



QUARTERLY STATEMENT

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

WellCare Health Insurance Company of America

NAIC Group Code	01295	01295	NAIC Company Code	16343	Employer's ID Number	82-4247084
	(Current Period)	(Prior Period)				
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	01/23/2018		Commenced Business		01/01/2019	
Statutory Home Office	124 West Capitol Avenue, Suite 1900		Little Rock, AR, US 72201			
	(Street and Number)		(City or Town, State, Country and Zip Code)			
Main Administrative Office	8735 Henderson Road		Tampa, FL, US 33634		813-206-6200	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Mail Address	P.O. Box 31391		Tampa, FL, US 33631-3391			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	8735 Henderson Road		Tampa, FL, US 33634		813-206-6200	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Internet Web Site Address	www.centene.com					
Statutory Statement Contact	Michael Wasik		813-206-2725			
	(Name)		(Area Code) (Telephone Number) (Extension)			
	michael.wasik@wellcare.com		813-675-2899			
	(E-Mail Address)		(FAX Number)			

OFFICERS

Name	Title	Name	Title
John Patrick Ryan #	President	Jeffrey Alan Schwaneke #	Treasurer and Vice President
Janet Robey Alonzo #	Secretary and Vice President	Tricia Lynn Dinkelman #	Vice President of Tax

OTHER OFFICERS

Jamie Kay West Gilmore #	Assistant Secretary	Christopher Jay Perry #	CFO
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DIRECTORS OR TRUSTEES

John Patrick Ryan #	Jamie Kay West Gilmore #	Christopher Jay Perry #
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State of
County of
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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 Patrick Ryan President	Jeffrey Alan Schwaneke Treasurer and Vice President	Janet Robey Alonzo Secretary and Vice President
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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	

Subscribed and sworn to before me this _____ day of _____, _____

STATEMENT AS OF JUNE 30, 2020 OF THE WellCare Health Insurance Company of America

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds			0	110,189
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
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 (\$3,326,882), cash equivalents (\$0) and short-term investments (\$111,958)	3,438,840		3,438,840	3,234,983
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives	0		0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	3,438,840	0	3,438,840	3,345,173
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	985		985	5,252
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	47,014		47,014	16,090
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			0	0
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	14,452		14,452	4,074
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset	1,465		1,465	2,565
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	101,097	447	100,650	1,437
24. Health care (\$22,586) and other amounts receivable	40,058	1,200	38,858	16,090
25. Aggregate write-ins for other-than-invested assets	18,600	16,347	2,253	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	3,662,511	17,994	3,644,517	3,390,681
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	3,662,511	17,994	3,644,517	3,390,681
DETAILS OF WRITE-INS				
1101.				
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. Other non-admitted assets (prepaids)	16,347	16,347	0	0
2502. State and other tax recoverable	2,253		2,253	0
2503.			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	18,600	16,347	2,253	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded).....	269,567		269,567	109,063
2. Accrued medical incentive pool and bonus amounts	10,077		10,077	1,608
3. Unpaid claims adjustment expenses	2,082		2,082	836
4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act.....	27,735		27,735	9,593
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	44		44	0
9. General expenses due or accrued	13,487		13,487	5,916
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	15,767		15,767	9,117
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable			0	0
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			0	0
16. Derivatives.....			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	67,454		67,454	45,340
23. Aggregate write-ins for other liabilities (including \$ current)	14,546	0	14,546	0
24. Total liabilities (Lines 1 to 23).....	420,759	0	420,759	181,473
25. Aggregate write-ins for special surplus funds	XXX			

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	670	399	892
2. Net premium income (including \$ non-health premium income).....	XXX	628,254	351,027	799,656
3. Change in unearned premium reserves and reserve for rate credits	XXX		0	0
4. Fee-for-service (net of \$ medical expenses)	XXX		0	0
5. Risk revenue	XXX		0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	628,254	351,027	799,656
Hospital and Medical:				
9. Hospital/medical benefits		432,043	188,301	554,646
10. Other professional services		6,373	3,759	8,989
11. Outside referrals			0	0
12. Emergency room and out-of-area		44,211	14,735	31,210
13. Prescription drugs		11,143	21,769	30,661
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		15,478	0	2,927
16. Subtotal (Lines 9 to 15)	0	509,248	228,564	628,433
Less:				
17. Net reinsurance recoveries			0	0
18. Total hospital and medical (Lines 16 minus 17)	0	509,248	228,564	628,433
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 3,246 cost containment expenses.....		8,821	4,127	10,184
21. General administrative expenses.....		84,023	32,853	81,232
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			0	0
23. Total underwriting deductions (Lines 18 through 22)	0	602,092	265,544	719,849

