

NONE

Part 2C - Sn C - Claims Expense Ratio XV

NONE

Part 2C - Sn C - Claims Expense Ratio XI

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	0								
2. Additional policy reserves (a)	15,871,980	15,871,980							
3. Reserve for future contingent benefits	0								
4. Reserve for rate credits or experience rating refunds (including $ for investment income)	8,454,066	8,454,066							
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	24,326,046	24,326,046	0	0	0	0	0	0	0
7. Reinsurance ceded	0								
8. Totals (Net) (Page 3, Line 4)	24,326,046	24,326,046	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims	0								
10. Reserve for future contingent benefits	0								
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. ACA Risk Sharing Payable	0								
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes $ 15,871,980 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent ($ ..... for occupancy of own building)	83,622	35,169	494,272		613,063
2. Salaries, wages and other benefits	1,904,496	533,182	11,077,592		13,515,270
3. Commissions (less $ ..... ceded plus $ ..... assumed)			2,704,226		2,704,226
4. Legal fees and expenses			100,210		100,210
5. Certifications and accreditation fees			7,404		7,404
6. Auditing, actuarial and other consulting services			1,239,334		1,239,334
7. Traveling expenses	3,123	3,367	114,840		121,330
8. Marketing and advertising	4,716		424,049		428,765
9. Postage, express and telephone	41,920	172,875	330,917		545,712
10. Printing and office supplies	19,412	152,095	181,880		353,387
11. Occupancy, depreciation and amortization			661,771		661,771
12. Equipment			20,797		20,797
13. Cost or depreciation of EDP equipment and software			588,576		588,576
14. Outsourced services including EDP, claims, and other services	334,968	316,498	2,810,544		3,462,010
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate			192,581		192,581
17. Collection and bank service charges			51,018		51,018
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses			24,132		24,132
22. Real estate taxes			15,433		15,433
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					0
23.2 State premium taxes			2,697,937		2,697,937
23.3 Regulatory authority licenses and fees			392,303		392,303
23.4 Payroll taxes	112,148	43,461	436,598		592,207
23.5 Other (excluding federal income and real estate taxes)			3,111		3,111
24. Investment expenses not included elsewhere				3,239	3,239
25. Aggregate write-ins for expenses	20,878	43,264	1,925,362	0	1,989,504
26. Total expenses incurred (Lines 1 to 25)	2,525,283	1,299,911	26,494,887	3,239	(a) 30,323,320
27. Less expenses unpaid December 31, current year		370,186	1,656,777		2,026,963
28. Add expenses unpaid December 31, prior year	0	316,514	1,512,259	0	1,828,773
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	2,525,283	1,246,239	26,350,369	3,239	30,125,130
DETAILS OF WRITE-INS					
2501. Other Employee Expenses	15,492	10,892	57,024		83,408
2502. Donations					0
2503. Miscellaneous			79,228		79,228
2598. Summary of remaining write-ins for Line 25 from overflow page	5,386	32,372	1,789,110	0	1,826,868
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	20,878	43,264	1,925,362	0	1,989,504

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

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds	(a) (5,827)	366
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a) 227,297	316,351
1.3	Bonds of affiliates	(a) 0	
2.1	Preferred stocks (unaffiliated)	(b) 0	
2.11	Preferred stocks of affiliates	(b) 0	
2.2	Common stocks (unaffiliated)	0	
2.21	Common stocks of affiliates	0	
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 321,290	357,263
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	542,759	673,979
11.	Investment expenses		(g) 3,239
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		3,239
17.	Net investment income (Line 10 minus Line 16)		670,740
DETAILS OF WRITE-INS			
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

(a) Includes $ (3,412) accrual of discount less $ 863 amortization of premium and less $ 6,316 paid for accrued interest on purchases.
(b) Includes $ accrual of discount less $ amortization of premium and less $ 0 paid for accrued dividends on purchases.
(c) Includes $ 0 accrual of discount less $ 0 amortization of premium and less $ paid for accrued interest on purchases.
(d) Includes $ for company's occupancy of its own buildings; and excludes $ interest on encumbrances.
(e) Includes $ 7,128 accrual of discount less $ amortization of premium and less $ paid for accrued interest on purchases.
(f) Includes $ accrual of discount less $ amortization of premium.
(g) Includes $ investment expenses and $ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes $ interest on surplus notes and $ interest on capital notes.
(i) Includes $ depreciation on real estate and $ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds	(14,720)		(14,720)		
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)	(20,797)		(20,797)		
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	0	0	0		0
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments	2		2	0	0
7.	Derivative instruments			0		
8.	Other invested assets	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	(35,515)	0	(35,515)	0	0
DETAILS OF WRITE-INS						
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	0	791	791
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	0	25,658	25,658
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	0	0	0
21. Furniture and equipment, including health care delivery assets	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable	1,576,829	864,316	(712,513)
25. Aggregate write-ins for other-than-invested assets	72,660	75,000	2,340
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,649,489	965,765	(683,724)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	1,649,489	965,765	(683,724)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Insurance Charter	75,000	75,000	0
2502. Goodwill	(2,340)		2,340
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	72,660	75,000	2,340

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health Maintenance Organizations	0					
2. Provider Service Organizations	0					
3. Preferred Provider Organizations	24,186	26,438	28,658	31,472	32,955	350,236
4. Point of Service	0					
5. Indemnity Only	0					
6. Aggregate write-ins for other lines of business	3,570	3,465	3,459	3,539	3,528	42,083
7. Total	27,756	29,903	32,117	35,011	36,483	392,319
DETAILS OF WRITE-INS						
0601. Medicare Supplement	2,588	2,509	2,532	2,537	2,520	30,371
0602. Stop Loss	982	956	927	1,002	1,008	11,712
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	3,570	3,465	3,459	3,539	3,528	42,083

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A) Accounting Practices

The financial statements of QualChoice Life and Health Insurance Company, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the Arkansas Department of Insurance (DOI).

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

	NET INCOME	SSAP #	F/S Page	F/S Line #	State of Domicile	2019	2018
(1)	QualChoice Life & Health Insurance Company, Inc. state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	Arkansas	$ (26,235,129)	$ 16,714,432
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Depreciation of fixed assets				Arkansas	$ -	$ -
(3)	State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Depreciation of fixed assets, home office property				Arkansas	$ -	$ -
(4)	NAIC SAP (1-2-3=4)	XXX	XXX	XXX	Arkansas	$ (26,235,129)	$ 16,714,432
	SURPLUS						
(5)	QualChoice Life & Health Insurance Company, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	Arkansas	$ 21,661,371	$ 59,972,190
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Goodwill, net e.g., Fixed Assets, net				Arkansas	$ -	$ -
(7)	State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Home Office Property				Arkansas	$ -	$ -
(8)	NAIC SAP (5-6-7=8)	XXX	XXX	XXX	Arkansas	$ 21,661,371	$ 59,972,190

B) Use of Estimates in the Preparation of the Financial Statement

The preparation of financial statements in conformity with the Annual Statement Instructions and the Accounting Practices and Procedures Manual requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C) Accounting Policy

1. Cash and short-term investments are carried at cost, which approximates fair value. Short-term investments include securities purchased within twelve month or less of maturity date.

2. Investment grade bonds (NAIC designation 1 or 2) not backed by other loans are valued at amortized cost using the scientific (constant yield) method. Bonds containing call provisions, except "make whole" call provisions, are amortized to the call or maturity value/date which produces the lowest asset value (yield to worst). Bonds which are below investment grade (NAIC designations 3 to 6) are carried at the lower of amortized cost or fair value.

3. The Company holds no common stocks.

4. The Company holds no preferred stocks.

5. The Company holds no mortgage loans.

6. The Company holds no loan-back securities.

7. The Company has no investments in subsidiaries, controlled or affiliated companies.

8. The Company has no investments in joint ventures, partnerships and limited liability companies.

9. The Company holds no derivatives.

10. The Company reviews expectations regarding the profitability of contracts in force to determine whether a premium deficiency reserve is required. The Company considers anticipated investment income when calculating its premium deficiency reserves. The adequacy of reserve requirements is continually reviewed by management, with any reductions in the reserve being recorded as a beneficial effect in the Statement of Revenue and Expenses. The Company has a $15,871,980 premium deficiency reserve recorded as of December 31, 2019.

11. Unpaid losses and loss adjustment expenses include amounts determined from claims estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount to be adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.

12. There were no changes to the capitalization policy.

NOTES TO FINANCIAL STATEMENTS

13. Pharmaceutical rebates are based on actual pharmaceutical claims experience.

14. Premiums are generally received in the month for which coverage applies, and income from such premiums is recorded as earned during the period in which the Company is obligated to provide services to members. Premiums collected in advance of the month for which coverage applies are deferred and recorded as unearned premium revenue.

15. The Company recognizes investment income when earned. The Company records receivables for investment income earned as of the reporting date but not paid to the Company until subsequent to the reporting date. The Company performs an evaluation of the receivables to determine whether impairment exists.

D) Going Concern

The Company's management has not identified any conditions or events that raise substantial doubt in its ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of Arkansas. There were no accounting changes or correction or errors from the prior period.

3. Business Combinations and Goodwill

A. Statutory Purchase Method – None

B. Statutory Merger – None

C. Assumption Reinsurance – None

D. Impairment Loss – None

4. Discontinued Operations

None

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans – None

B. Debt Restructuring – None

C. Reverse Mortgages – None

D. Loan-Backed Securities - None

E. Dollar Repurchase Agreements and/or Securities Lending Transactions – Not applicable

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – Not applicable

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – Not applicable

H. Repurchase Agreements Transactions Accounted for as a Sale – Not applicable

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – Not applicable

J. Real Estate – Not applicable

K. Low-Income Housing Tax Credits (LIHTC) – Not applicable

L. Restricted Assets

NOTES TO FINANCIAL STATEMENTS

Restricted Asset Category	1 Total Gross Restricted from Current Year	2 Total Gross Restricted From Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Admitted Restricted	5 Percentage Gross Restricted to Total Assets	6 Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown						
b. Collateral held under security lending agreements						
c. Subject to repurchase agreements						
d. Subject to reverse repurchase agreements						
e. Subject to dollar repurchase agreements						
f. Subject to dollar reverse repurchase agreements						
g. Placed under option contracts						
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock						
i. FHLB capital stock						
j. On deposit with states	1,678,400	1,605,373	73,027	1,678,400	2.3%	2.4%
k. On deposit with other regulatory bodies						
l. Pledged as collateral to FHLB (including assets backing funding agreements).						
m. Pledged as collateral not captured in other categories						
n. Other restricted assets						
o. Total Restricted Assets	1,678,400	1,605,373	73,027	1,678,400	2.3%	2.4%

1. Restricted Assets (Including Pledged)
2. Detail of Assets Pledged as Collateral Not Captured in Other Categories – None
3. Detail of Other Restricted Assets – None
4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements – None

M. Working Capital Finance Investments - None

N. Offsetting and Netting of Assets and Liabilities - None

O. Structured Notes – None

P. 5GI Securities – None

Q. Short Sales- None

R. Prepayment Penalty and Acceleration Fees - Not applicable

6. Joint Ventures, Partnerships and Limited Liability Companies

The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies.

