



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2020
 OF THE CONDITION AND AFFAIRS OF THE

Arkansas Health and Wellness Health Plan, Inc.

(Name)

NAIC Group Code 01295 , 01295 (Current Period) (Prior Period) NAIC Company Code 16130 Employer's ID Number 81-1282251

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 [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
 Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
 Other [] Is HMO, Federally Qualified? Yes [] No []

Incorporated/Organized 01/29/2016 Commenced Business 01/01/2018

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

Main Administrative Office 7700 Forsyth Boulevard
 (Street and Number)
Saint Louis, MO, US 63105 314-725-4477
 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 7700 Forsyth Boulevard
 (Street and Number)
Saint Louis, MO, US 63105 , 314-349-3805
 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.centene.com

Statutory Statement Contact Shaun O'Rourke , 314-349-3805
 (Name) (Area Code) (Telephone Number) (Extension)
shaun.t.orourke@centene.com 314-725-4658
 (E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>John Patrick Ryan</u>	<u>President & CEO</u>	<u>Jeffrey Alan Schwaneke</u>	<u>Treasurer</u>
<u>Jan Robey Alonzo</u>	<u>Secretary</u>		

OTHER OFFICERS

<u>Tricia Lynn Dinkelman</u>	<u>Vice President of Tax</u>	<u>Thomas Paul Wise</u>	<u>Vice President</u>
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DIRECTORS OR TRUSTEES

<u>Thomas Paul Wise</u>	<u>Jeffrey Alan Schwaneke</u>	<u>John Patrick Ryan</u>
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State of **ss**
 County of

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 & CEO

Jeffrey Alan Schwaneke
 Treasurer

Jan Robey Alonzo
 Secretary

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 _____

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Arkansas Health and Wellness Health Plan, Inc.

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	58,341,660		58,341,660	17,727,144
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	23,562,794		23,562,794	22,709,292
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 (\$ (1,018,129) , Schedule E-Part 1), cash equivalents (\$ 347,711 , Schedule E-Part 2) and short-term investments (\$ 1,618,540 , Schedule DA).....	948,121		948,121	41,325,430
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)	82,852,575	0	82,852,575	81,761,866
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	331,513		331,513	134,097
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	17,999		17,999	9,215
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 (\$ 5,628,804) and contracts subject to redetermination (\$)	5,543,642		5,543,642	6,572,650
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	2,211,044		2,211,044	0
18.1 Current federal and foreign income tax recoverable and interest thereon	2,204,685		2,204,685	959,395
18.2 Net deferred tax asset.....			0	0
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			0	0
24. Health care (\$ 4,867,941) and other amounts receivable.....	8,034,020	3,166,079	4,867,941	1,983,617
25. Aggregate write-ins for other-than-invested assets	593,208	338,542	254,666	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	101,788,686	3,504,621	98,284,065	91,420,840
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	101,788,686	3,504,621	98,284,065	91,420,840
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. State income tax receivable.....	254,666		254,666	0
2502. Prepaid Expenses.....	338,542	338,542	0	0
2503.				
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)	593,208	338,542	254,666	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	39,748,386		39,748,386	20,128,308
2. Accrued medical incentive pool and bonus amounts	782,245		782,245	353,339
3. Unpaid claims adjustment expenses	344,000		344,000	239,000
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act			0	11,980,689
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	18,464
9. General expenses due or accrued	856,667		856,667	743,507
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	4,289		4,289	12,580
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	8,299,407		8,299,407	3,886,048
16. Derivatives		0	0	0
17. Payable for securities	503,541		503,541	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	2,340,397
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	525,732
24. Total liabilities (Lines 1 to 23)	50,538,535	0	50,538,535	40,228,064
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	2,711,434
26. Common capital stock	XXX	XXX	100	100
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	71,401,977	79,226,900
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(23,656,547)	(30,745,658)
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	47,745,530	51,192,776
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	98,284,065	91,420,840
DETAILS OF WRITE-INS				
2301. State income tax payable			0	525,732
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	525,732
2501. 2020 Health Insurance Fee Estimate	XXX	XXX		2,711,434
2502.	XXX	XXX		0
2503.	XXX	XXX		0
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	0	2,711,434
3001.	XXX	XXX		0
3002.	XXX	XXX		0
3003.	XXX	XXX		0
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	290,936	127,437
2. Net premium income (including \$0 non-health premium income).....	XXX	253,262,862	140,901,923
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	0	0
8. Total revenues (Lines 2 to 7)	XXX	253,262,862	140,901,923
Hospital and Medical:			
9. Hospital/medical benefits		195,651,214	114,422,209
10. Other professional services		11,869,365	7,489,006
11. Outside referrals			0
12. Emergency room and out-of-area		5,960,101	5,494,624
13. Prescription drugs		21,535,011	13,229,880
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		2,206,095	1,009,437
16. Subtotal (Lines 9 to 15)	0	237,221,786	141,645,156
Less:			
17. Net reinsurance recoveries			0
18. Total hospital and medical (Lines 16 minus 17)	0	237,221,786	141,645,156
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$71,159 cost containment expenses.....		2,950,515	2,265,368
21. General administrative expenses.....		31,975,437	15,130,485
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		(11,980,689)	7,589,516
23. Total underwriting deductions (Lines 18 through 22)	0	260,167,049	166,630,525
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(6,904,187)	(25,728,602)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		814,144	723,711
26. Net realized capital gains (losses) less capital gains tax of \$(1,416)	0	(5,328)	0
27. Net investment gains (losses) (Lines 25 plus 26)	0	808,816	723,711
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$51,258)].....		(51,258)	(37,787)
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	(6,146,629)	(25,042,678)
31. Federal and foreign income taxes incurred	XXX	(2,339,648)	(3,654,975)
32. Net income (loss) (Lines 30 minus 31)	XXX	(3,806,981)	(21,387,703)
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.	XXX		
0702.	XXX		
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	0	0
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.			
2902.			
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	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	51,192,776	7,440,150
34. Net income or (loss) from Line 32	(3,806,981)	(21,387,703)
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 \$	8,678,345	5,131,615
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax		0
39. Change in nonadmitted assets	(493,687)	(1,701,286)
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	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	(7,824,923)	61,710,000
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders		0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(3,447,246)	43,752,626
49. Capital and surplus end of reporting year (Line 33 plus 48)	47,745,530	51,192,776
DETAILS OF WRITE-INS		
4701.		
4702.		
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)	0	0

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	254,256,330	134,915,892
2. Net investment income	752,795	611,785
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	255,009,125	135,527,677
5. Benefit and loss related payments	220,550,814	132,164,089
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	35,677,529	11,763,176
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	(1,095,774)	(3,628,523)
10. Total (Lines 5 through 9)	255,132,569	140,298,742
11. Net cash from operations (Line 4 minus Line 10)	(123,444)	(4,771,065)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	1,577,013	744,875
12.2 Stocks	7,824,923	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	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	9,401,936	744,875
13. Cost of investments acquired (long-term only):		
13.1 Bonds	41,830,878	18,180,406
13.2 Stocks	0	14,210,000
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	41,830,878	32,390,406
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)	(32,428,942)	(31,645,531)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	(7,824,923)	71,710,000
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	0	0
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(7,824,923)	71,710,000
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)	(40,377,309)	35,293,404
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	41,325,430	6,032,026
19.2 End of year (Line 18 plus Line 19.1)	948,121	41,325,430

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Arkansas Health and Wellness Health Plan, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	253,262,862	0	0	0	0	0	253,262,862	0	0	0
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	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	253,262,862	0	0	0	0	0	253,262,862	0	0	0
8. Hospital/medical benefits	195,651,214						195,651,214			XXX
9. Other professional services	11,869,365						11,869,365			XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	5,960,101						5,960,101			XXX
12. Prescription drugs	21,535,011						21,535,011			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	2,206,095						2,206,095			XXX
15. Subtotal (Lines 8 to 14)	237,221,786	0	0	0	0	0	237,221,786	0	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total hospital and medical (Lines 15 minus 16)	237,221,786	0	0	0	0	0	237,221,786	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 71,159 cost containment expenses	2,950,515						2,950,515			
20. General administrative expenses	31,975,437						31,975,437			
21. Increase in reserves for accident and health contracts	(11,980,689)						(11,980,689)			XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	260,167,049	0	0	0	0	0	260,167,049	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(6,904,187)	0	0	0	0	0	(6,904,187)	0	0	0
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.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
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)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Arkansas Health and Wellness Health Plan, Inc.