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	3,209,208	2,119,476	2,119,476
34. Net income or (loss) from Line 32	28,193	78,170	92,616
35. Change in valuation basis of aggregate policy and claim reserves		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		0	0
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax	(1,100)	1,465	2,565
39. Change in nonadmitted assets	(12,543)	(2,749)	(5,449)
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles		0	0
44. Capital Changes:			
44.1 Paid in		0	0
44.2 Transferred from surplus (Stock Dividend)		0	0
44.3 Transferred to surplus		0	0
45. Surplus adjustments:			
45.1 Paid in		1,000,000	1,000,000
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		0	0
46. Dividends to stockholders		0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	14,550	1,076,886	1,089,732
49. Capital and surplus end of reporting period (Line 33 plus 48)	3,223,758	3,196,362	3,209,208
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	615,516	340,383	793,159
2. Net investment income	13,190	13,570	37,799
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	628,706	353,953	830,958
5. Benefit and loss related payments	363,366	143,670	534,729
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	60,050	9,551	43,562
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	0	7,035	18,659
10. Total (Lines 5 through 9)	423,416	160,256	596,950
11. Net cash from operations (Line 4 minus Line 10)	205,290	193,697	234,008
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	110,000	0	0
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	110,000	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	0	0
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0	0
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	110,000	0	0
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			

STATEMENT AS OF JUNE 30, 2020 OF THE WellCare Health Insurance Company of America

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	86	.0	.0	.0	.0	.0	.0	86	.0	.0
2. First Quarter	111	.0	.0	.0	.0	.0	.0	111	.0	.0
3. Second Quarter	113	.0	.0	.0	.0	.0	.0	113	.0	.0
4. Third Quarter	.0									
5. Current Year	0									
6. Current Year Member Months	670							670		
Total Member Ambulatory Encounters for Period:										
7. Physician	628							628		
8. Non-Physician	252							252		
9. Total	880	0	0	0	0	0	0	880	0	0
10. Hospital Patient Days Incurred	99							99		
11. Number of Inpatient Admissions	18							18		
12. Health Premiums Written (a).....	628,281							628,281		
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written	.0									
15. Health Premiums Earned	628,281							628,281		

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)					0	0
2. Medicare Supplement					0	0
3. Dental only					0	0
4. Vision only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	81,046	276,006	3,559	266,008	84,605	109,063
7. Title XIX - Medicaid					0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8).....	81,046	276,006	3,559	266,008	84,605	109,063
10. Health care receivables (a)	1,200	22,586			1,200	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	6,657	352	316	9,761	6,973	1,608
13. Totals (Lines 9-10+11+12)	86,503	253,772	3,875	275,769	90,378	110,671

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

STATEMENT AS OF JUNE 30, 2020 OF THE WellCare Health Insurance Company of America
NOTES TO FINANCIAL STATEMENT

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of WellCare Health Insurance Company of America (the “Company”), domiciled in the state of Arkansas, are presented on the basis of accounting practices prescribed or permitted by the Arkansas Insurance Department (the “Department”).

The Department recognizes only statutory accounting practices prescribed or permitted by the state of Arkansas for determining and reporting the financial condition, results of operations, and cash flows of an insurance company for determining its solvency under Arkansas insurance law. The National Association of Insurance Commissioners’ (“NAIC”) Accounting Practices and Procedures manual, (“NAIC SAP”) has been adopted as a component of prescribed or permitted practices by the state of Arkansas.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Arkansas is shown below:

	SSAP #	F/S Page	F/S Line #	2020	2019
NET INCOME (LOSS)					
1 Company state basis (Page 4, Line 32, Columns 2 & 3)	xxx	xxx	xxx	\$ 28,193	\$ 92,616
State Prescribed Practices that are an increase/(decrease)					
2 from NAIC SAP: None	—	—	—	—	—
State Prescribed Practices that are an increase/(decrease)					
3 from NAIC SAP: None	—	—	—	—	—
4 NAIC SAP (1-2-3=4)	xxx	xxx	xxx	<u>\$ 28,193</u>	<u>\$ 92,616</u>
SURPLUS					
5 Company state basis (Page 3, Line 33, Columns 3 & 4)	xxx	xxx	xxx	\$ 3,223,758	\$ 3,209,208
State Prescribed Practices that are an increase/(decrease)					
6 from NAIC SAP: None	—	—	—	—	—
State Prescribed Practices that are an increase/(decrease)					
7 from NAIC SAP: None	—	—	—	—	—
8 NAIC SAP (5-6-7=8)	xxx	xxx	xxx	<u>\$ 3,223,758</u>	<u>\$ 3,209,208</u>