7. Investment Income

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

2. The total amount excluded was $0.

8. Derivative Instruments

None

NOTES TO FINANCIAL STATEMENTS

9. Income Taxes

A. Components of deferred tax assets (DTAs) and deferred tax liabilities (DTLs):

(1) DTA/DTL Components

Description	2019 Ordinary	2019 Capital	2019 Total	2018 Ordinary	2018 Capital	2018 Total	Change Ordinary	Change Capital	Change Total
(a) Gross deferred tax assets	4,493,829	0	4,493,829	350,711	33,828	384,539	4,143,118	(33,828)	4,109,290
(b) Statutory valuation allowance adjustment	(4,468,591)	0	(4,468,591)	(64,437)	(33,828)	(98,265)	(4,404,154)	33,828	(4,370,326)
(c) Adjusted gross deferred tax assets	25,238	0	25,238	286,274	(0)	286,274	(261,036)	0	(261,036)
(d) Deferred tax assets nonadmitted	(0)	0	(0)	(25,658)	0	(25,658)	25,658	0	25,658
(e) Net admitted deferred tax assets	25,238	0	25,238	260,616	(0)	260,616	(235,378)	0	(235,378)
(f) Deferred tax liabilities	(25,237)	0	(25,237)	(19,301)	0	(19,301)	(5,936)	0	(5,936)
(g) Net admitted deferred tax asset/(Net deferred tax liability)	0	0	0	241,315	(0)	241,314	(241,314)	0	(241,314)

(2) Admission calculation components:

Description	2019 Ordinary	2019 Capital	2019 Total	2018 Ordinary	2018 Capital	2018 Total	Change Ordinary	Change Capital	Change Total
Admission calculation under ¶11.a.-¶11.c.									
(a) FIT recoverable by loss carryback [¶11.a.]	0	0	0	233,762	0	233,762	(233,762)	0	(233,762)
(b) Expected to be realized [¶11.b.] (lesser of 1. or 2.)	0	0	0	7,552	0	7,552	(7,552)	0	(7,552)
1. Expected to be realized [¶11.b.i.]	0	0	0	7,552	0	7,552	0	0	0
2. Surplus limitation [¶11.b.ii.]	XXX	XXX	3,219,206	XXX	XXX	0	XXX	XXX	3,219,206
(c) DTL offset [¶11.c.]	25,237	0	25,237	19,301	0	19,301	5,936	0	5,936
(d) Total admitted under ¶¶11.a.-11.c.	25,237	0	25,237	260,615	0	260,615	(235,378)	0	(235,378)
Deferred tax liabilities	(25,237)	0	(25,237)	(19,301)	0	(19,301)	(5,936)	0	(5,936)
Net admitted deferred tax asset/liability under ¶11.a.-¶11.c.	**(0)**	**0**	**(0)**	**241,314**	**0**	**241,314**	**(241,314)**	**0**	**(241,314)**

(3) Information used in expected to be realized calculation [¶11.b.]

	2019	2018
(a) ExDTA ACL RBC or other ratio	361%	>400%
(b) Adjusted capital and surplus	21,461,373	50,663,520

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

Description	2019 Ordinary	2019 Capital	2019 Total	2018 Ordinary	2018 Capital	2018 Total	Change Ordinary	Change Capital	Change Total
Adjusted gross DTAs - Amount (Memo Entry)	0	0	0	286,273	0	286,273	(286,273)	0	(286,273)
(a) Adjusted gross DTAs - Percentage	0.00%	0.00%	0.00%	100.00%	0.00%	100.00%	-100.00%	0.00%	-100.00%
Net admitted DTAs - Amount (Memo Entry)	0	0	0	260,615	0	260,615	(260,615)	0	(260,615)
(b) Net admitted DTAs - Percentage	0.00%	0.00%	0.00%	108.00%	0.00%	108.00%	-108.00%	0.00%	-108.00%

(c) Did the company avail itself of a tax planning strategy involving reinsurance? Yes ☐ No ☒

B. Temporary differences for which DTLs have not been established:

Not Applicable

C. Current tax and change in deferred tax:

(1) Current income taxes incurred consist of the following major components:

Description	2019	2018
(a) Current federal income tax expense	(1,696,366)	1,038,015
(b) Foreign taxes	0	0
(c) Subtotal	(1,696,366)	1,038,015
(d) Tax on capital gains/(losses)	(7,458)	0
(e) Utilization of capital loss carryforwards	0	0
(f) Other, including prior year underaccrual (overaccrual)	0	18,941
(g) Federal and foreign income taxes incurred	(1,703,824)	1,056,956

The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities are as follows:

NOTES TO FINANCIAL STATEMENTS

	(2) DTAs Resulting From Book/Tax Differences In	December 31, 2019	December 31, 2018	Change
(a)	**Ordinary**			
(1)	Discounting of unpaid losses and LAE	56,677	51,179	5,498
(2)	Unearned premiums	0	863	(863)
(3)	Policyholder reserves	0	0	0
(4)	Investments	0	0	0
(5)	Deferred acquisition costs	0	0	0
(6)	Policyholder dividends accrued	0	0	0
(7)	Fixed assets	0	0	0
(8)	Accrued Expenses	0	0	0
(9)	Pension accruals	0	0	0
(10)	Nonadmitted assets	346,393	197,422	148,970
(11)	Net operating loss carryforward	0	100,949	(100,949)
(12)	Tax credit carryforward	0	297	(297)
(13)	Goodwill & Intangible Amortization	757,643	0	757,643
(13.)	PDR	3,333,116	0	3,333,116
(14)	Other (separately disclose items >5%)	0	0	0
(99)	Gross ordinary DTAs	4,493,829	350,711	4,143,118
(b)	Statutory valuation adjustment adjustment - ordinary	(4,468,591)	(64,437)	(4,404,154)
(c)	Nonadmitted ordinary DTAs (-)	(0)	(25,658)	25,658
(d)	Admitted ordinary DTAs	25,238	260,616	(235,378)
(e)	**Capital**			
(1)	Investments	0	0	0
(2)	Net capital loss carryforward	0	33,828	(33,828)
(3)	Real estate	0	0	0
(4)	Other (separately disclose items >5%)	0	0	0
(5)	Unrealized capital losses	0	0	0
(99)	Gross capital DTAs	0	33,828	(33,828)
(f)	Statutory valuation adjustment adjustment - capital (-)	0	(33,828)	33,828
(g)	Nonadmitted capital DTAs (-)	0	0	0
(h)	Admitted capital DTAs	0	(0)	0
(i)	**Admitted DTAs**	**25,238**	**260,616**	**(235,378)**

	(3) DTLs Resulting From Book/Tax Differences In	December 31, 2019	December 31, 2018	Change
(a)	**Ordinary**			
(1)	Investments	0	0	0
(2)	Fixed assets	0	0	0
(3)	Deferred and uncollected premiums	0	0	0
(4)	Policyholder reserves/salvage and subrogation	0	0	0
(5)	Other (separately disclose items >5%)	(25,237)	(19,301)	(5,936)
(99)	Ordinary DTLs	(25,237)	(19,301)	(5,936)
(b)	**Capital**			
(1)	Investments	0	0	0
(2)	Real estate	0	0	0
(3)	Other (separately disclose items >5%)	0	0	0
(4)	Unrealized capital gains	0	0	0
(99)	Capital DTLs	0	0	0
(c)	**DTLs**	**(25,237)**	**(19,301)**	**(5,936)**
(4)	**Net deferred tax assets/liabilities**	**0**	**241,314**	**(241,314)**

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):

NOTES TO FINANCIAL STATEMENTS

	December 31, 2019	December 31, 2018	Change
Total deferred tax assets	4,493,829	384,539	4,109,290
Total deferred tax liabilities	(25,237)	(19,301)	(5,936)
Net deferred tax assets/liabilities	4,468,591	365,237	4,103,354
Statutory valuation allowance adjustment (*see explanation below)	(4,468,591)	(98,265)	(4,370,326)
Net deferred tax assets/liabilities after SVA	0	266,972	(266,972)
Tax effect of unrealized gains/(losses)	0	0	0
Change in net deferred income tax [(charge)/benefit]	0	266,972	(266,972)

***Statutory valuation allowance**

The valuation allowance adjustment to gross deferred tax assets as of December 31, 2019 and December 31, 2018 was $4,468,591 and $98,265, respectively. The net change in the total valuation allowance adjustments for the period ended December 30, 2019 was 4,370,326.