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) .....				.0
2. Medicare Supplement .....				.0
3. Dental only.....				.0
4. Vision only.....				.0
5. Federal Employees Health Benefits Plan .....				.0
6. Title XVIII - Medicare	253,285,907		23,045	253,262,862
7. Title XIX - Medicaid.....				.0
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8)	253,285,907	0	23,045	253,262,862
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	253,285,907	0	23,045	253,262,862

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Arkansas Health and Wellness Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct	219,370,865						219,370,865			
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	219,370,865	0	0	0	0	0	219,370,865	0	0	0
2. Paid medical incentive pools and bonuses	1,777,190						1,777,190			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	39,748,386	0	0	0	0	0	39,748,386	0	0	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	39,748,386	0	0	0	0	0	39,748,386	0	0	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	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	782,245						782,245			
6. Net healthcare receivables (a).....	3,975,252						3,975,252			
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	20,128,308	0	0	0	0	0	20,128,308	0	0	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	20,128,308	0	0	0	0	0	20,128,308	0	0	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	353,339	0	0	0	0	0	353,339	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	235,015,691	0	0	0	0	0	235,015,691	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	235,015,691	0	0	0	0	0	235,015,691	0	0	0
13. Incurred medical incentive pools and bonuses	2,206,096	0	0	0	0	0	2,206,096	0	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Arkansas Health and Wellness Health Plan, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	14,864,996						14,864,996			
1.2. Reinsurance assumed .....	.0									
1.3. Reinsurance ceded .....	.0									
1.4. Net	14,864,996	.0	.0	.0	.0	.0	14,864,996	.0	.0	.0
2. Incurred but Unreported:										
2.1. Direct	24,883,390						24,883,390			
2.2. Reinsurance assumed .....	.0									
2.3. Reinsurance ceded .....	.0									
2.4. Net	24,883,390	.0	.0	.0	.0	.0	24,883,390	.0	.0	.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	39,748,386	.0	.0	.0	.0	.0	39,748,386	.0	.0	.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	39,748,386	0	0	0	0	0	39,748,386	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Arkansas Health and Wellness Health Plan, Inc.

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 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 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 December 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	15,650,594	207,779,038	1,182,419	38,565,967	16,833,013	20,128,308
7. Title XIX - Medicaid.....					.0	.0
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8).....	15,650,594	207,779,038	1,182,419	38,565,967	16,833,013	20,128,308
10. Healthcare receivables (a).....		8,034,020			.0	.0
11. Other non-health.....					.0	.0
12. Medical incentive pools and bonus amounts	540,088	1,237,102	66,251	715,994	606,339	353,339
13. Totals (Lines 9-10+11+12)	16,190,682	200,982,120	1,248,670	39,281,961	17,439,352	20,481,647

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

Pt 2C - Sn A - Paid Claims - MS

NONE

Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Arkansas Health and Wellness Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	.0	.0	.0	.0	.0
2. 2016 .....	.0	.0	.0	.0	.0
3. 2017	XXX	.0	.0	.0	.0
4. 2018	XXX	XXX	35,409	41,549	41,645
5. 2019	XXX	XXX	XXX	122,901	138,995
6. 2020	XXX	XXX	XXX	XXX	200,982

Section B - Incurred Health Claims - Medicare

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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	.0	.0	.0	.0	.0
2. 2016 .....	.0	.0	.0	.0	.0
3. 2017	XXX	.0	.0	.0	.0
4. 2018	XXX	XXX	43,286	41,979	41,645
5. 2019	XXX	XXX	XXX	142,952	140,243
6. 2020	XXX	XXX	XXX	XXX	240,264

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

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. 2016 .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2017 .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2018	42,593	41,645	883	2.1	42,528	99.8	.0	.0	42,528	99.8
4. 2019	140,902	138,995	2,244	1.6	141,239	100.2	1,248	10	142,497	101.1
5. 2020	253,263	200,982	2,476	1.2	203,458	80.3	39,282	333	243,073	96.0

Pt 2C - Sn A - Paid Claims - XI

NONE

Pt 2C - Sn A - Paid Claims - OT

NONE

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Arkansas Health and Wellness Health Plan, Inc.

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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	.0	.0	.0	.0	.0
2. 2016 .....	.0	.0	.0	.0	.0
3. 2017	XXX	.0	.0	.0	.0
4. 2018	XXX	XXX	35,409	41,549	41,645
5. 2019	XXX	XXX	XXX	122,901	138,995
6. 2020	XXX	XXX	XXX	XXX	200,982

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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	.0	.0	.0	.0	.0
2. 2016 .....	.0	.0	.0	.0	.0
3. 2017	XXX	.0	.0	.0	.0
4. 2018	XXX	XXX	43,286	41,979	41,645
5. 2019	XXX	XXX	XXX	142,952	140,243
6. 2020	XXX	XXX	XXX	XXX	240,264

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. 2016 .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2017 .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2018	42,593	41,645	883	2.1	42,528	99.8	.0	.0	42,528	99.8
4. 2019	140,902	138,995	2,244	1.6	141,239	100.2	1,248	10	142,497	101.1
5. 2020	253,263	200,982	2,476	1.2	203,458	80.3	39,282	333	243,073	96.0

12-GT

Pt 2C - Sn B - Incurred Claims - MS

NONE

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 - XI

NONE

Pt 2C - Sn B - Incurred Claims - OT

NONE

Part 2C - Sn C - Claims Expense Ratio MS

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 XI

NONE

Part 2C - Sn C - Claims Expense Ratio OT

NONE

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Arkansas Health and Wellness Health Plan, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	.0								
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ for investment income).....	.0						.0		
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	.0								
8. Totals (Net) (Page 3, Line 4)	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	.0	NONE							
10. Reserve for future contingent benefits .....	.0								
11. Aggregate write-ins for other claim reserves .....	.0								
12. Totals (gross) .....	.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.									
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 \$ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building)			349,321		349,321
2. Salaries, wages and other benefits			6,180,904		6,180,904
3. Commissions (less \$ceded plus \$assumed)			11,585,329		11,585,329
4. Legal fees and expenses			74,673		74,673
5. Certifications and accreditation fees			3,936		3,936
6. Auditing, actuarial and other consulting services			1,608,128		1,608,128
7. Traveling expenses			25,127		25,127
8. Marketing and advertising			307,069		307,069
9. Postage, express and telephone			294,448		294,448
10. Printing and office supplies			638,911		638,911
11. Occupancy, depreciation and amortization			625,293		625,293
12. Equipment			19,844		19,844
13. Cost or depreciation of EDP equipment and software			541,529		541,529
14. Outsourced services including EDP, claims, and other services	71,159	2,879,356	6,730,180		9,680,695
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate			33,085		33,085
17. Collection and bank service charges			84,473		84,473
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses			40,161		40,161
22. Real estate taxes			20,128		20,128
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			(249,879)		(249,879)
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees			39,547		39,547
23.4 Payroll taxes			322,761		322,761
23.5 Other (excluding federal income and real estate taxes)			2,700,469		2,700,469
24. Investment expenses not included elsewhere				21,111	21,111
25. Aggregate write-ins for expenses	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25)	71,159	2,879,356	31,975,437	21,111	(a) 34,947,063
27. Less expenses unpaid December 31, current year		344,000	856,667		1,200,667
28. Add expenses unpaid December 31, prior year	0	239,000	743,507	0	982,507
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)	71,159	2,774,356	31,862,277	21,111	34,728,903
DETAILS OF WRITE-INS					
2501.					
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0	0

(a) Includes management fees of \$29,129,983 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) 7,039	7,053
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 380,638	616,419
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) 250,163	211,783
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	637,840	835,255
11. Investment expenses		(g) 21,111
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)		21,111
17. Net investment income (Line 10 minus Line 16)		814,144
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 \$ 4,735 accrual of discount less \$ 140,802 amortization of premium and less \$ 175,264 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 \$ 1,788 accrual of discount less \$ amortization of premium and less \$.15 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			0		
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	(6,744)		(6,744)	(1)	
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	8,678,425	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	0	0	0	0	0
7. Derivative instruments	0	0	0	0	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)	(6,744)	0	(6,744)	8,678,424	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	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	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	.0	.0
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	.0	.0
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.....	3,166,079	2,075,151	(1,090,928)
25. Aggregate write-ins for other-than-invested assets	338,542	935,783	597,241
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	3,504,621	3,010,934	(493,687)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	3,504,621	3,010,934	(493,687)
DETAILS OF WRITE-INS			
1101. ....		.0	.0
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. Prepaid Expenses.....	338,542	935,783	597,241
2502. ....		.0	.0
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)	338,542	935,783	597,241

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Arkansas Health and Wellness Health Plan, Inc.