- B. Uses of Estimates in the Preparation of the Financial Statements - No significant change.
C. Accounting Policy - No significant change.
D. Going Concern - None

2. Accounting Changes and Corrections of Errors

None

3. Business Combinations and Goodwill

None

4. Discontinued Operations

None

STATEMENT AS OF JUNE 30, 2020 OF THE WellCare Health Insurance Company of America
NOTES TO FINANCIAL STATEMENT

- 4. None
- M. Working Capital Finance Investments - None
- N. Offsetting and Netting of Assets and Liabilities - None
- O. 5* GI Securities - None
- P. Short Sales - None
- Q. Prepayment Penalty and Acceleration Fees - None

6. Joint Ventures, Partnerships and Limited Liability Companies

None

7. Investment Income

No significant change.

8. Derivative Instruments

None

9. Income Taxes

No significant change.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

Comprehensive Health Management Inc. ("CHMI")

During Q1 2020, the Company's 2019 management fee true-up was calculated and recorded. The true-up resulted in a \$12,296 decrease in management fees charged to the Company based on actual cost of services provided during 2019.

11. Debt

- A. Debt - None
- B. Federal Home Loan Bank Agreements - None

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

None

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

No significant change.

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments - None
- 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 -

The Company's ultimate parent, Centene, is a party to a number of legal actions and regulatory investigations. These matters do not directly involve the Company and management does not expect the matters to have an affect on the Company's financial position.

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

- A. Transfers of Receivables Reported as Sales - None
- B. Transfer and Servicing of Financial Assets -

STATEMENT AS OF JUNE 30, 2020 OF THE WellCare Health Insurance Company of America
NOTES TO FINANCIAL STATEMENT

- 2. No significant change.
- 3. None
- 4. None

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

None

20. Fair Value Measurements

A. Assets that are measured at fair value on a recurring basis subsequent to initial recognition

- 1. None
- B. None

C. Fair Values for All Financial Instruments by Levels 1, 2 and 3:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds							
U.S. Government	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	—
U.S. States, territories & possessions	—	—	—	—	—	—	—
Political subdivision of states, territories & possessions	—	—	—	—	—	—	—
U.S. Special revenue & special assessment, non-guaranteed agencies & government	—	—	—	—	—	—	—
Exchange traded fund	—	—	—	—	—	—	—
Hybrid securities	—	—	—	—	—	—	—
Industrial & miscellaneous	—	—	—	—	—	—	—
Total Bonds	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	—
Short-term investments	111,908	111,958	111,908	—	—	—	—
Cash equivalents	—	—	—	—	—	—	—
Total Bonds and Short-Term Investments	\$ 111,908	\$ 111,958	\$ 111,908	\$ —	\$ —	\$ —	—

D. None

21. Other Items

- A. Extraordinary Items - None
- B. Troubled Debt Restructuring - None
- C. Other Disclosures and Unusual Items -

On March 26, 2019, WellCare Health Plans, Inc. (“WellCare”) entered into an Agreement and Plan of Merger (the “Mer

STATEMENT AS OF JUNE 30, 2020 OF THE WellCare Health Insurance Company of America
NOTES TO FINANCIAL STATEMENT

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. No significant change.
- B. No significant change.
- C. No significant change.
- D. Not applicable.
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA) - Not applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

A. The estimated cost of claims expense attributable to insured events of the prior year decreased by \$20,293 during 2020. This is approximately 18.3% of unpaid claims expenses of \$110,671 as of December 31, 2019. Excluding the prior period development related to the release of the provision for moderately adverse conditions, medical benefits expense for the period ending June 30, 2020, was affected by approximately \$9,653 of net favorable development related to prior years. Such amounts are net of the development relating to refunds due to government customers with minimum loss ratio provisions.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

No significant change.

29. Participating Policies

None

30. Premium Deficiency Reserves

None

31. Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☒ No ☐
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ☒ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☐ No ☒
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes ☒ No ☐
- 3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group

0001071739
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- If yes, complete and file the merger history data file with the NAIC.
- 4.2

If yes, provide the name of 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	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes ☐ No ☒ NA ☐
- If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
- 6.3

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).
- 6.4

By what department or departments?

Arkansas Insurance Department
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ NA ☒
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☐ No ☐ NA ☒
- 7.1

Has this 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 ☒
7.