D. Reconciliation of federal income tax rate to actual effective rate:

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:

Description	Amount	Tax Effect	Rate	Amount	Tax Effect	Rate
Income Before Taxes	(27,938,954)	(5,867,180)	21.00%	24,193,395	5,080,613	21.00%
Tax-Exempt Interest	(471)	(99)	0.00%		0	0.00%
Dividends Received Deduction	0	0	0.00%		0	0.00%
Proration	118	25	0.00%		0	0.00%
Health Insurer Fee	0	0	0.00%	2,076,931	436,156	1.80%
Meals & Entertainment, Etc.	0	0	0.00%		0	0.00%
Statutory Valuation Allowance Adjustment	20,811,078	4,370,326	-15.64%	(22,121,687)	(4,632,535)	-19.15%
Deferred Taxes on Nonadmitted Assets	(709,382)	(148,970)	0.53%	(339,499)	(71,295)	-0.29%
Change in Enacted Tax Rates	0	0	0.00%	62,003	8,680	0.04%
338	(1,917,535)	(402,682)	1.44%			0.00%
Other, Including Prior Year True-Up		611,729	-2.19%		(2,760)	-0.01%
Total		(1,436,852)	5.14%		818,859	3.38%
Federal Income Taxes Incurred [Expense/(Benefit)]		(1,696,366)	6.07%		1,056,956	4.37%
Tax on Capital Gains/(Losses)		(7,458)	0.03%		0	0.00%
Change in Net Deferred Income Tax [Charge/(Benefit)]		266,972	-0.96%		(238,096)	-0.98%
Total Statutory Income Taxes		(1,436,852)	5.14%		818,860	3.38%

E. Carryforwards, recoverable taxes, and IRC §6603 deposits:

At December 30, 2018, the Company had net operating loss carryforwards expiring through the year 20XX of: $0

At December 30, 2018, the Company had capital loss carryforwards expiring through the year 20XX of: $0

The following is income tax expense that is available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total
2017	N/A	0	0
2018	0	0	0
2019	0	0	0
Total	0	0	0

Deposits admitted under IRC § 6603

None

F. The Company's federal income tax return is consolidated with Centene and its subsidiaries, including but not limited to the following entities:

Absolute Total Care, Inc.
AcariaHealth Pharmacy #11, Inc.
AcariaHealth Pharmacy #12, Inc.
AcariaHealth Pharmacy #13, Inc.
AcariaHealth Pharmacy #14, Inc.
AcariaHealth Pharmacy, Inc.
AcariaHealth Solutions, Inc.
AcariaHealth, Inc.
Access Medical Acquisition, Inc.
Access Medical Group of Florida City, Inc.
Access Medical Group of Hialeah, Inc.
Access Medical Group of Miami, Inc.
Access Medical Group of North Miami Beach, Inc.
Access Medical Group of Opa-Locka, Inc.
Access Medical Group of Perrine, Inc.
Access Medical Group of Tampa II, Inc.
Access Medical Group of Tampa III, Inc.
Envolve Benefit Options, Inc.
Envolve Captive Insurance Company, Inc.
Envolve Dental IPA of New York, Inc.
Envolve Dental of Florida, Inc.
Envolve Dental of Texas, Inc.
Envolve Dental, Inc.
Envolve Holdings, Inc.
Envolve Optical, Inc.
Envolve PeopleCare, Inc.
Envolve Pharmacy Solutions, Inc.
Envolve Total Vision, Inc.
Envolve Vision Benefits, Inc.
Envolve Vision IPA of New York, Inc.
Envolve Vision of Florida, Inc.
Envolve Vision of Texas, Inc.
Envolve Vision, Inc.
Envolve, Inc.
Kentucky Spirit Health Plan, Inc.
LBB Industries, Inc.
LiveHealthier, Inc.
Louisiana Healthcare Connections, Inc.
LSM Holdco, Inc.
Magnolia Health Plan, Inc.
Managed Health Network
Managed Health Services Illinois, Inc.
Managed Health Services Insurance Corporation
Mauli Ola Health and Wellness, Inc.
MHM Maryland, Inc.
MHM Ohio, Inc.
MHM Services, Inc.
MHN Global Services, Inc.
MHN Government Services - Guam, Inc.
MHN Government Services - International, Inc.
MHN Government Services - Puerto Rico, Inc.

NOTES TO FINANCIAL STATEMENTS

Access Medical Group of Tampa, Inc.
Access Medical Group of Westchester, Inc.
Agate Resources, Inc.
Ambetter of North Carolina, Inc.
Arkansas Health & Wellness Health Plan, Inc.
Bankers Reserve Life Insurance Company of Wisconsin
Blue Sky Health Plan, Inc.
Bridgeway Health Solutions of Arizona, Inc.
Buckeye Community Health Plan, Inc.
Buckeye Health Plan Community Solutions, Inc.
Calibrate Acquisition Co.
California Health and Wellness Plan
Carolina Complete Health Holding Company Partnership
Carolina Complete Health, Inc.
CBHSP Arizona, Inc.
Celtic Group, Inc.
Celticare Health Plan of Massachusetts, Inc.
Cenpatico of Arizona, Inc.
Cenpatico of California, Inc.
Centene Company of Texas, LP
Centene Corporation
Centene Escrow II Corporation
Centene Health Plan Holdings, Inc.
Centene Venture Company Alabama Health Plan, Inc.
Centene Venture Company Florida
Centene Venture Company Illinois
Centene Venture Company Indiana, Inc.
Centene Venture Company Kansas
Centene Venture Company Michigan
Centene Venture Company Tennessee
Community Medical Holdings Corp.
Coordinated Care Corporation
Coordinated Care of Washington, Inc.
Delaware First Health Plan, Inc.
District Community Care, Inc.
Envolve - New York, Inc.
FH Assurance Company
Granite State Health Plan, Inc.
Hallmark Life Insurance Company
Health Net Access, Inc.
Health Net Community Solutions of Arizona, Inc.
Health Net Community Solutions, Inc.
Health Net Health Plan of Oregon, Inc.
Health Net Life Insurance Company
Health Net Life Reinsurance Company
Health Net of Arizona Administrative Services, Inc.
Health Net of Arizona, Inc.
Health Net of California Real Estate Holdings, Inc.
Health Net of California, Inc.
Health Net Pharmaceutical Services
Health Net Services, Inc.
Health Plan Real Estate Holding, Inc.
HealthSmart Benefit Solutions, Inc.
HealthSmart Care Management Solutions, LP
HealthSmart Information Systems, Inc.
HealthSmart Preferred Care II, LP
HealthSmart Preferred Network II, Inc.
HealthSmart Primary Care Clinics, LP
HealthSmart Rx Solutions, Inc.
Healthy Missouri Holdings, Inc.
Healthy Oklahoma Holdings, Inc.
Healthy Washington Holdings, Inc.
Home State Health Plan, Inc.
HomeScripts.com, LLC
IHG Holdings, Inc.
IlliniCare Health Plan, Inc.
Integrated Mental Health Services, 501(A)
Integrated Pharmacy Systems, Inc.
Interpreta Holdings, Inc.
Interpreta, Inc.
Iowa Total Care, Inc.
Isla Holding Co., Inc.
MHS Consulting International, Inc.
MHS Travel & Charter, Inc.
Michigan Complete Health, Inc.
National Pharmacy Services, Inc.
Nebraska Total Care, Inc.
New York Quality Healthcare Corporation
New York Rx, Inc.
Next Door Neighbors, Inc.
NovaSys Health, Inc.
Oklahoma Complete Health, Inc.
Patriots Holding Co.
Peach State Health Plan, Inc.
Pennsylvania Health & Wellness, Inc.
Pennsylvania Health Care Plan, Inc.
QCA Health Plan, Inc.
QualChoice Life and Health Insurance Company, Inc.
QualMed Plans for Health of Pennsylvania, Inc.
QualMed Plans for Health of Western Pennsylvania, Inc.
QualMed, Inc.
RX Direct, Inc.
Salus Administrative Services, Inc.
SilverSummit Healthplan, Inc.
Sunflower State Health Plan, Inc.
Sunshine Health Community Solutions, Inc.
Sunshine State Health Plan, Inc.
Superior Health Community Solutions, Inc.
Superior HealthPlan, Inc.
Tennessee Total Care, Inc.
Trillium Community Health Plan, Inc.
U.S. Medical Management Holdings, Inc.
University Health Plans, Inc.
Virginia Total Care, Inc.
VPA of Texas, PLLC
VPA, P.C.
Wellington Merger Sub II, Inc.
Western Sky Community Care, Inc.

The method of allocation among companies is subject to a written agreement whereby allocation is made primarily on a separate company basis using the percentage method pursuant to provisions of IRC Sections §1502 and §1552 and Treasury Regulations §1.1502 and §1.1552. This percentage method allocates a tax asset (i.e. intercompany receivable) for any benefit derived by the consolidated group for the member's losses or credits that offset consolidated taxable income. In accordance with the tax sharing agreement, each member shall pay to Parent or receive from the Parent the amount of tax liability or benefit reported on each member's proforma federal income tax return within 90 days of the date Parent files its consolidated federal income tax return.

G. Federal or Foreign Income Tax Loss Contingencies

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

H. Repatriation Transition Tax (RTT)

Not applicable.

I. Repatriation Transition Tax (RTT)

Not applicable.

(1).	Gross AMT Credit Recognized as:		
a.	Current year recoverable	$	-
b.	Deferred tax asset (DTA)	$	297
(2).	Beginning Balance of AMT Credit Carryforward	$	297
(3).	Amounts Recovered	$	(149)
(4).	Adjustments	$	-
(5).	Ending Balance of AMT Credit Carryforward	$	149
(6).	Reduction for Sequestration		NONE
(7).	Nonadmitted by Reporting Entity	$	-
(8).	Reporting Entity Ending Balance	$	149

J. Global Intangible Low-Taxed Income (GILTI)

Not Applicable

10. Information Concerning Parent, Subsidiaries and Affiliates

A, B, C, G. Effective 4/1/19, the Company is a wholly-owned subsidiary of Centene Corporation.

Centene Management Company, LLC, a wholly owned subsidiary of Centene Corporation, provides data, claims processing, case management, care coordination and general management services to the Company. Medical and administrative expenses included $5,032,243 for such services during the period ended December 31, 2019.

D. Included in the Company's balance sheet as of December 31, 2019 are the following receivables from and payables to parent, subsidiaries and affiliates:

NOTES TO FINANCIAL STATEMENTS

Affiliated Entity	2019 Receivable	2019 Payable
QCA Health Plan Inc.	1,797,051	
Centene Management Company	-	6,432,921
Centene Center LLC	-	13,582
Centene Corporation	18,203,059	-

E. Not Applicable.

F. Not Applicable

H. Not Applicable.

I. Not Applicable.

J. Not Applicable.

K. Not Applicable.

L. Not Applicable.

M. Not Applicable.

N. Not Applicable.

11. Debt

A. On April 1, 2019, the Company settled the $5,000,000 capital notes outstanding with QualChoice Health Plan Services, Inc. including $1,298,836 of 6% interest accrued as approved by the Insurance Commissioner. As of December 31, 2019, the Company has no outstanding capital notes.