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	15,409	23,872	24,278	24,594	24,828	290,936
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0
7. Total	15,409	23,872	24,278	24,594	24,828	290,936
DETAILS OF WRITE-INS						
0601.						
0602.						
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)	0	0	0	0	0	0

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying financial statements of Arkansas Health and Wellness Health Plan, Inc. (the Company) have been prepared in conformity with 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 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.

NET INCOME	SSAP #	F/S Page	F/S Line #	2020	2019
(1) Arkansas Health and Wellness Health Plan state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ (3,806,981)	\$ (21,387,703)
(2) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:				-	-
(3) State Permitted Practices that is an increase/(decrease) from NAIC SAP:				-	-
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ (3,806,981)</u>	<u>\$ (21,387,703)</u>
SURPLUS					
(5) Arkansas Health and Wellness Health Plan state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 47,745,530	\$ 51,192,776
(6) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:				-	-
(7) State Permitted Practices that is an increase/(decrease) from NAIC SAP:				-	-
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>\$ 47,745,530</u>	<u>\$ 51,192,776</u>

B. Use of Estimates in the Preparation of the Financial Statements.

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, cash equivalents, and short-term investments are carried at cost, which approximates fair value. Short-term investments include securities purchased with twelve months or less of maturity date.

2. Bonds: Investment grade bonds (NAIC designations 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 designation 3 to 6) are carried at the lower of amortized cost or fair value. The Company holds no common stocks.

3. Common stock held in affiliates is carried based on the underlying equity of the investee.

4. The Company holds no preferred stocks.

5. The Company holds no mortgage loans.

6. The Company holds no loan-backed securities.

7 – 8. The Company has investments in subsidiaries, controlled and affiliated companies reported on an equity basis in the amount of \$23.5 million which is a limited liability company.

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 the 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 expense. The Company recorded a premium deficiency reserve of \$0 at December 31, 2020.

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.

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

D. **Going Concern**

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

2. Accounting Changes and Corrections of Errors

None

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

A. **Discontinued Operation Disposed of or Classified as Held for Sale**

None

B. **Change in Plan of Sale of Discontinued Operations**

None

C. **Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal**

None

D. **Equity Interest Retained in the Discontinued Operation After Disposal**

None

5. Investments

A. **Mortgage Loans, including Mezzanine Real Estate Loans**

None

B. **Debt Restructuring**

None

C. **Reverse Mortgages**

None

D. **Loan-Backed Securities**

1. None

2. None

3. None

4. All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

- a. The aggregate amount of unrealized losses:

1. Less than 12 Months	\$1,101
2. 12 Months or Longer	\$0

- b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	\$442,211
2. 12 Months or Longer	\$0

5. For any security in an unrealized loss position, the Company assesses whether it intends to sell the security or if it is more likely than not that the Company will be required to sell the security before recovery of the amortized cost basis for reasons such as liquidity, contractual or regulatory purposes. If the security meets this criterion, the decline in fair value is other-than-temporary and is recorded in earnings. The Company does not intend to sell these securities prior to maturity; therefore, there is no indication of other than temporary impairment of these securities.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

None

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

None

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

None

H. Repurchase Agreements Transactions Accounted for as a Sale

None

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

None

J. Real Estate

None

K. Investments in low-income housing tax credits (LIHTC)

None

L. Restricted Assets

1. Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6
	Total Gross Restricted from Current Year	Total Gross Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	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	\$ 310,115	\$ 310,826	\$ (711)	\$ 310,115	0.4%	0.3%
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	\$ 310,115	\$ 310,826	\$ (711)	\$ 310,115	0.4%	0.3%

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. 5GI Securities

None

P. Short Sales

None

Q. Prepayment Penalty and Acceleration Fees

General Account

(1) Number of CUSIPs

1

(2) Aggregate Amount of Investment Income

\$ 2,500

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company owns 49% of Arkansas Total Care Holding Company LLC (“ATCHC”). The Company has limited the value of its investment in ATCHC to the financial statements of the newly formed ATC in accordance with SSAP No. 97 Investment in Subsidiary, Controlled, and Affiliated Entities. Summarized information as to assets, liabilities, and results of operations for ATCHC is below.

	12/31/2019	12/31/2020
Assets:		
Investment in Sub	45,678,803	48,087,335
Liabilities:	-	-
Equity:	-	-
Gross Paid In and Capital Surplus	45,678,803	48,087,335
Revenue:	-	-
Expense:	-	-
Operating Income/(Loss)	-	-
Net Income:	-	-

- B. The company did not recognize any impairment write down for its investment in Arkansas Total Care Holding Company LLC during the statement periods.

7. Investment Income

- A. Investment income due and accrued with amounts greater than 90 days past due are excluded from surplus.
- B. The total amount excluded was \$0.

8. Derivative Instruments

The Company had no derivative instruments during the statement periods.

9. Income Taxes

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

(1) DTA/DTL Components	2020			2019			Change		
	Description	Ordinary	Capital	Total	Ordinary	Capital	Total	Capital	Total
(a) Gross deferred tax assets	886,993	1,672,125	2,559,118	3,225,301	0	3,225,301	(2,338,308)	1,672,125	(666,183)
(b) Statutory valuation allowance adjustment	(157,373)	0	(157,373)	(3,186,745)	0	(3,186,745)	3,029,372	0	3,029,372
(c) Adjusted gross deferred tax assets	729,620	1,672,125	2,401,745	38,556	0	38,556	691,064	1,672,125	2,363,189
(d) Deferred tax assets nonadmitted	(0)	0	(0)	0	0	0	(0)	0	(0)
(e) Net admitted deferred tax assets	729,620	1,672,125	2,401,745	38,556	0	38,556	691,064	1,672,125	2,363,189
(f) Deferred tax liabilities	(64,797)	(2,336,948)	(2,401,745)	(38,556)	0	(38,556)	(26,241)	(2,336,948)	(2,363,189)
(g) Net admitted deferred tax asset/(Net deferred tax liability)	664,823	(664,823)	(0)	(0)	0	(0)	664,823	(664,823)	0

(2) Admission calculation components:

Description	2020			2019			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Admission calculation under ¶11.a.-¶11.c.									
(a) FIT recoverable by loss carryback ¶11.a.]	0	0	0	0	0	0	0	0	0
(b) Expected to be realized ¶11.b.] (lesser of 1. or 2.)	0	0	0	0	0	0	0	0	0
1. Expected to be realized ¶11.b.i.]	0	0	0	0	0	0	0	0	0
2. Surplus limitation ¶11.b.ii.]	XXX	XXX	7,161,830	XXX	XXX	5,061,350	XXX	XXX	2,100,480
(c) DTL offset ¶11.c.]	729,620	1,672,125	2,401,745	38,557	0	38,557	691,063	1,672,125	2,363,188
(d) Total admitted under ¶11.a.-11.c.	729,620	1,672,125	2,401,745	38,557	0	38,557	691,063	1,672,125	2,363,188