GENERAL INTERROGATORIES

9.1 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.

9.11 If the response to 9.1 is No, please explain:

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

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
As of January 23, 2020, the parent of the Company, WellCare Health Plans was acquired by Centene Corporation and became subject to Centene's Business Ethics and Code of Conduct. The Company's Board of Directors has approved this Code of Conduct at their board meeting held on or before June 30, 2020.....

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

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:\$0

13. Amount of real estate and mortgages held in short-term investments:\$0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$0	\$
14.22 Preferred Stock	\$0	\$
14.23 Common Stock	\$0	\$
14.24 Short-Term Investments	\$0	\$
14.25 Mortgage Loans on Real Estate		

GENERAL INTERROGATORIES

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

Yes [] No [X]

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

¹ Name of Custodian(s)	² Custodian Address

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

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

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

Yes [] No [X]

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

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

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

¹ Name of Firm or Individual	² Affiliation

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s invested assets?

Yes [] No [X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity’s invested assets?

Yes [] No [X]

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

¹ Central Registration Depository Number	² Name of
---	-------------------------

GENERAL INTERROGATORIES

21. 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]

GENERAL INTERROGATORIES
PART 2 - HEALTH

1.	Operating Percentages:		
1.1	A&H loss percent.....	81.6	%
1.2	A&H cost containment percent	0.5	%
1.3	A&H expense percent excluding cost containment expenses.....	14.3	%
2.1	Do you act as a custodian for health savings accounts?.....	Yes []	No [X]
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.....	\$	
2.3	Do you act as an administrator for health savings accounts?.....	Yes []	No [X]
2.4	If yes, please provide the balance of the funds administered as of the reporting date.....	\$	
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....	Yes []	No [X]
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?.....	Yes []	No [X]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories									
States, 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 Program 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	
2. Alaska	AK	N						0	
3. Arizona	AZ	N						0	
4. Arkansas	AR	L	628,281					628,281	
5. California	CA	N						0	
6. Colorado	CO	N						0	
7. Connecticut	CT	N						0	
8. Delaware	DE	N						0	
9. Dist. Columbia	DC	N						0	
10. Florida	FL	N						0	
11. Georgia	GA	N						0	
12. Hawaii	HI	N						0	
13. Idaho	ID	N						0	
14. Illinois	IL	N						0	
15. Indiana	IN	N						0	
16. Iowa	IA	N						0	
17. Kansas	KS	N						0	
18. Kentucky	KY	N						0	
19. Louisiana	LA	N							

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 (18%)	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
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.	30-031248		

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

15.1

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 Company. LLC	20-0057283	DE	
Centene Center LLC	26-4094682	DE	
Centene Center I, LLC	82-1816153	DE	
Centene Center II, LLC	47-5156015	DE	
7676 Management, LLC		MO	
7676 Forsyth, LLC		MO	
Illinois Health Practice Alliance, LLC (50%)	82-2761995	DE	
Integrated Care Network of Florida, LLC (50%)	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	
Env			

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

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		

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

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	

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

B2B Gestion integral, S.L.	Foreign	ESP
B2B Lab,S.L.	Foreign	ESP
Hospinet, S.L. (51%)	Foreign	ESP
Servicios De Mantenimiento Prevencor, S.L.U.	Foreign	ESP
Winning Security, S.L. (51%)	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
Torre vieja Salud S.L.U.	Foreign	ESP
Torre vieja Salud UTE (35%)	Foreign	ESP
Torreon Salud, S.A. (89.47%)	Foreign	ESP
Blackcrow Asistencia Medica, S.L	Foreign	ESP
Godgrace Asistencia Medica, S.L.	Foreign	ESP
Growly Asistencia Sanitaria, S.L.	Foreign	ESP
Serendipity Asistencia Medica, S.L.	Foreign	ESP
MH Services International Holdings (UK) Limited	Foreign	GBR
MH Services International (UK) Limited	Foreign	GBR
Operose Health Limited	Foreign	GBR
Operose Health (Group) Limited	Foreign	GBR
The Practice Properties Limited	Foreign	GBR
Operose Health (Group) UK Limited	Foreign	GBR
The Practice Surgeries Limited	Foreign	GBR
Phoenix Primary Care Limited	Foreign	GBR
Phoenix Primary (South) Limited	Foreign	GBR
Circle Health Holdings Limited (40%)	Foreign	GBR
Circle Health 1 Limited	Foreign	GBR
Circle Health 2 Limited	Foreign	GBR
Circle Holdings Limited	Foreign	GBR