B. As of December 31, 2019, the Company has no outstanding Federal Home Loan Bank Agreements.

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

The Company has an employee 401(k) plan covering all full-time employees of the Company who have completed three months of employment and choose to participate. The benefit plan has not changed since the year ended 12/31/18.

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

(1) The Company has 10,000 shares of $100 per share par value common stock authorized and 20,000 shares of $1 per share par value common stock authorized, of which only 13,750 shares of $1 par value common stock were outstanding as of December 31, 2019. The Company also has 1,500 shares of $1,000 per share par value preferred stock authorized and none outstanding at December 31, 2019.

(2) In the event of any voluntary or involuntary liquidation, dissolution, or winding up of the affairs of the Company the holders of the preferred stock shall be entitled to share ratably in any assets of the Company available for distribution to the Company's stockholders. The amount will be equal to the greater of (a) $1,000 per share of preferred stock, subject to appropriate adjustment in the event of any stock dividend, stock split, combination or other similar recapitalization, plus all declared, approved, but unpaid dividends through such distribution payment date or (b) the amount per share such shareholder would receive if such shareholder converted such shares of preferred stock into common stock in accordance with the conversion factor set out in the "Statement of Preferences and Terms of Preferred Stock" immediately prior to such liquidation, dissolution, or winding up of the affairs of the Company. Any payments or distributions to the preferred stockholders shall be made before any such payments or distributions shall be made to common stockholders.

(3) The Company has no dividend restrictions.

(4) On April 1, 2019, the Company paid a $31,056,811 extraordinary dividend to QualChoice Holdings, Inc., its former parent as approved by the Insurance Commissioner.

(5) Not applicable

(6) The Company had no restrictions on its unassigned surplus.

(7) The Company does not have any advances to surplus.

(8) Not applicable

(9) The increase in the special surplus funds from the prior year is due to the projected annual fee under section 9010 of the Affordable Care Act to be paid on September 30, 2020 based on business written in 2019.

(10) Not applicable

(11) The Company did not issue any surplus debentures or similar obligations.

(12) The Company was not involved in a quasi-reorganization.

(13) N/A

14. Liabilities, contingencies, and assessments

A. Contingent Commitments - None

NOTES TO FINANCIAL STATEMENTS

B. Assessments – None

C. Gain Contingencies - None

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits – None

E. Joint and Several Liabilities – None

F. All Other Contingencies – None

15. Leases
None

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk
None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
None

20. Fair Value Measurement

A. Assets Measured at Fair Value on a Recurring Basis

Assets and liabilities recorded at fair value in the statutory statement of admitted assets, liabilities and capital and surplus are categorized based upon the extent to which the fair value estimates are based upon observable or unobservable inputs.

Level inputs are as follows:

Level input	Input definition
Level I	Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.
Level II	Inputs other than quoted prices included in Level I that are observable for the asset or liability through corroboration with market data at the measurement date.
Level III	Unobservable inputs that reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.

The following table summarizes fair value measurements by level at December 31, 2019 for assets and liabilities measured at fair value on a recurring basis.

NOTES TO FINANCIAL STATEMENTS

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash, Short Term Investments and Cash Equivalents	$ 31,160,311	$ -	$ -	$ -	$ 31,160,311
Perpetual Preferred stock					
Industrial and Misc	$ -	$ -	$ -	$ -	$ -
Parent, Subsidiaries and Affiliates	-	-	-	-	-
Total Perpetual Preferred Stocks	$ -	$ -	$ -	$ -	$ -
Bonds					
U.S. Governments	$ -	$ -	$ -	$ -	$ -
Industrial and Misc	-	-	-	-	-
Hybrid Securities	-	-	-	-	-
Parent, Subsidiaries and Affiliates	-	-	-	-	-
Total Bonds	$ -	$ -	$ -	$ -	$ -
Common Stock					
Industrial and Misc	$ -	$ -	$ -	$ -	$ -
Parent, Subsidiaries and Affiliates	-	-	-	-	-
Total Common Stocks	$ -	$ -	$ -	$ -	$ -
Derivative assets					
Interest rate contracts	$ -	$ -	$ -	$ -	$ -
Foreign exchange contracts	-	-	-	-	-
Credit contracts	-	-	-	-	-
Commodity futures contracts	-	-	-	-	-
Commodity forward contracts	-	-	-	-	-
Total Derivatives	$ -	$ -	$ -	$ -	$ -
Separate account assets	$ -	$ -	$ -	$ -	$ -
Total assets at fair value	$ 31,160,311	$ -	$ -	$ -	$ 31,160,311
b. Liabilities at fair value					
Derivative liabilities	$ -	$ -	$ -	$ -	$ -
Total liabilities at fair value	$ -	$ -	$ -	$ -	$ -

The following table summarizes fair value measurements by level at December 31, 2018 for assets and liabilities measured at fair value on a recurring basis.

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash, Short Term Investments and Cash Equivalents	$ 38,059,030	$ -	$ -	$ -	$ 38,059,030
Perpetual Preferred stock					
Industrial and Misc	$ -	$ -	$ -	$ -	$ -
Parent, Subsidiaries and Affiliates	-	-	-	-	-
Total Perpetual Preferred Stocks	$ -	$ -	$ -	$ -	$ -
Bonds					
U.S. Governments	$ -	$ -	$ -	$ -	$ -
Industrial and Misc	-	-	-	-	-
Hybrid Securities	-	-	-	-	-
Parent, Subsidiaries and Affiliates	-	-	-	-	-
Total Bonds	$ -	$ -	$ -	$ -	$ -
Common Stock					
Industrial and Misc	$ -	$ -	$ -	$ -	$ -
Parent, Subsidiaries and Affiliates	-	-	-	-	-
Total Common Stocks	$ -	$ -	$ -	$ -	$ -
Derivative assets					
Interest rate contracts	$ -	$ -	$ -	$ -	$ -
Foreign exchange contracts	-	-	-	-	-
Credit contracts	-	-	-	-	-
Commodity futures contracts	-	-	-	-	-
Commodity forward contracts	-	-	-	-	-
Total Derivatives	$ -	$ -	$ -	$ -	$ -
Separate account assets	$ -	$ -	$ -	$ -	$ -
Total assets at fair value	$ 38,059,030	$ -	$ -	$ -	$ 38,059,030
b. Liabilities at fair value					
Derivative liabilities	$ -	$ -	$ -	$ -	$ -
Total liabilities at fair value	$ -	$ -	$ -	$ -	$ -

B. Fair Value Disclosures Under Other Pronouncements

None

C. Aggregate Fair Value for All Financial Statements

The following table summarizes fair value measurements by level at December 31, 2019 for all financial instruments:

NOTES TO FINANCIAL STATEMENTS

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level I	Level II	Level III	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Cash, Short Term Investments and cash equivalents	$ 31,160,311	$ 31,160,311	$ 31,160,311	—	—	—	—
Bonds	$ 3,274,721	$ 3,280,903	$ 3,074,871	199,850	—	—	—

The following table summarizes fair value measurements by level at December 31, 2018 for all financial instruments:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level I	Level II	Level III	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Cash, Short Term Investments and cash equivalents	$ 38,059,030	$ 38,059,030	$ 38,059,030	—	—	—	—
Bonds	$ 24,249,763	$ 24,322,108	$ -	24,249,763	—	—	—

D. Not Practicable to Estimate Fair Value

None

E. Investments Measured Using the NAV Practical Expedient

None

21. Other Items

A. Unusual or Infrequent Items –None

B. Troubled Debt Restructuring – None

C. Other Disclosures and Unusual Items – None

D. Business Interruption Insurance Recoveries – None

E. State Transferable and Non-transferable Tax Credits – None

F. Subprime-Mortgage-Related Risk Exposure – None

G. Retained Assets – None

H. Insurance-Linked Securities (ILS) Contracts – None

I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy - None

22. Events Subsequent

Subsequent events have been considered through March 1, 2020 for the statutory statement issued on March 1, 2020.

Type I – Recognizable Subsequent Events - None

Type II – Non-recognizable Subsequent Events

On January 1, 2020, the Company will be subject to an annual fee under section 9010 of the Federal Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual becomes payable once the entity provides health insurance for a U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2019, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2020, and estimates its portion of the annual insurance industry fee to be payable on September 30, 2020 to be $2,463,683. This amount is reflected in special surplus. Reporting the ACA assessment as of December 31, 2019 would not have triggered an RBC action level.

NOTES TO FINANCIAL STATEMENTS

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to section 9010 of the federal Affordable Care Act? (YES/NO)	Yes	N/A
B. ACA fee assessment payable for the upcoming year	$ 2,463,683	$ -
C. ACA fee assessment paid	$ -	$ 1,954,909
D. Premium written subject to ACA 9010 assessment	$ 142,748,895	$ -
E. Total Adjusted Capital before surplus adjustment	$ 21,661,371	$ -
F. Total Adjusted Capital after surplus adjustment	$ 19,197,688	$ -
G. Authorized Control Level	$ 5,707,538	$ -
H. Would reporting the ACA assessment as of December 31, 2019 have triggered an RBC action level? (YES/NO)	NO	N/A

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

a. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? Yes( ) No (X)
b. Have any policies issued by the company been reinsured with a company charted in a country other than the United States (excluding U.S. Branches of such companies) which is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business? Yes ( ) No (X)

Section 2 – Ceded reinsurance Report - Part A

a. Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? Yes ( ) No (X)
b. Does the company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts which, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? Yes ( ) No (X)

Section 3 – Ceded reinsurance Report - Part B

a. What is the estimated amount of the aggregate reduction in surplus, for agreements, not reflected in Section 2 above, of termination of all reinsurance agreements, by either party, as of the date for this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. $0
b. Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts which were in-force or which had existing reserves established by the company as of the effective date of the agreement? Yes ( ) No (X)

B. Reinsurance -None

C. Commutation of Ceded Reinsurance – None

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. The Company estimates accrued retrospective premiums for its comprehensive individual health insurance business in accordance with the regulations put forth in Title 45 of the Code of Federal Regulations Part 153, Subpart F for the ACA Risk Corridors program and Title 45 of the Code of Federal Regulations Part 158 for the ACA MLR Rebate program.

B. The Company records accrued retrospective premiums through written premium.

NOTES TO FINANCIAL STATEMENTS

C. The amount of net premiums written by the Company at December 31, 2019 which are subject to retrospective rating features was $140M, which represents 99% of the total net premiums written.