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

	2020	2019
	(a) ExDTA ACL RBC or other ratio	400%	617%
(b) Adjusted capital and surplus	47,745,530	51,192,776

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

Description	2020			2019			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Adjusted gross DTAs - TPS Amount (Necessary for Cente	0	0	0	0	0	0	0	0	0
Adjusted gross DTAs - Amount (Memo Entry)	729,620	1,672,125	2,401,745	38,556	0	38,556	691,064	1,672,125	2,363,189
(a) Adjusted gross DTAs - Percentage	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Net admitted DTAs - TPS Amount (Necessary for Cente	0	0	0	0	0	0	0	0	0
Net admitted DTAs - Amount (Memo Entry)	729,620	1,672,125	2,401,745	38,556	0	38,556	691,064	1,672,125	2,363,189
(b) Net admitted DTAs - Percentage	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(c) Did the company avail itself of a tax planning strategy invc	Yes ___	No ___	X ___						

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	2020	2019
(a) Current federal income tax expense	(2,341,774)	(3,656,464)
(b) Foreign taxes	0	0
(c) Subtotal	(2,341,774)	(3,656,464)
(d) Tax on capital gains/(losses)	(1,416)	0
(e) Utilization of capital loss carryforwards	0	0
(f) Other, including prior year underaccrual (overaccrual)	2,127	1,490
(g) Federal and foreign income taxes incurred	(2,341,063)	(3,654,974)

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

(2)	DTAs Resulting From Book/Tax Differences In	December 31, 2020	December 31, 2019	Change
(a)	Ordinary			
(1)	Discounting of unpaid losses and LAE	130,180	66,206	63,974
(2)	Unearned premiums	0	776	(776)
(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	20,843	10,079	10,764
(9)	Pension accruals	0	0	0
(10)	Nonadmitted assets	735,970	632,296	103,674
(11)	Net operating loss carryforward	0	0	0
(12)	Tax credit carryforward	0	0	0
(13.1)	Goodwill & Intangible Amortization	0	0	0
(13.2)	Premium deficiency reserve	0	2,515,945	(2,515,945)
(13.3)	Other (separately disclose items >5%)	0	0	0
(99)	Gross ordinary DTAs	886,993	3,225,301	(2,338,308)
(b)	Statutory valuation adjustment adjustment - ordinary	(157,373)	(3,186,745)	3,029,372
(c)	Nonadmitted ordinary DTAs (-)	(0)	0	(0)
(d)	Admitted ordinary DTAs	729,620	38,556	691,064
(e)	Capital			
(1)	Investments	1,672,125	0	1,672,125
(2)	Net capital loss carryforward	0	0	0
(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	1,672,125	0	1,672,125
(f)	Statutory valuation adjustment adjustment - capital (-)	0	0	0
(g)	Nonadmitted capital DTAs (-)	0	0	0
(h)	Admitted capital DTAs	1,672,125	0	1,672,125
(i)	Admitted DTAs	2,401,745	38,556	2,363,189
(3)	DTLs Resulting From Book/Tax Differences In	December 31, 2020	December 31, 2019	Change
(a)	Ordinary			
(1)	Investments	(1,031)	(615)	(416)
(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%)	(63,766)	(37,941)	(25,825)
(99)	Ordinary DTLs	(64,797)	(38,556)	(26,241)
(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	(2,336,948)	0	(2,336,948)
(99)	Capital DTLs	(2,336,948)	0	(2,336,948)
(c)	DTLs	(2,401,745)	(38,556)	(2,363,189)
(4)	Net deferred tax assets/liabilities	(0)	(0)	0

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):

	December 31, 2020	December 31, 2019	Change
Total deferred tax assets	2,559,118	3,225,301	(666,183)
Total deferred tax liabilities	(2,401,745)	(38,556)	(2,363,189)
Net deferred tax assets/liabilities	157,373	3,186,745	(3,029,372)
Statutory valuation allowance adjustment (*see explanation)	(157,373)	(3,186,745)	3,029,372
Net deferred tax assets/liabilities after SVA	(0)	(0)	0
Tax effect of unrealized gains/(losses)	2,336,948	0	2,336,948
Change in net deferred income tax [(charge)/benefit]	2,336,948	(0)	2,336,948

***Statutory valuation allowance**

The valuation allowance adjustment to gross deferred tax assets as of December 31, 2020 and 2019 was \$157,373 and \$3,186,745, respectively. The net change in the total valuation allowance adjustments for the year ended December 31, 2020 was a decrease of \$3,029,372.

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	2020			2019		
	Amount	Tax Effect	Effective Tax Rate	Amount	Tax Effect	Effective Tax Rate
Income Before Taxes	(6,148,044)	(1,291,089)	21.00%	(25,042,678)	(5,258,962)	21.00%
Tax-Exempt Interest	(41,626)	(8,741)	0.14%	(15,139)	(3,179)	0.01%
Dividends Received Deduction	(5,175,625)	(1,086,881)	17.68%	0	0	0.00%
Proration	1,304,313	273,906	-4.46%	3,785	795	0.00%
Health Insurer Fee	2,693,877	565,714	-9.20%	0	0	0.00%
COLI Life Insurance	0	0	0.00%	0	0	0.00%
Meals & Entertainment, Nondeductible Expenses, Etc.	0	0	0.00%	0	0	0.00%
Statutory Valuation Allowance Adjustment	(14,425,581)	(3,029,372)	49.27%	9,350,681	1,963,643	-7.84%
Deferred Taxes on Nonadmitted Assets	(493,687)	(103,674)	1.69%	(1,701,287)	(357,270)	1.43%
Change in Enacted Tax Rates	0	0	0.00%	0	0	0.00%
ETR Placeholder #1			0.00%			
ETR Placeholder #2			0.00%			
ETR Placeholder #3			0.00%			
Other, including Prior Year True-Up		2,127	-0.03%		0	0.00%
Total		(4,678,011)	76.09%		(3,654,974)	14.59%
Federal Income Taxes Incurred [Expense/(Benefit)]		(2,339,647)	38.06%		(3,654,975)	14.59%
Tax on Capital Gains/(Losses)		(1,416)	0.02%		0	0.00%
Change in Net Deferred Income Tax [Charge/(Benefit)]		(2,336,948)	38.01%		0	0.00%
Total Statutory Income Taxes		(4,678,011)	76.09%		(3,654,975)	14.59%