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

15.6

	Circle Partnership Limited	Foreign	GBR	
	Circle International PLC	Foreign	GBR	
	Circle Health Limited	Foreign	GBR	
	Health Properties Limited	Foreign	GBR	
	Health Properties (South Manchester) Limited	Foreign	GBR	
	Nations Healthcare Limited	Foreign	GBR	
	Circle Nottingham Limited	Foreign	GBR	
	Circle Rehabilitation Services (90%)	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	
	Circle Health 3 Limited	Foreign	GBR	
	Circle Health 4 Limited	Foreign	GBR	
	GHG Healthcare Holdings Limited	Foreign	GBR	
	General Healthcare Group Limited	Foreign	GBR	
	General Healthcare Holdings 2 Limited	Foreign	GBR	
	General Healthcare Holdings 3 Limited	Foreign	GBR	
	North West Cancer Clinic Limited (90%)	Foreign	GBR	
	GHG (DB) Pension Trustees	Foreign	GBR	
	GHG Mount Alvernia Hospital Limited	Foreign	GBR	
	Generale de Sante International Limited	Foreign	GBR	
	BMI Southend Private Hospital Limited (50%)	Foreign	GBR	
	BMI Imaging Clinic Limited (50%)	Foreign	GBR	
	Mount Alvernia PET CT Limited (73.5%)	Foreign	GBR	
	GHG Intermediate Holdings Limited	Foreign	GBR	
	General Healthcare Holdings 4 Limited	Foreign	GBR	
	BMI Healthcare Limited	Foreign	GBR	
	3SH Limited (50%)	Foreign	GBR	
	BMI Hospital Decontamination Limited	Foreign	GBR	
	Three Shires Hospital LP (50%)	Foreign	GBR	
	The Pavilion Clinic Ltd (51%)	Foreign	GBR	
	GHG Leasing Limited	Foreign	GBR	

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

15.11

Maryland Collaborative Care Transformation Organization, Inc.	82-1280079	DE	
Accountable Care Coalition of New Jersey, Inc. (51%)	82-1263227	NJ	
Accountable Care Coalition of Quality Health, LLC	82-1604548	OR	
Accountable Care Coalition of Prime Health, LLC	82-1698885	OR	
Accountable Care Coalition of Northeast Partners, LLC	82-0727997	PA	
Accountable Care Coalition of Tennessee, LLC (51%)	82-1219279	TN	
Accountable Care Coalition Direct Contracting, LLC (51%)	84-2574901	FL	
Accountable Care Coalition of Elite Providers II, LLC	85-0822080	DE	
Accountable Care Coalition of Elite Providers, III, LLC	85-0829473	DE	
Accountable Care Coalition of Elite Providers IV, LLC	85-0847691	DE	
Accountable Care Coalition of Elite Providers V, LLC	85-0863292	DE	
Accountable Care Coalition of Eltite Providers VI, LLC	85-0907849	DE	
Accountable Care Coalition of Quality Health II, LLC	85-0878405	DE	
Accountable Care Coalition of Quality Health III, LLC	85-0893657	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	27-1300475	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	16814
Centene Institute for Advanced Health Education, LLC	84-5160960	DE	

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Response

.....NO.....

Explanation:

Bar Code:

1.


1 6 3 4 3 2 0 2 0 3 6 5 0 0 0 0 2

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE DA - PART 1
Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	111,958	XXX	112,338		150

SCHEDULE DA - VERIFICATION
Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0
2. Cost of short-term investments acquired	112,338	0
3. Accrual of discount		0
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals		0
6. Deduct consideration received on disposals		0
7. Deduct amortization of premium.....	379	0
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other-than-temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	111,958	0
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	111,958	0

Schedule DB - Part A - Verification
NONE

Schedule DB - Part B - Verification
NONE

Schedule DB - Part C - Section 1
NONE

Schedule DB - Part C - Section 2
NONE

Schedule DB - Verification
NONE

Schedule E - Part 2 - Verification
NONE

Schedule A - Part 2
NONE

Schedule A - Part 3
NONE

Schedule B - Part 2
NONE

Schedule B - Part 3
NONE

Schedule BA - Part 2
NONE

Schedule BA - Part 3
NONE

Schedule D - Part 3
NONE

Schedule D - Part 4
NONE

Schedule DB - Part A - Section 1
NONE

Schedule DB - Part B - Section 1
NONE

Schedule DB - Part D - Section 1
NONE

Schedule DB - Part D - Section 2
NONE

Schedule DB - Part E
NONE

Schedule DL - Part 1
NONE

Schedule DL - Part 2
NONE