D. Medical loss ratio rebates required pursuant to the Public Health Service Act –

	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Other Categories with Rebates	5 Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	$ -	$ -	$ -	$ -	$ -
(2) Medical loss ratio rebates paid	$ -	$ -	$ -	$ -	$ -
(3) Medical loss ratio rebates unpaid	$ -	$ -	$ -	$ -	$ -
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	$ -
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	$ -
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	$ -
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	$ -	$ -	$ -	$ -	$ -
(8) Medical loss ratio rebates paid	$ -	$ -	$ -	$ -	$ -
(9) Medical loss ratio rebates unpaid	$ -	$ -	$ -	$ -	$ -
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	$ -
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	$ -
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	$ -

E. Risk-Sharing provisions of the Affordable Care Act (ACA)

1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO Yes

2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

a) Permanent ACA Risk Adjustment Program

Assets	
1) Premium adjustments receivable due to ACA Risk Adjustment (including HCRP)	-
Liabilities	
2) Risk adjustment user fees payable for ACA Risk Adjustment	77,149
3) Premium adjustments payable due to ACA Risk Adjustment	8,454,066
Operations (Revenue & Expense)	
4) Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk adjustment	(9,837,157)
5) Reported in expenses as ACA risk adjustment user fees (incurred/paid)	77,149

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 premiums	-
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	17,649
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	-
4) Effect of ACA Risk Corridors on change in reserves for rate credits	-

NOTES TO FINANCIAL STATEMENTS

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 During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	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	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a) Permanent ACA Risk Adjustment Program											
1) Premium adjustments receivable	$ -	$ -	$ -	$ -	-	$ -	$ -	$ -	A	$ -	$ -
2) Premium adjustments (payable)	$ -	$ (5,364,810)	$ -	$ (6,184,892)	-	$ 820,082	$ -	$ (820,082)	B	$ -	$ (0)
3) Subtotal ACA Permanent Risk Adjustment Program	$ -	$ (5,364,810)	$ -	$ (6,184,892)	-	$ 820,082	$ -	$ (820,082)		$ -	$ (0)
b) Transitional ACA Reinsurance Program											
1) Amounts recoverable for claims paid	$ 33,542	$ -	$ 51,191	$ -	(17,649)	$ -	$ 17,649	$ -	C	$ -	$ -
2) Amounts recoverable for claims unpaid (contra liability)	$ -	$ -	$ -	$ -	-	$ -	$ -	$ -	D	$ -	$ -
3) Amounts receivable relating to uninsured plans	$ -	$ -	$ -	$ -	-	$ -	$ -	$ -	E	$ -	$ -
4) Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	$ -	$ -	$ -	$ -	-	$ -	$ -	$ -	F	$ -	$ -
5) Ceded reinsurance premiums payable	$ -	$ -	$ -	$ -	-	$ -	$ -	$ -	G	$ -	$ -
6) Liability for amounts held under uninsured plans	$ -	$ -	$ -	$ -	-	$ -	$ -	$ -	H	$ -	$ -
7) Subtotal ACA Transitional Reinsurance Program	$ 33,542	$ -	$ 51,191	$ -	(17,649)	$ -	$ 17,649	$ -		$ -	$ -
c) Temporary ACA Risk Corridors Program											
1) Accrued retrospective premium	$ -	$ -	$ -	$ -	-	$ -	$ -	$ -	I	$ -	$ -
2) Reserve for rate credits or policy experience rating refunds	$ -	$ -	$ -	$ -	-	$ -	$ -	$ -	J	$ -	$ -
3) Subtotal ACA Risk Corridors Program	$ -	$ -	$ -	$ -	-	$ -	$ -	$ -		$ -	$ -
d. Total for ACA Risk Sharing Provisions	$ 33,542	$ (5,364,810)	$ 51,191	$ (6,184,892)	(17,649)	$ 820,082	$ 17,649	$ (820,082)		$ -	$ (0)

4) Rollforward of Risk Corridors Asset and Liability Balances by Program Benefit Year

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	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	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a) 2014											
1. Accrued retrospective premium	$ -	$ -	$ -	$ -	-	$ -	$ -	$ -	A	$ -	$ -
2. Reserve for rate credits or policy experience rating refunds	$ -	$ -	$ -	$ -	-	$ -	$ -	$ -	B	$ -	$ -
	$ -	$ -	$ -	$ -	-	$ -	$ -	$ -		$ -	$ -
b) 2015											
1. Accrued retrospective premium	$ -	$ -	$ -	$ -	-	$ -	$ -	$ -	C	$ -	$ -
2. Reserve for rate credits or policy experience rating refunds	$ -	$ -	$ -	$ -	-	$ -	$ -	$ -	D	$ -	$ -
c) 2016											
1. Accrued retrospective premium	$ -	$ -	$ -	$ -	-	$ -	$ -	$ -	F	$ -	$ -
2. Reserve for rate credits or policy experience rating refunds	$ -	$ -	$ -	$ -	-	$ -	$ -	$ -	G	$ -	$ -
	$ -	$ -	$ -	$ -	-	$ -	$ -	$ -	H	$ -	$ -
d) Total for Risk Corridors	$ -	$ -	$ -	$ -	-	$ -	$ -	$ -	$ -	$ -	$ -

5) ACA Risk Corridors Receivable as of Reporting Date

	1	2	3	4	5	6
Risk Corridors Program Year	Estimated Amount to be filed/final amount filed with federal agency	Non-Accrued Amounts fro Impairment of Other Reasons	Amounts received from CMS	Asset balance gross of non-admission (1-2-3)	Non-admitted amounts	Net admitted assets (4-5)
a. 2014	$ -	$ -	$ -	$ -	$ -	$ -
b. 2015	$ 4,524,488.00	$ 4,524,488.00	$ -	$ -	$ -	$ -
c. 2016	$ 6,742,797.00	$ 6,742,797.00	$ -	$ -	$ -	$ -
d. Total (a+b+c)	$ 11,267,285.00	$ 11,267,285.00	$ -	$ -	$ -	$ -

25. Change in Incurred Claims and Claim Adjustment Expenses

A. Reserves for incurred claims as of December 31, 2018 was $15.5M. As of December 31, 2019, $14.9M has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years is now $1K for incurred claims and $0 for unpaid claims adjustment expense as a result of re-estimation of unpaid claims and claims adjustment expenses, and evaluation of liabilities associated with legal actions that arise in the normal course of business. The Company experienced $653k of favorable prior year development since December 31, 2018 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.

B. There has been no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expense.

26. Intercompany Pooling Arrangements

The Company has no intercompany pooling arrangement.

A. – G. N/A

27. Structured Settlements

None

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

At December 31, 2019, the Company admitted healthcare receivables of $1,659,750 in accordance with SSAP No. 84 as they are estimated amounts related solely to actual prescriptions filled during the 3 months immediately preceding the reporting date. The amounts are estimated based on historical per script rebates and the actual

NOTES TO FINANCIAL STATEMENTS

number of scripts during the period.

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2019	3,236,580				
9/30/2019	2,694,808	1,545,998	1,545,998		
6/30/2019	1,958,704	2,428,868	882,869	1,545,998	
3/31/2019	1,743,359	1,837,520	954,650	882,869	
12/31/2018	1,701,169	-	839,110	954,650	183,850
9/30/2018	1,529,575	1,863,320	936,825	839,110	87,384
6/30/2018	1,434,271	1,768,237	780,459	936,825	50,953
3/31/2018	1,100,556	1,738,365	812,381	780,459	145,526
12/31/2017	1,073,647	1,418,006	505,691	812,381	99,933
9/30/2017	716,740	1,295,745	515,481	505,691	274,573
6/30/2017	707,307	1,108,817	430,101	515,481	163,235
3/31/2017	1,263,353	1,689,132	1,146,985	430,101	112,046

29. Participating Policies

None

30. Premium Deficiency Reserves

As of December 31, 2019:

1. The liability for the premium deficiency reserves	$15,871,980
2. Date of most recent evaluation of this liability	December 31, 2019
3. Was anticipated investment income utilized in the calculation?	Yes

31. Anticipated Salvage and Subrogation

Due to the type of business being written, the Company has no salvage. As of December 31, 2019 and 2018, the Company has no specific accruals established for outstanding subrogation, as it is considered a component of the actuarial calculations used to develop the estimates of claims unpaid and aggregate health claim reserves.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No [ ]

If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [ ] N/A [ ]

1.3 State Regulating? Arkansas

1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No [ ]

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0001071739

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]

2.2 If yes, date of change:

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2017

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2014

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/24/2019

3.4 By what department or departments? Arkansas Insurance Department

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [ ] N/A [ ]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [ ] N/A [ ]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [ ] No [X]

4.12 renewals? Yes [ ] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [ ] No [X]

4.22 renewals? Yes [ ] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

If yes, complete and file the merger history data file with the NAIC.