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.
 Access Medical Group of Tampa, Inc.
 Access Medical Group of Westchester, Inc.
 Accountable Care Coalition of DeKalb, LLC
 Accountable Care Coalition of Southeast Texas
 Accountable Care Coalition of Texas, Inc.
 Agate Resources, Inc.
 Ambetter of North Carolina, Inc.
 American Progressive Life and Health
 APS Healthcare Holdings, Inc.
 APS Healthcare, Inc.
 APS Parent, Inc.
 Arkansas Health & Wellness Health Plan, Inc.
 AWC of Syracuse, 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
 Care 1st Health Plan Arizona, Inc.
 Care1st Health Plan Administrative Services
 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.
 Comprehensive Health Management, Inc.
 Comprehensive Reinsurance, Ltd.
 Coordinated Care Corporation
 Coordinated Care of Washington, Inc.
 Delaware First Health Plan, Inc.
 District Community Care, Inc.
 Envolve - New York, 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.
 Exactus Pharmacy Solutions, Inc.
 FH Assurance Company
 Golden Triangle Physician Alliance
 Granite State Health Plan, Inc.
 Halmark Life Insurance Company
 Harmony Behavioral Health IPA, Inc.
 Harmony Behavioral Health, Inc.
 Harmony Health Management, Inc.
 Harmony Health Plan, Inc.
 Harmony Health Systems, Inc.
 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.
 Heritage Health Systems of Texas, Inc.
 Heritage Health Systems, Inc.
 Heritage Physicians Networks
 HHS Texas Management, 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.
 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
 Maryland Collaborative Care Transformation
 Mauli Ola Health and Wellness, Inc.
 Meridian Health Plan of Illinois, Inc.
 Meridian Health Plan of Michigan, 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.
 MHS Consulting International, Inc.
 MHS Travel & Charter, Inc.
 Michigan Complete Health, Inc.
 Missouri Care, Incorporated
 National Pharmacy Services, Inc.
 Nebraska Total Care, Inc.
 New York Quality Healthcare Corporation
 New York Rx, Inc.
 Next Door Neighbors, Inc.
 NovaSys Health, Inc.
 Ohana Health Plan, Inc.
 Oklahoma Complete Health, Inc.
 One Care by Care1st Health Plan of Arizona
 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.
 Quincy Coverage Corporation
 RX Direct, Inc.
 Salus Administrative Services, Inc.
 SelectCare Health Plans, Inc.
 SelectCare of Texas, 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.
 The WellCare Management Group, Inc.
 Trillium Community Health Plan, Inc.
 U.S. Medical Management Holdings, Inc.
 UAM Agent Services Corp.
 UAM/APS Holding Corp.
 Universal American Corporation
 Universal American Financial Services, Inc.
 University Health Plans, Inc.
 Virginia Total Care, Inc.
 VPA of Texas, PLLC
 VPA, P.C.
 WCG Health Management, Inc.
 WellCare Health Insurance Company New
 WellCare Health Insurance Company of
 WellCare Health Insurance Company of
 WellCare Health Insurance Company of
 WellCare Health Insurance Company of
 WellCare Health Insurance Company of America
 WellCare Health Insurance Company of Kentucky
 WellCare Health Insurance Company of Nevada
 WellCare Health Insurance of Arizona, Inc.
 WellCare Health Insurance of Connecticut
 WellCare Health Insurance of New York, Inc.
 WellCare Health Insurance of North Carolina
 WellCare Health Insurance of Tennessee
 WellCare Health Insurance of the Southwest
 WellCare Health Plans of Arizona, Inc.
 WellCare Health Plans of California, Inc.
 WellCare Health Plans of Kentucky, Inc.
 WellCare Health Plans of Massachusetts, Inc.
 WellCare Health Plans of Missouri, Inc.
 WellCare Health Plans of New Jersey, Inc.
 WellCare Health Plans of Tennessee, Inc.
 WellCare Health Plans of Vermont, Inc.
 WellCare Health Plans of Wisconsin, Inc.
 WellCare National Health Insurance Company
 WellCare of Alabama, Inc.
 WellCare of Arkansas, Inc.
 WellCare of California, Inc.
 WellCare of Connecticut, Inc.
 WellCare of Florida, Inc.
 WellCare of Georgia, Inc.
 WellCare of Indiana, Inc.
 WellCare of Kansas, Inc.
 WellCare of Maine, Inc.
 Wellcare of Michigan Holding Company
 WellCare of Mississippi, Inc.
 WellCare of Missouri Health Insurance Company
 WellCare of Nebraska, Inc.
 WellCare of New Hampshire, Inc.
 WellCare of New York, Inc.
 WellCare of North Carolina, Inc.
 WellCare of Ohio, Inc.
 WellCare of Oklahoma, Inc.
 WellCare of Pennsylvania, Inc.
 WellCare of South Carolina, Inc.
 WellCare of Texas, Inc.
 WellCare of Virginia
 WellCare of Washington, Inc.
 WellCare Pharmacy Benefits Management, Inc.
 WellCare Prescription Insurance, Inc.
 Wellington Merger Sub II, Inc.
 Western Sky Community Care, Inc.
 Windsor Health Group, Inc.
 Windsor Management Services, Inc.
 Workco Management Services, 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. Alternative Minimum Tax (AMT) Credit

Not applicable

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

J. Global Intangible Low-Taxed Income (GILTI)

Not applicable

10. Information Concerning Parent, Subsidiaries and Affiliates

A., B., C.,

During 2020 and 2019, Centene Management Company, LLC provided data, claims processing, case management, care coordination and general management services to the Company. Medical and administrative expenses for the years ended December 31, 2020 and December 31, 2019 were \$29,129,983 and \$16,911,247, respectively.

Envolve PeopleCare, Inc. provided nurse-line triage services and chronic pulmonary disease management services to the Company. Medical expenses for the years ended December 31, 2020 and December 31, 2019, were \$373,646 and \$105,641, respectively.

Envolve Pharmacy Solutions, Inc. provided pharmacy benefit management services to the Company. Medical expenses for the years ended December 31, 2020 and December 31, 2019, were \$55,130,758 and \$32,917,650, respectively.

Envolve Vision, Inc. provided vision management services to the Company. Medical expenses for the periods ended December 31, 2020 and December 31, 2019, were \$5,406,390 and \$3,877,761, respectively.

Envolve Dental, Inc. provided dental benefits management services to the Company. Medical expenses for the periods ended December 31, 2020 and December 31, 2019, were \$0 and \$30,764, respectively.

NovaSys Health, Inc. provided network access services to the Company. Expenses for the periods ended December 31, 2020 and December 31, 2019, were \$320,046 and \$190,705, respectively.

D. Included in the Company's balance sheet as of December 31, 2020 are payables to parent, subsidiaries and affiliates of \$11,000,988 due to Centene Management Company, LLC, Envolve PeopleCare, Envolve Pharmacy Solutions, Envolve Vision, Inc., and NovaSys Health, Inc. As of December 31, 2019, payables to parent, subsidiaries and affiliates were \$7,358,847 due to Centene Management Company, LLC, Envolve PeopleCare, Envolve Pharmacy Solutions, Envolve Vision, Inc., Envolve Dental, Inc., and NovaSys Health, Inc.

E. Management or Service Contracts

None

F. Guarantees

None

G. Control Relationship

The Company is wholly owned by Centene Corporation.

H. Upstream Intermediate Entity

None

I. Investment in an SCA entity

1. The Company owns 49% of Arkansas Total Care Holding Company LLC ("ATCHC") whose carrying value exceeds 10% of the admitted assets of the Company. The Company carries ATCHC using the equity method in accordance with SSAP 97, Investments in Subsidiary, Controlled, & Affiliated Entities, a replacement of SSAP no. 88. There are no differences between the amount at which the investment is carried and the amount of underlying equity in net assets.
2. No quoted market price is available for ATCHC.
3. The following represents ATCHC's assets, liabilities, equity, and results of operation as of December 31, 2020 and December 31, 2019:

	12/31/2019	12/31/2020
Assets:		
Investment in Sub	45,678,803	48,087,335
Liabilities:	-	-
Equity:	-	-
Gross Paid In and Capital Surplus	45,678,803	48,087,335
Revenue:	-	-
Expense:	-	-
Operating Income/(Loss)	-	-
Net Income:	-	-

4. N/A

5. N/A

J. Investments in impaired SCA entities – None

K. Investment in a Foreign Insurance Subsidiary – None

L. Investment in Downstream Noninsurance Holding Company

The company utilizes the look-through approach involving its investment in ATCHC, its downstream noninsurance holding company. The carrying value is \$9,423,077 at December 31, 2020.

The financial statements of ATCHC are not audited.

The company carries a 49% investment in ATCHC. The Company has limited the value of its investment in ATCHC to the financial statements of the newly formed ATC in accordance with SSAP No. 97 Investment in Subsidiary, Controlled, and Affiliated Entities.

All liabilities, commitments, contingencies, guarantees and obligations of ATCHC required to be recorded under SSAP No. 97 Investments in Subsidiary, Controlled, and Affiliated Entities are recorded in the financial statements of the Company's carrying value of ATCHC.

M. All SCA Investments

The Company is applying a look through approach as an 8bi entity.

N. Investments in Insurance SCAs

None

O. SCA and SSAP No. 48 Entity Loss Tracking

None

11. Debt

A. Capital Notes

None

B. FHLB (Federal Home Loan Bank) agreements

None

12. Retirement Plans, Deferred Compensation, Post-Employment Benefits, Compensated Absences and Other Postretirement Benefit Plans.

A. Defined Benefit Plans

None

B. Description of investment policies and strategies for retirement plans

None

C. Fair value of each class of plan assets

None

- D. Narrative description of the basis used to determine the overall expected long-term rate-of-return-on-assets Assumption

None

- E. Defined Contribution Plans

None

- F. Multiemployer Plans

None

- G. Consolidated/Holding Company Plans

None

- H. Post-Employment Benefits and Compensated Absences

None

- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

None

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

- A. The Company has 100, \$1.00 par value shares authorized, issued and outstanding.
- B. The Company has no preferred stock outstanding.
- C. The Company is restricted from paying any extraordinary dividend or distribution to its shareholders until thirty days after the Commissioner has received notice of the distribution and has not within the thirty day period disapproved the dividend or distribution. An extraordinary dividend or distribution is one in which the fair market value, together with that of any other dividends or distributions made within the preceding twelve months, exceeds the greater of ten percent of the Company's surplus as of the thirty-first day of December next preceding, or the Company's net income for the twelve month period ending the thirty-first day of December next preceding.
- D. The company paid a return of capital of \$7,824,923 & \$0 in 2020 and 2019, respectively.
- E. Within the limitations of 3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- F. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- G. The Company has no advances to surplus not repaid.
- H. The Company held no stock for special purposes including conversion of preferred stock, employee stock options and stock purchase warrants.
- I. The Company reported no special surplus at December 31, 2020. The Company reported a special surplus of \$2,711,434 at December 31, 2019.
- J. There are no unassigned funds (surplus) represented or reduced by cumulative gains and losses.
- K. The Company did not hold or issue any surplus debentures or similar obligations.
- L. There have been no quasi-reorganizations.
- M. The Company has not been involved in a quasi-reorganization in the last ten years.

14. Liabilities, Contingencies, and Assessments

- A) Contingent Commitments
- None
- B) Assessments
- None
- C) Gain Contingencies

None

- D) Claims related to extra contractual obligation and bad faith losses stemming from lawsuits

None

- E) Joint and Several Liabilities

None

- F) All Other Contingencies

Various lawsuits against the Company may arise in the course of the Company's business. Contingent liabilities, if any, arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company.

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) Transfers and Servicing of Financial Assets

None

- C) Wash Sales

None

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

- A) ASO Plans

None

- B) ASC Plans

None

- C) Medicare or Similarly Structured Cost Based Reimbursement Contract

- 1) Revenue from the Company's Medicare contract for the year ended December 31, 2020 consisted of \$253,262,862 for medical, hospital related services, and administrative expenses.
- 2) As of December 31, 2020, the Company recorded a net payable from CMS that is greater than 10% of the Company's amounts payable from uninsured accident and health plans or \$10,000. The total balance for the Medicare Part D low-income subsidy and reinsurance subsidy is \$2,211,044.
- 3) In connection with the Company's Medicare contract, the Company has no recorded allowances and reserves for adjustment of recorded revenues at December 31, 2020.
- 4) The Company has made no adjustments to revenue resulting from audit of receivables related to revenues recorded in the prior period.

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

None

20. Fair Value Measurements

- A. The guidance in SSAP No. 100R – Fair Value allows the use of net asset value per share (NAV) instead of fair value for certain investments. The guidance is effective Jan. 1, 2019 with early adoption permitted. For reporting entities electing to early-adopt, the reporting entity shall include narrative disclosures on the use of NAV and include the

SSAP No. 100R disclosures for situations when an investment may be sold below NAV or if there are significant restrictions in the liquidation of an investment held at NAV.

Level inputs are as follows:

Level input	Input definition
Level 1	Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.
Level 2	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 3	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, 2020 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, Cash Equivalents and Short-Term Investments	\$ (670,419)	\$ -	\$ -	\$ -	\$ (670,419)
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	\$ (670,419)	\$ -	\$ -	\$ -	\$ (670,419)
b. Liabilities at fair value					
Derivative liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

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:

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 and Cash Equivalents	\$ 41,125,645	\$ -	\$ -	\$ -	\$ 41,125,645
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	\$ 41,125,645	\$ -	\$ -	\$ -	\$ 41,125,645
b. Liabilities at fair value					
Derivative liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

B. None

C. Fair Value Disclosures Under Other Pronouncements

The following table summarizes the aggregate fair value measurements by level at December 31, 2020 for all financial instruments.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level I	Level II	Level III	Not Practicable (Carrying Value)	Net Asset Value (NAV) Included in Level 2
Cash	\$ (1,018,129)	\$ (1,018,129)	\$ (1,018,129)	\$ -	\$ -	\$ -	\$ -
Cash equivalents - at fair value	\$ 347,711	\$ 347,711	\$ 347,711				
Short-term investments - at amortized cost	\$ 1,619,094	\$ 1,618,540	\$ -	\$ 1,619,094	\$ -	\$ -	\$ -
Bonds	\$ 59,861,735	\$ 58,341,660	\$ 311,356	\$ 59,550,379	\$ -	\$ -	\$ -

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level I	Level II	Level III	Not Practicable (Carrying Value)	Net Asset Value (NAV) Included in Level 2
Cash and cash equivalents	\$ 41,125,645	\$ 41,125,645	\$ 41,125,645	\$ -	\$ -	\$ -	\$ -
Short-term investments - at amortized cost	\$ 200,180	\$ 199,785	\$ -	\$ 200,180	\$ -	\$ -	\$ -
Bonds	\$ 17,880,852	\$ 17,727,144	\$ 313,052	\$ 17,567,800	\$ -	\$ -	\$ -

D. None

E. None

21. Other Items

A. Extraordinary Items

None

B. Troubled Debt Restructuring: Debtors

None

C. Other Disclosures

None

D. Business Interruption Insurance Recoveries

None

E. State 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

Type I – Recognizable Subsequent Events

None

Type II – Non-recognizable Subsequent Events

ACA Annual Fee

The Company is subject to the annual industry fee under section 9010 of ACA. The industry fee is being levied on certain health insurers that provide insurance in the assessment year, and is allocated to health insurers based on each health insurer's share of net premiums for all U.S health insurers in the year preceding the assessment. In December 2015, President Obama signed the Consolidated Appropriations Act, 2016 which, among other provisions, included a one-year moratorium on the ACA industry fee for 2017 (payable in 2018). Additionally, in January 2018, Congress approved an additional one-year moratorium of the ACA industry fee for 2019 (payable in 2020). The 116th Congress passed a permanent repeal of the ACA industry fee starting in 2021 and repealed the other two ACA taxes, Medical Device Tax and Excise Tax, immediately.

The liability and expense are recognized once the Company provides health insurance for any U.S. health risk in the assessment year. The Company paid and expensed \$2,693,877 and \$0 in 2020 and 2019, respectively.

	<u>Current Year</u>	<u>Prior Year</u>
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)?	N/A	
B. ACA fee assessment payable for the upcoming year	\$ -	\$ 2,711,434
C. ACA fee assessment paid	\$ 2,693,877	\$ -
D. Premium written subject to ACA 9010 assessment	\$ 142,482,442	\$ -
E. Total Adjusted Capital before surplus adjustment	\$ 47,745,530	
F. Total Adjusted Capital after surplus adjustment	\$ 47,745,530	
G. Authorized Control Level	\$ 11,924,548	
H. Would reporting the ACA assessment as of December 31, 2020 have triggered an RBC action Level (YES/NO)?	N/A	

In connection with the preparation of the statutory financial statements, the Company evaluated subsequent events through March 1, 2021, which was the date the statutory financial statements were issued. The Company is monitoring the current COVID-19 pandemic. Due to market volatility and economic measures taken to contain the virus there may be impact to our operations and financial position, however we are unable to estimate those impacts, if any, at this time.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

1. No
2. No

Section 2 - Ceded Reinsurance Report - Part A

1. No
2. No

Section 3 - Ceded Reinsurance Report - Part B

1. \$0
2. No

B. Uncollectible Reinsurance

None

C. Commutation of Ceded Reinsurance

None

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

None

E. Reinsurance Credit

None

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

- A. The Company participates in the Medicare Advantage program under a contract with Centers for Medicare and Medicaid Services which is subject to federal Medicare MLR regulations under Title 42 of the Code of Federal Regulations, Part 422.
- B. The Company records accrued retrospective premiums through written premium.
- C. The amount of net premiums written by the Company at December 31, 2020 which are subject to retrospective rating features was \$253.3 million, which represents 100% of the total net premiums written.
- D. Medical Loss Ratio Rebates Required pursuant to the Public Health Service Act
None
- E. Risk-Sharing Provisions of the ACA
None