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [X]

6.2 If yes, give full information

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [X]

7.2 If yes,

7.21 State the percentage of foreign control 0.0 %

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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
		NO	NO	NO	NO

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

KPMG LLP 10 S Broadway Suite 900, St. Louis, MO 63102

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [ ] N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Melissa Reseck, FSA, MAAA Milliman, Inc. 1301 Fifth Avenue, Suite 3800 Seattle, WA 98101

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [X]

12.11 Name of real estate holding company

12.12 Number of parcels involved 0

12.13 Total book/adjusted carrying value $

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [X]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
			0

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No [ ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No [ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers $
- 20.12 To stockholders not officers $
- 20.13 Trustees, supreme or grand (Fraternal only) $

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers $
- 20.22 To stockholders not officers $
- 20.23 Trustees, supreme or grand (Fraternal only) $

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others $
- 21.22 Borrowed from others $
- 21.23 Leased from others $
- 21.24 Other $

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [ ] No [X]

22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment $
- 22.22 Amount paid as expenses $
- 22.23 Other amounts paid $

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No [ ]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 18,203,059

INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No [ ]

24.02 If no, give full and complete information, relating thereto

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ ] No [ ] NA [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. $

24.06 If answer to 24.04 is no, report amount of collateral for other programs. $

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] NA [X]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] NA [X]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] NA [X]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 0
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 0
- 24.103 Total payable for securities lending reported on the liability page $ 0

GENERAL INTERROGATORIES

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

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

25.21	Subject to repurchase agreements	$
25.22	Subject to reverse repurchase agreements	$
25.23	Subject to dollar repurchase agreements	$
25.24	Subject to reverse dollar repurchase agreements	$
25.25	Placed under option agreements	$
25.26	Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	$
25.27	FHLB Capital Stock	$
25.28	On deposit with states	$ 1,678,400
25.29	On deposit with other regulatory bodies	$
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	$
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	$
25.32	Other	$

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

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

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [ ] No [ ]

26.4 If the response to 26.3 is YES, does the reporting entity utilize:

26.41	Special accounting provision of SSAP No. 108	Yes [ ] No [ ]
26.42	Permitted accounting practice	Yes [ ] No [ ]
26.43	Other accounting guidance	Yes [ ] No [ ]

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [ ] No [ ]

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

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

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

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

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

1 Name of Custodian(s)	2 Custodian's Address
Wells Fargo Institutional Retirement and Trust	550 Fourth St South, 8th Floor, Minneapolis, MN 55415

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

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

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

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
BNY Mellon	Wells Fargo Institutional Retirement and Trust	04/01/2019	Sale of entity to Centene Corporation

GENERAL INTERROGATORIES

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

1 Name of Firm or Individual	2 Affiliation
Wells Capital Management	U

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

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

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
104973	Wells Capital Management	549300B3H2I002L85I90	SEC	NO

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

29.2 If yes, complete the following schedule:

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

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	3,280,903	3,274,721	(6,182)
30.2 Preferred Stocks	0		0
30.3 Totals	3,280,903	3,274,721	(6,182)

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

Our primary pricing vendor is SE, provided through Clearwater. Where SE pricing is not available, we revert to Reuters via Clearwater.

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

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

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

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

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
    a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
    b. Issuer or obligor is current on all contracted interest and principal payments.
    c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

    Has the reporting entity self-designated 5GI securities? Yes [ ] No [X]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
    a. The security was purchased prior to January 1, 2018.
    b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
    c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
    d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

    Has the reporting entity self-designated PLGI securities? Yes [ ] No [X]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
    a. The shares were purchased prior to January 1, 2019.
    b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
    c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
    d. The fund only or predominantly holds bonds in its portfolio.
    e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
    f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

    Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [ ] No [X]

OTHER

36.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? $ 0

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

1 Name	2 Amount Paid
	$
	$
	$

37.1 Amount of payments for legal expenses, if any? $ 100,210

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

1 Name	2 Amount Paid
	$
	$
	$

38.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? $ 0

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

1 Name	2 Amount Paid
	$
	$
	$

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

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

1.2 If yes, indicate premium earned on U.S. business only. $ 5,083,434

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

1.31 Reason for excluding

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

1.5 Indicate total incurred claims on all Medicare Supplement insurance. $ 4,320,077

1.6 Individual policies:

Most current three years:	
1.61 Total premium earned	$ 1,968,197
1.62 Total incurred claims	$ 653,804
1.63 Number of covered lives	13,220
All years prior to most current three years:	
1.64 Total premium earned	$ 3,115,238
1.65 Total incurred claims	$ 3,666,273
1.66 Number of covered lives	17,168

1.7 Group policies:

Most current three years:	
1.71 Total premium earned	$ 0
1.72 Total incurred claims	$ 0
1.73 Number of covered lives	0
All years prior to most current three years:	
1.74 Total premium earned	$ 0
1.75 Total incurred claims	$ 0
1.76 Number of covered lives	0

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	$ 142,199,999	$ 126,508,386
2.2	Premium Denominator	$ 142,410,805	$ 126,667,623
2.3	Premium Ratio (2.1/2.2)	0.999	0.999
2.4	Reserve Numerator	$ 26,374,419	$ 20,044,403
2.5	Reserve Denominator	$ 41,694,347	$ 20,914,800
2.6	Reserve Ratio (2.4/2.5)	0.633	0.958

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

3.2 If yes, give particulars:

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

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

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

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical	$ 1,320,000
5.32 Medical Only	$
5.33 Medicare Supplement	$ 1,320,000
5.34 Dental and Vision	$
5.35 Other Limited Benefit Plan	$
5.36 Other	$

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

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

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year	20,660
8.2 Number of providers at end of reporting year	22,143

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

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months	
9.22 Business with rate guarantees over 36 months	

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

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

10.2 If yes:

10.21 Maximum amount payable bonuses $.....

10.22 Amount actually paid for year bonuses $.....

10.23 Maximum amount payable withholds $.....

10.24 Amount actually paid for year withholds $.....

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [ ] No [X]

11.13 An Individual Practice Association (IPA), or, Yes [ ] No [X]

11.14 A Mixed Model (combination of above) ? Yes [ ] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No [ ]

11.3 If yes, show the name of the state requiring such minimum capital and surplus. Arkansas

11.4 If yes, show the amount required. $.....1,600,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [X]

11.6 If the amount is calculated, show the calculation

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

1 Name of Service Area
entire state of Arkansas, 75 counties
entire state of Nebraska

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

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. $ 0

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

13.4 If yes, please provide the balance of the funds administered as of the reporting date. $ 0

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

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

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

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

15.1 Direct Premium Written $ 0

15.2 Total Incurred Claims $ 0

15.3 Number of Covered Lives 0

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

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

16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [X]

FIVE - YEAR HISTORICAL DATA

	1 2019	2 2018	3 2017	4 2016	5 2015
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	71,829,184	74,808,044	54,451,054	51,130,374	44,731,101
2. Total liabilities (Page 3, Line 24)	50,167,813	23,899,545	26,830,220	21,212,736	23,383,351
3. Statutory minimum capital and surplus requirement	1,600,000	1,600,000	1,600,000	5,707,127	2,871,348
4. Total capital and surplus (Page 3, Line 33)	21,661,371	50,908,495	27,620,834	29,917,638	21,347,750
Income Statement (Page 4)					
5. Total revenues (Line 8)	142,433,305	126,691,121	114,346,550	129,228,724	61,879,954
6. Total medical and hospital expenses (Line 18)	123,516,585	82,996,222	101,507,418	127,720,675	57,060,489
7. Claims adjustment expenses (Line 20)	3,825,194	4,430,870	4,217,230	1,266,114	1,485,602
8. Total administrative expenses (Line 21)	26,494,887	15,884,109	11,680,488	16,580,029	8,029,818
9. Net underwriting gain (loss) (Line 24)	(27,275,341)	23,379,920	(3,058,586)	(15,838,094)	(5,195,955)
10. Net investment gain (loss) (Line 27)	642,683	817,134	361,728	319,498	62,412
11. Total other income (Lines 28 plus 29)	(1,298,836)	0	0	0	0
12. Net income or (loss) (Line 32)	(26,235,129)	23,142,858	(2,400,823)	(15,518,596)	(5,133,543)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(7,643,412)	22,653,616	9,700,203	(17,772,661)	6,694,215
Risk-Based Capital Analysis					
14. Total adjusted capital	21,661,371	50,908,495	27,620,834	29,917,638	21,347,750
15. Authorized control level risk-based capital	5,716,298	3,735,151	4,573,429	5,707,127	2,871,348
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	36,483	27,756	28,976	37,661	23,168
17. Total members months (Column 6, Line 7)	392,319	346,338	336,798	385,028	192,264
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	86.7	65.5	88.8	98.9	92.2
20. Cost containment expenses	1.8	2.2	2.2	0.8	1.6
21. Other claims adjustment expenses	0.9	1.3	1.5	0.2	0.8
22. Total underwriting deductions (Line 23)	119.2	81.6	102.7	112.3	108.4
23. Total underwriting gain (loss) (Line 24)	(19.2)	18.5	(2.7)	(12.3)	(8.4)
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	13,194,617	5,775,003	17,600,457	16,812,985	369,945
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	13,848,820	11,081,020	18,367,624	17,888,690	951,215
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate		0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of *SSAP No. 3 - Accounting Changes and Correction of Errors*? Yes [ ] No [ ]

If no, please explain

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama AL	N							0	0
2. Alaska AK	N							0	0
3. Arizona AZ	N							0	0
4. Arkansas AR	L	142,748,895				1,195,116		143,944,011	0
5. California CA	N							0	0
6. Colorado CO	N							0	0
7. Connecticut CT	N							0	0
8. Delaware DE	N							0	0
9. District of Columbia DC	N							0	0
10. Florida FL	N							0	0
11. Georgia GA	N							0	0
12. Hawaii HI	N							0	0
13. Idaho ID	N							0	0
14. Illinois IL	N							0	0
15. Indiana IN	N							0	0
16. Iowa IA	N							0	0
17. Kansas KS	N							0	0
18. Kentucky KY	N							0	0
19. Louisiana LA	N							0	0
20. Maine ME	N							0	0
21. Maryland MD	N							0	0
22. Massachusetts MA	N							0	0
23. Michigan MI	N							0	0
24. Minnesota MN	N							0	0
25. Mississippi MS	N							0	0
26. Missouri MO	N							0	0
27. Montana MT	N							0	0
28. Nebraska NE	L							0	0
29. Nevada NV	N							0	0
30. New Hampshire NH	N							0	0
31. New Jersey NJ	N							0	0
32. New Mexico NM	N							0	0
33. New York NY	N							0	0
34. North Carolina NC	N							0	0
35. North Dakota ND	N							0	0
36. Ohio OH	N							0	0
37. Oklahoma OK	N							0	0
38. Oregon OR	N							0	0
39. Pennsylvania PA	N							0	0
40. Rhode Island RI	N							0	0
41. South Carolina SC	N							0	0
42. South Dakota SD	N							0	0
43. Tennessee TN	N							0	0
44. Texas TX	N							0	0
45. Utah UT	N							0	0
46. Vermont VT	N							0	0
47. Virginia VA	N							0	0
48. Washington WA	N							0	0
49. West Virginia WV	N							0	0
50. Wisconsin WI	N							0	0
51. Wyoming WY	N							0	0
52. American Samoa AS	N							0	0
53. Guam GU	N							0	0
54. Puerto Rico PR	N							0	0
55. U.S. Virgin Islands VI	N							0	0
56. Northern Mariana Islands MP	N							0	0
57. Canada CAN	N							0	0
58. Aggregate other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	142,748,895	0	0	0	1,195,116	0	143,944,011	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	XXX	142,748,895	0	0	0	1,195,116	0	143,944,011	0
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0