25. Change in Incurred Claims and Claims Adjustment Expenses

- A. Reserves for incurred claims and claim adjustment expenses as of December 31, 2019 were \$20,482,000 and \$239,000, respectively. As of December 31, 2020, \$16,191,000 and \$228,000 have been paid for incurred claims and claims adjustment expenses, respectively, attributable to insured events of prior years. Reserves remaining for prior years are now \$1,249,000 and \$11,000 for incurred claims and claims adjustment expenses, respectively, as a result of re-estimation of unpaid claims and claim adjustment expenses. The Company experienced \$3,042,000 favorable development since December 31, 2019 generally as 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

None

27. Structured Settlements

None

28. Health Care Receivables

- A. Pharmaceutical Rebate Receivables

At December 31, 2020, the Company had admitted pharmacy rebate receivables of \$4,867,941. Per State of Arkansas statutes, the Company is able to admit current quarter receivables from affiliates. Pharmacy rebate amounts are estimated based on historical per script rebates and the actual 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
12/31/2020	4,867,941	4,867,941	-	-	-
9/30/2020	4,215,671	3,956,348	1,057,366	-	-
6/30/2020	3,025,491	3,712,821	551,955	3,160,867	-
3/31/2020	2,801,159	3,231,302	101,920	3,044,682	84,700
12/31/2019	1,932,973	1,947,366	128,454	1,974,447	-
9/30/2019	1,698,639	1,880,800	243	1,799,684	-
6/30/2019	1,462,771	1,771,956	-	-	-
3/31/2019	1,303,337	1,647,122	-	-	-
12/31/2018	561,127	514,886	-	-	-
9/30/2018	448,429	441,094	-	-	-
6/30/2018	361,484	388,184	30,767	1,795,918	-
3/31/2018	347,782	346,890	1,503	1,676,153	-
12/31/2017	561,127	(297)	22,897	-	491,989
9/30/2017	448,429	-	10,768	-	430,326
6/30/2017	361,484	-	-	422,689	(34,505)
3/31/2017	347,782	-	-	360,230	(13,638)

B. Risk Sharing Receivables

None

29. Participating Policies

None

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves \$0
2. Date of the most recent evaluation of this liability 1/31/2021
3. Was anticipated investment income utilized in the calculation? Yes

31. Anticipated Salvage and Subrogation

None

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 [] 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 [] 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 [] 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 []
- 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.12/31/2019
- 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.
- 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).
- 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 [] No [] N/A []
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] 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 []
 4.12 renewals? Yes [] No []
- 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 []
 4.22 renewals? Yes [] No []
- 5.1 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.
- 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 []
- 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 []
- 7.2 If yes,
 7.21 State the percentage of foreign control0.0 %
 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

- 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

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 [] No [X]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....

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 securities 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 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$.....0
- 24.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$.....0
- 24.06 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 []
- 24.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] NA [X]
- 24.08 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]

GENERAL INTERROGATORIES

- 24.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:
- 24.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
 - 24.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
 - 24.093 Total payable for securities lending reported on the liability page \$.....0
- 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 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 \$.....310,115
 - 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
- 26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement. Yes No N/A

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
- 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 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 Street South, 8th Floor, Minneapolis, MN 55415.....
.....

GENERAL INTERROGATORIES

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)
None.....	N/A.....	N/A.....

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

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

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

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 [X] No []

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 [X] No []

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.....	549300B3H21002L85190.....	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

GENERAL INTERROGATORIES

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.....	59,960,200	59,861,735	(98,465)
30.2 Preferred Stocks.....	0		0
30.3 Totals	59,960,200	59,861,735	(98,465)

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, provided through our custodians.....

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:

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]

36. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliated then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 36.a -36.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [X] No [] NA []

OTHER

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

37.2 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
.....	\$
.....	\$
.....	\$

GENERAL INTERROGATORIES

38.1 Amount of payments for legal expenses, 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 payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$
.....	\$
.....	\$

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

39.2 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 [] No [X]
- 1.2 If yes, indicate premium earned on U.S. business only. \$0
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$
- 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. \$0
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$0
- 1.62 Total incurred claims \$0
- 1.63 Number of covered lives0
- All years prior to most current three years:
- 1.64 Total premium earned \$0
- 1.65 Total incurred claims \$0
- 1.66 Number of covered lives0
- 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 lives0
- 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 lives0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$253,262,862		\$140,901,923
2.2	Premium Denominator	\$253,262,862		\$140,901,923
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$40,530,631		\$32,462,336
2.5	Reserve Denominator	\$40,530,631		\$32,462,336
2.6	Reserve Ratio (2.4/2.5)	.....1.000		.....1.000

- 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 [X]
- 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 \$3,000,000
- 5.32 Medical Only \$
- 5.33 Medicare Supplement \$
- 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:
The Company protects subscribers and their dependents against the risk of insolvency through the reinsurance contract with PartnerRe.
- 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 year18,375
- 8.2 Number of providers at end of reporting year22,923
- 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 [X] No []
- 10.2 If yes:
- | | | |
|---|----|-----------|
| 10.21 Maximum amount payable bonuses | \$ | 782,245 |
| 10.22 Amount actually paid for year bonuses | \$ | 1,777,190 |
| 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. \$.....23,849,096
- 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

Per consent order AID No 2017-817 the minimum capital and surplus is calculated as the greater of \$2,229,000 or 200% company action level. In connection with the issuance of the Company's certificate of authority, AHWHP agreed to maintain capital and surplus in excess of this amount.

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

1 Name of Service Area
Cleburne.....
Baxter.....
Benton.....
Boone.....
Carroll.....
Clark.....
Clay.....
Conway.....
Craighead.....
Crawford.....
Crittenden.....
Cross.....
Faulkner.....
Franklin.....
Fulton.....
Garland.....
Greene.....
Hot Spring.....
Independence.....
Izard.....
Jackson.....
Johnson.....
Lawrence.....
Logan.....
Lonoke.....
Madison.....
Marion.....
Mississippi.....
Newton.....
Perry.....
Poinsett.....
Pope.....
Prairie.....
Pulaski.....
Randolph.....
Saline.....
Scott.....
Searcy.....
Sebastian.....
Sharp.....
St. Francis.....
Stone.....
Van Buren.....
Washington.....
White.....
Woodruff.....
Yell.....

- 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. \$.....
- 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. \$.....
- 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:

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

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 \$.....
 15.2 Total Incurred Claims \$.....
 15.3 Number of Covered Lives