(a) Active Status Counts

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG 2
R – Registered – Non-domiciled RRGs 0
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state 0
Q – Qualified – Qualified or accredited reinsurer 0
N – None of the above – Not allowed to write business in the state lines in the state 55

(b) Explanation of basis of allocation of premiums by states, etc.

none

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

PART 1 - ORGANIZATIONAL CHART

Centene Corporation	42-1406317	DE	
Bankers Reserve Life Insurance Company of Wisconsin	39-0993433	WI	71013
Health Plan Real Estate Holding, Inc (17%)	46-2860967	MO	
Peach State Health Plan, Inc	20-3174593	GA	12315
Health Plan Real Estate Holding, Inc (21%)	46-2860967	MO	
Iowa Total Care, Inc	46-4829006	IA	15713
Buckeye Community Health Plan, Inc	32-0045282	OH	11834
Health Plan Real Estate Holding, Inc (13%)	46-2860967	MO	
Absolute Total Care, Inc	20-5693998	SC	12959
Health Plan Real Estate Holding, Inc (1%)	46-2860967	MO	
Coordinated Care Corporation d/b/a Managed Health Services	39-1821211	IN	95831
Health Plan Real Estate Holding, Inc (15%)	46-2860967	MO	
Healthy Washington Holdings, Inc	46-5523218	DE	
Coordinated Care of Washington, Inc	46-2578279	WA	15352
Managed Health Services Insurance Corp	39-1678579	WI	96822
Health Plan Real Estate Holding, Inc (2%)	46-2860967	MO	
Hallmark Life Insurance Co	86-0819817	AZ	60078
Superior HealthPlan, Inc	74-2770542	TX	95647
Health Plan Real Estate Holding, Inc (21%)	46-2860967	MO	
Healthy Louisiana Holdings LLC	27-0916294	DE	
Louisiana Healthcare Connections, Inc	27-1287287	LA	13970
Magnolia Health Plan Inc	20-8570212	MS	13923
IlliniCare Health Plan, Inc	27-2186150	IL	14053
Health Plan Real Estate Holding, Inc (5%)	46-2860967	MO	
Sunshine Health Holding LLC	26-0557093	FL	
Sunshine State Health Plan, Inc	20-8937577	FL	13148
Kentucky Spirit Health Plan, Inc	45-1294925	KY	14100
Healthy Missouri Holding, Inc (95%)	45-5070230	MO	
Home State Health Plan, Inc	45-2798041	MO	14218
Health Plan Real Estate Holding, Inc (5%)	46-2860967	MO	
Sunflower State Health Plan, Inc	45-3276702	KS	14345
Granite State Health Plan, Inc	45-4792498	NH	14226
California Health and Wellness Plan	46-0907261	CA	
Michigan Complete Health, Inc.	30-0312489	MI	10769
Western Sky Community Care, Inc.	45-5583511	NM	16351
Tennessee Total Care, Inc.	26-1849394	TN	
SilverSummit Healthplan, Inc.	20-4761189	NV	16143
University Health Plans, Inc.	22-3292245	NJ	
Agate Resources, Inc.	20-0483299	OR	
Trillium Community Health Plan, Inc.	42-1694349	OR	12559
Nebraska Total Care, Inc.	47-5123293	NE	15902

Pennsylvania Health & Wellness, Inc.	47-5340613	PA	16041
Superior HealthPlan Community Solutions, Inc.	47-5664832	TX	15912
Sunshine Health Community Solutions, Inc.	47-5667095	FL	15927
Buckeye Health Plan Community Solutions, Inc.	47-5664342	OH	16112
Arkansas Health & Wellness Health Plan, Inc.	81-1282251	AR	16130
Arkansas Total Care Holding Company, LLC (49%)	38-4042368	DE	
Arkansas Total Care, Inc.	82-2649097	AR	16256
Oklahoma Complete Health Inc.	81-3121527	OK	
Bridgeway Health Solutions, LLC	20-4980875	DE	
Bridgeway Health Solutions of Arizona Inc.	20-4980818	AZ	16310
Celtic Group, Inc	36-2979209	DE	
Celtic Insurance Company	06-0641618	IL	80799
Ambetter of Magnolia Inc	35-2525384	MS	15762
Ambetter of Peach State Inc.	36-4802632	GA	15729
Novasys Health, Inc	27-2221367	DE	
CeltiCare Health Plan Holdings LLC	26-4278205	DE	
CeltiCare Health Plan of Massachusetts, Inc.	26-4818440	MA	13632
Centene Management Company LLC	39-1864073	WI	
CMC Real Estate Co. LLC	20-0057283	DE	
Centene Center LLC	26-4094682	DE	
Centene Center I, LLC	82-1816153	DE	
Centene Center II, LLC	47-5156015	DE	
Illinois Health Practice Alliance, LLC (50%)	82-2761995	DE	
Integrated Care Network of Florida, LLC	84-3023173	DE	
Lifeshare Management Group, LLC	46-2798132	NH	
Arkansas Total Care Holding Company, LLC (25%)	38-4042368	DE	
CCTX Holdings, LLC	20-2074217	DE	
Centene Company of Texas, LP (1%)	74-2810404	TX	
Centene Holdings, LLC	20-2074277	DE	
Centene Company of Texas, LP (99%)	74-2810404	TX	
MHS Travel & Charter, Inc	43-1795436	WI	
Health Care Enterprises, LLC	46-4855483	DE	
Integrated Mental Health Management, L.L.C.	74-2892993	TX	
Integrated Mental Health Services	74-2785494	TX	
Envolve Holdings, LLC	22-3889471	DE	
Cenpatico Behavioral Health, LLC	68-0461584	CA	
Cenpatico Behavioral Health of Arizona, LLC	20-1624120	AZ	
Cenpatico of Arizona Inc.	80-0879942	AZ	
Envolve, Inc.	37-1788565	DE	
Envolve - New York, Inc.	47-3454898	NY	
Envolve PeopleCare, Inc.	06-1476380	DE	
LiveHealthier, Inc.	47-2516714	DE	
Envolve Benefits Options, Inc.	61-1846191	DE	
Envolve Vision Benefits, Inc.	20-4730341	DE	
Envolve Captive Insurance Company, Inc.	36-4520004	SC	

Envolve Vision of Texas, Inc.	75-2592153	TX	95302
Envolve Vision, Inc	20-4773088	DE	
Envolve Vision IPA of New York, Inc.	83-2460878	NY	
Envolve Vision of Florida, Inc	65-0094759	FL	
Envolve Total Vision, Inc.	20-4861241	DE	
Envolve Optical, Inc.	82-2908582	DE	
Envolve Dental, Inc.	46-2783884	DE	
Envolve Dental of Florida, Inc.	81-2969330	FL	
Envolve Dental of Texas, Inc.	81-2796896	TX	16106
Envolve Dental IPA of New York, Inc.	83-1464482	NY	
Envolve Pharmacy Solutions, Inc.	77-0578529	DE	
LBB Industries, Inc	76-0511700	TX	
RX Direct, Inc	75-2612875	TX	
Envolve Pharmacy IPA, LLC	46-2307356	NY	
Casenet LLC	90-0636938	DE	
Casenet S.R.O.	Foreign	CZE	
MHM Services, Inc.	82-5316510	DE	
Centurion LLC	90-0766502	DE	
Centurion of Arizona, LLC	81-4228054	AZ	
Centurion of Vermont, LLC	47-1686283	VT	
Centurion of Mississippi, LLC	47-2967381	MS	
Centurion of Tennessee, LLC	30-0752651	TN	
Centurion of Minnesota, LLC	46-2717814	MN	
Centurion Correctional Healthcare of New Mexico, LLC	81-1161492	NM	
Centurion of Florida, LLC	81-0687470	FL	
Centurion of Maryland, LLC	81-4938030	MD	
Centurion of Alabama, LLC	82-2268901	AL	
Centurion of Georgia, LLC	82-3128848	GA	
Centurion Detention Health Services, LLC	82-4735175	DE	
Centurion of New Hampshire, LLC	82-4823469	DE	
Centurion of Pennsylvania, LLC	82-4823469	PA	
Centurion of West Virginia, LLC	46-4839132	WV	
Centurion of Kansas, LLC	84-3436283	KS	
Centurion of Delaware, LLC	84-3767794	DE	
Centurion of Wyoming, LLC	84-3857653	WY	
MHM Correctional Services, LLC	54-1856340	DE	
MHM Services of California, LLC	51-0620904	CA	
MHM Solutions, LLC	60-0002002	DE	
Forensic Health Services, LLC.	26-1877007	DE	
MHM Health Professionals, LLC	46-1734817	DE	
Specialty Therapeutic Care Holdings, LLC	27-3617766	DE	
Specialty Therapeutic Care, LP (99.99%)	73-1698808	TX	
Specialty Therapeutic Care, GP, LLC	73-1698807	TX	
Specialty Therapeutic Care, LP (0.01%)	73-1698808	TX	
AcariaHealth Solutions, Inc.	80-0856383	DE	

AcariaHealth, Inc.	45-2780334	DE
AcariaHealth Pharmacy #14, Inc	27-1599047	CA
AcariaHealth Pharmacy #11, Inc	20-8192615	TX
AcariaHealth Pharmacy #12, Inc	27-2765424	NY
AcariaHealth Pharmacy #13, Inc	26-0226900	CA
AcariaHealth Pharmacy, Inc	13-4262384	CA
HomeScripts.com, LLC	27-3707698	MI
New York Rx, Inc.	20-8235695	NY
Foundation Care, LLC (80%)	20-0873587	MO
U.S. Medical Management Holdings, Inc	27-0275614	DE
U.S. Medical Management, LLC (20%)	38-3153946	DE
U.S. Medical Management, LLC (80%)	38-3153946	DE
RMED, LLC	31-1733889	FL
IAH of Florida, LLC	47-2138680	FL
Heritage Home Hospice, LLC	51-0581762	MI
Grace Hospice of Austin, LLC	20-2827613	MI
ComfortBrook Hospice, LLC	20-1530070	OH
Comfort Hospice of Texas, LLC	20-4996551	MI
Grace Hospice of San Antonio, LLC	20-2827526	MI
Grace Hospice of Grand Rapids, LLC	45-0679248	MI
Grace Hospice of Indiana, LLC	45-0634905	MI
Grace Hospice of Virginia, LLC	45-5080637	MI
Comfort Hospice of Missouri, LLC	45-5080567	MI
Grace Hospice of Wisconsin, LLC	46-1708834	MI
Grace Hospice of Illinois, LLC	81-5129923	IL
Seniorcorps Peninsula, LLC	26-4435532	VA
R&C Healthcare, LLC	33-1179031	TX
Pinnacle Senior Care of Missouri, LLC	46-0861469	MI
Country Style Health Care, LLC	03-0556422	TX
Phoenix Home Health Care, LLC	14-1878333	DE
Traditional Home Health Services, LLC	75-2635025	TX
Family Nurse Care, LLC	38-2751108	MI
Family Nurse Care II, LLC	20-5108540	MI
Family Nurse Care of Ohio, LLC	20-3920947	MI
Pinnacle Senior Care of Wisconsin, LLC	46-4229858	WI
Pinnacle Senior Care of Indiana, LLC	81-1565426	MI
Pinnacle Home Care, LLC	76-0713516	TX
North Florida Health Services, Inc	59-3519060	FL
Pinnacle Sr. Care of Kalamazoo, LLC	47-1742728	MI
Hospice DME Company, LLC	46-1734288	MI
Rapid Respiratory Services, LLC	20-4364776	DE
USMM Accountable Care Partners, LLC	46-5735993	DE
Pinnacle Senior Care of Illinois, LLC	83-3534462	IL
VPA, P.C.	38-3176990	MI
IAH of Michigan, PLLC	47-2159305	MI

IAH of Wisconsin, PLLC	47-2146160	MI	
VPA of Texas	20-2386997	MI	
IAH of Texas, PLLC	35-2519603	MI	
Advantechs X-Ray Imaging Services, L.L.C.	36-4539790	TX	
Health Net, LLC	47-5208076	DE	
Health Net of California, Inc.	95-4402957	CA	
Health Net Life Insurance Company	73-0654885	CA	66141
Health Net Life Reinsurance Company	98-0409907	CYM	
Managed Health Network, LLC	95-4117722	DE	
Managed Health Network	95-3817988	CA	
MHN Services, LLC	95-4146179	CA	
Health Net Federal Services, LLC	68-0214809	DE	
MHN Government Services LLC	42-1680916	DE	
MHN Government Services-Guam, Inc.	90-0889803	DE	
MHN Government Services-International, Inc.	90-0889825	DE	
MHN Government Services-Puerto Rico, Inc.	90-0889815	DE	
Network Providers, LLC (10%)	88-0357895	DE	
Health Net Veterans, LLC	35-2490375	DE	
Network Providers, LLC (90%)	88-0357895	DE	
Health Net Health Plan of Oregon, Inc.	93-1004034	OR	95800
Health Net Community Solutions, Inc.	54-2174068	CA	
Health Net of Arizona, Inc.	36-3097810	AZ	95206
Health Net Pharmaceutical Services	68-0295375	CA	
Health Net Community Solutions of Arizona, Inc.	81-1348826	AZ	15895
Health Net Access, Inc.	46-2616037	AZ	
MHS Consulting, International, Inc	20-8630006	DE	
Centene International Ventures, LLC	83-1047281	DE	
MHS European Holdings s.a.r.l.	27-2075447	LUX	
PRIMEROSALUD, S.L.	Foreign	ESP	
Ribera Salud, S.A. (90.1%)	Foreign	ESP	
Torrevieja Salud UTE (65%)	Foreign	ESP	
Ribera Salud II (96~%)	Foreign	ESP	
ERESCANNER (15%)	Foreign	ESP	
BR Salud UTE (45%)	Foreign	ESP	
Marina Salud (35%)	Foreign	ESP	
Villa Maria del Triuinfo Salud S.A. C. (5%)	Foreign	PER	
Callao Salud S.A.C. (5%)	Foreign	PER	
Infraestructuras y Servicios de Alzira S.L. (50%)	Foreign	ESP	
Elche-Crevillente Salud (100%)	Foreign	ESP	
B2B Salud	Foreign	ESP	
B2B Gestion integral, S.L.	Foreign	ESP	
B2B Lab,S.L.	Foreign	ESP	
Ribera Salud proyectos S.L.	Foreign	ESP	
Ribera-Quilpro UTE	Foreign	ESP	
Ribera Salud Infraestructuras S.L.U.	Foreign	ESP	

Pro Diagnostic Group, a.s (66.43%)	Foreign	SVK
Pro RTG (80%)		SVK
DR Magnet		SVK
Pro Magnet		SVK
Medicina NZ		SVK
MR Poprad		SVK
CT Poprad		SVK
MR Zilina		SVK
Pro Magnet CZ		CZE
Progress Medical a.s.		CZE
OB Klinika, a.s.		CZE
OB Care, s.r.o		CZE
Hospital Povisa, S.A. (93.29%)		ESP
Ribera Salud Tecnologias S.L.U.	Foreign	ESP
Torrevieja Salud S.L.U.	Foreign	ESP
Torrevieja Salud UTE (35%)	Foreign	ESP
Torrejon Salud, S.A. (89.47%)	Foreign	ESP
MH Services International Holdings (UK) Limited	Foreign	GBR
MH Services International (UK) Limited	Foreign	GBR
Operose Health Ltd.	Foreign	GBR
Operose Health (Group) Ltd.	Foreign	GBR
Operose Health Corporate Management Ltd.	Foreign	GBR
Operose Health Services Ltd.	Foreign	GBR
The Practice Surgeries Limited	Foreign	GBR
Phoenix Primary Care Limited	Foreign	GBR
Phoenix Primary (South) Limited	Foreign	GBR
Circle Health Holdings Limited (19.9%)	Foreign	GBR
Circle Holdings Limited	Foreign	JEY
Health Properties Limited	Foreign	JEY
Health Property (South Manchester) Limited	Foreign	JEY
Circle Partnership Limited	Foreign	VGB
Circle Health Limited (49.9%)	Foreign	GBR
Circle Internationational Plc	Foreign	GBR
Circle Health Limited (50.1%)	Foreign	GBR
Nations Healthcare Limited	Foreign	GBR
Circle Nottingham Limited	Foreign	GBR
Circle Rehabilitation Services	Foreign	GBR
Circle Hospital (Bath) Limited	Foreign	GBR
Circle Hospital (Reading) Limited	Foreign	GBR
Circle Clinical Services Limited	Foreign	GBR
Circle Birmingham Limited	Foreign	GBR
Circle Harmony Health Limited (50%)	Foreign	CHN
Shanghai Circle Harmony Hospital Management	Foreign	CHN
Centene Europe Finance Company Limited	Foreign	MLT
Centene Health Plan Holdings, Inc.	82-1172163	DE

Ambetter of North Carolina, Inc.	82-5032556	NC	16395
Carolina Complete Health Holding Company Partnership (80%)	82-2699483	DE	
Carolina Complete Health, Inc.	82-2699332	NC	16526
New York Quality Healthcare Corporation	82-3380290	NY	
Salus Administrative Services, Inc.	55-0878053	NY	
Salus IPA, LLC	82-0802846	NY	
Calibrate Acquisition Co	82-4670677	DE	
Community Medical Holdings Corp	47-4179393	DE	
Access Medical Acquisition, Inc.	46-3485489	DE	
Access Medical Group of North Miami Beach, Inc.	45-3191569	FL	
Access Medical Group of Miami, Inc.	45-3191719	FL	
Access Medical Group of Hialeah, Inc.	45-3192283	FL	
Access Medical Group of Westchester, Inc.	45-3199819	FL	
Access Medical Group of Opa-Locka, Inc.	45-3505196	FL	
Access Medical Group of Perrine, Inc.	45-3192955	FL	
Access Medical Group of Florida City, Inc.	45-3192366	FL	
Access Medical Group of Tampa, Inc.	82-1737078	FL	
Access Medical Group of Tampa II, Inc.	82-1750978	FL	
Access Medical Group of Tampa III, Inc.	82-1773315	FL	
Access Medical Group of Lakeland, LLC	84-2750188	FL	
Interpreta Holdings, Inc. (80.1%)	82-4883921	DE	
Interpreta, Inc.	46-5517858	DE	
Patriots Holding Co	82-4581788	DE	
RxAdvance Corporation (30.33%)		DE	
Centene Venture Company Alabama Health Plan, Inc.	84-3707689	AL	
Centene Venture Company Michigan	83-2446307	MI	16613
Next Door Neighbors, LLC (60%)	32-2434596	DE	
Next Door Neighbors, Inc.	83-2381790	DE	
Centene Venture Company Illinois	83-2425735	IL	16505
Centene Venture Company Kansas	83-2409040	KS	16528
Centene Venture Company Florida	83-2434596	FL	16499
Centene Venture Company Indiana, Inc.	84-3679376	IN	
Centene Venture Company Tennessee	84-3724374	TN	
HealthEC, LLC (12.8%)			
Arch Personalized Medicine Initiative, LLC (50%)	83-4144116	MO	
Social Health Bridge, LLC	83-4205348	DE	
Social Health Bridge Trust	84-6403386	DE	
Wellington Merger Sub I, LLC		DE	
Wellington Merger Sub II, Inc.	83-4405939	DE	
QCA Healthplan, Inc.	71-0794605	AR	95448
Qualchoice Life and Health Insurance Company	71-0386640	AR	70998
Hudson Acquisition, LLC	83-3502610	TX	
HealthSmart Benefits Management, LLC	36-4099199	TX	
Parker LP, LLC	20-2387587	NV	
HealthSmart Preferred Care II, LP (99%)	75-2508316	TX	

HealthSmart Primary Care Clinics, LP (99%)	20-3394046	TX
HealthSmart Care Management Solutions, LP (99%)	75-2960859	TX
HealthSmart Information Systems, Inc.	75-2727437	TX
HealthSmart Benefit Solutions, Inc.	36-4099199	IL
HealthSmart Preferred Network II, Inc	06-1621470	DE
HealthSmart Rx Solutions, Inc.	34-1635597	OH
Mauli Ola Health and Wellness, Inc.		HI
District Community Care Inc.	84-4119570	DC

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