*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 2020	2 2019	3 2018	4 2017	5 2016
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	98,284,065	91,420,840	21,794,367	5,491,680	0
2. Total liabilities (Page 3, Line 24)	50,538,535	40,228,064	14,354,217	320,441	0
3. Statutory minimum capital and surplus requirement	23,849,096	16,602,940	4,796,634	2,229,000	0
4. Total capital and surplus (Page 3, Line 33)	47,745,530	51,192,776	7,440,150	5,171,239	0
Income Statement (Page 4)					
5. Total revenues (Line 8)	253,262,862	140,901,923	42,592,954	0	0
6. Total medical and hospital expenses (Line 18)	237,221,786	141,645,156	43,285,702	0	0
7. Claims adjustment expenses (Line 20)	2,950,515	2,265,368	731,155	0	0
8. Total administrative expenses (Line 21)	31,975,437	15,130,485	4,638,083	37	0
9. Net underwriting gain (loss) (Line 24)	(6,904,187)	(25,728,602)	(10,453,160)	(37)	0
10. Net investment gain (loss) (Line 27)	808,816	723,711	145,592	3,486	0
11. Total other income (Lines 28 plus 29)	(51,258)	(37,787)	(10,208)	0	0
12. Net income or (loss) (Line 32)	(3,806,981)	(21,387,703)	(9,099,118)	2,239	0
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(123,444)	(4,771,065)	1,548,763	323,433	0
Risk-Based Capital Analysis					
14. Total adjusted capital	47,745,530	51,192,776	7,440,150	5,171,239	0
15. Authorized control level risk-based capital	11,924,548	8,301,470	2,398,317	5,000	0
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	24,828	15,409	5,414	0	0
17. Total members months (Column 6, Line 7)	290,936	127,437	55,997	0	0
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)	93.7	100.5	101.6	0.0	0.0
20. Cost containment expenses	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	1.1	1.6	1.7	0.0	0.0
22. Total underwriting deductions (Line 23)	102.7	118.3	124.5	0.0	0.0
23. Total underwriting gain (loss) (Line 24)	(2.7)	(18.3)	(24.5)	0.0	0.0
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	17,439,352	6,569,995	0	0	0
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	20,481,647	7,876,803	0	0	0
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)	23,562,794	22,709,292	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	0
31. All other affiliated	0	0	3,038,000	2,940,000	0
32. Total of above Lines 26 to 31	23,562,794	22,709,292	3,038,000	2,940,000	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							9 Deposit-Type Contracts
		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	
1. Alabama AL	N							0	0
2. Alaska AK	N							0	0
3. Arizona AZ	N							0	0
4. Arkansas AR	L		253,285,907					253,285,907	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	N							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	L		0					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	0	253,285,907	0	0	0	0	253,285,907	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	XXX	0	253,285,907	0	0	0	0	253,285,907	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.
 Licensed only in the states of Arkansas and Tennessee

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Arkansas Health and Wellness Health Plan, Inc.

	Grace Hospice of Wisconsin, LLC																		46-1708834	MI	
	Grace Hospice of Illinois, LLC																		81-5129923	IL	
	Seniorcorps Peninsula, LLC																		26-4435532	VA	
	A N J, LLC																		20-0927034	TX	
	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	
	Network Providers, LLC (10%)																		88-0357895	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

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Arkansas Health and Wellness Health Plan, Inc.

	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	
	Torrejon Salud, S.A. (89.47%)											Foreign	ESP	
	Ribera Salud, S.A. (90.1%)											Foreign	ESP	
	Torre vieja 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, S.L.U.											Foreign	ESP	
	B2B Gestion integral, S.L.											Foreign	ESP	
	Ribera Lab, S.L.U.											Foreign	ESP	
	Serendipity Asistencia Medica, S.L. (49%)											Foreign	ESP	
	Centro Inmunologia De La Comunidad Valenciana, S.L.											Foreign	ESP	
	Hospinet, S.L. (51%)											Foreign	ESP	
	Servicios De Mantenimiento Prevencor, S.L.U. (80%)											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%)											Foreign	SVK	
	DR Magnet											Foreign	SVK	
	Pro Magnet											Foreign	SVK	
	Medicina NZ											Foreign	SVK	
	MR Poprad											Foreign	SVK	
	CT Poprad											Foreign	SVK	
	MR Zilina											Foreign	SVK	
	Pro Magnet CZ											Foreign	SVK	
	OB Klinika, a.s. (10%)											Foreign	SVK	
	Progress Medical a.s.											Foreign	SVK	
	OB Klinika, a.s. (90%)											Foreign	SVK	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Arkansas Health and Wellness Health Plan, Inc.

										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	
										Meriden Hospital Advanced Imaging Centre Ltd. (50%)		Foreign	GBR	
										BMI Syon Clinic Limited (50%)		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	
										South Cheshire SPV Limited		Foreign	GBR	
										Bishopswood SPV Limited		Foreign	GBR	
										Runnymede SPV Limited		Foreign	GBR	
										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, LLC		46-3485489	DE	
										Access Medical Group of North Miami Beach, LLC		45-3191569	FL	
										Access Medical Group of Miami, LLC		45-3191719	FL	
										Access Medical Group of Hialeah, LLC		45-3192283	FL	
										Access Medical Group of Westchester, LLC		45-3199819	FL	
										Access Medical Group of Opa-Locka, LLC		45-3505196	FL	
										Access Medical Group of Perrine, LLC		45-3192955	FL	
										Access Medical Group of Florida City, LLC		45-3192366	FL	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Arkansas Health and Wellness Health Plan, Inc.

		Access Medical Group of Tampa, LLC									82-1737078	FL	
		Access Medical Group of Tampa II, LLC									82-1750978	FL	
		Access Medical Group of Tampa III, LLC									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 (38.31%)											DE	
	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 Alabama Health Plan, Inc.										84-3707689	AL	16771
	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	16773
	Centene Venture Company Tennessee										84-3724374	TN	16770
	HealthEC, LLC (12.82%)											DE	
	Arch Personalized Medicine Initiative, LLC (50%)										83-4144116	MO	
	Social Health Bridge, LLC										83-4205348	DE	
	Social Health Bridge Trust										84-6403386	DE	
	WellCare Health Plans, Inc.										83-4405939	DE	
	WCG Health Management, Inc.										04-3669698	DE	
	The WellCare Management Group, Inc.										14-1647239	NY	
	WellCare of New York, Inc.										14-1676443	NY	95534
	WellCare of Connecticut, Inc.										06-1405640	CT	95310
	WellCare of Mississippi, Inc.										81-5442932	MS	16329
	WellCare of Virginia, Inc.										82-0664467	VA	
	WellCare of Oklahoma, Inc.										81-3299281	OK	16117
	WellCare Health Insurance Company of Nevada, Inc.										84-3721013	NV	
	WellCare Health Insurance of Southwest, Inc.										84-3739752	AZ	16692
	WellCare of Florida, Inc.										59-2583622	FL	95081
	WellCare of Georgia, Inc.										20-2103320	GA	10760
	WellCare of Kansas, Inc.										45-3617189	KS	14404
	WellCare of Texas, Inc.										20-8058761	TX	16964
	WellCare of Ohio, Inc.										20-3562146	OH	12749
	WellCare of South Carolina, Inc.										32-0062883	SC	11775
	WellCare Health Plans of New Jersey, Inc.										20-8017319	NJ	13020
	WellCare of Pennsylvania, Inc.										81-1631920	PA	
	WellCare Health Plans of Massachusetts, Inc.										84-3547689	MA	
	WellCare Health Insurance Company of Oklahoma, Inc.										84-4449030	OK	16752

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Arkansas Health and Wellness Health Plan, Inc.

			WellCare Health Plans of Missouri, Inc.								84-3907795	MO	16753
			WellCare Prescription Insurance, Inc.								20-2383134	AZ	10155
			WellCare Health Insurance of Hawaii, Inc.								84-4664883	HI	
			WellCare Health Plans of Rhode Island, Inc.								84-4627844	RI	
			WellCare of Illinois, Inc.								84-4649985	IL	
			WellCare of Arkansas, Inc.								83-2797833	AR	16531
			WellCare Pharmacy Benefits Management, Inc.								20-4869374	DE	
			Exactus Pharmacy Solutions, Inc.								20-8420512	DE	
			Comprehensive Reinsurance, Ltd.								98-0448921	CYM	
			WellCare Health Plans of California, Inc.								27-4293249	CA	
			WellCare Health Plans of Tennessee, Inc.								45-5154364	TN	16533
			Comprehensive Health Management, Inc.								59-3547616	FL	
			WellCare Health Insurance of New York, Inc								11-3197523	NY	10884
			Ohana Health Plan, Inc.								27-0386122	HI	
			WellCare of Indiana, Inc.								83-2840051	IN	
			America's 1st Choice California Holdings, LLC								45-3236788	FL	
			WellCare of California, Inc.								20-5327501	CA	
			Windsor Health Group, Inc.								62-1832645	TN	
			WellCare Health Insurance of Tennessee, Inc.								83-2276159	TN	16532
			WellCare of New Hampshire, Inc.								83-2914327	NH	16515
			WellCare Health Plans of Vermont, Inc.								83-2255514	VT	16514
			WellCare Health Insurance of Connecticut, Inc.								83-2126269	CT	16513
			WellCare of Washington, Inc.								83-2069308	WA	16571
			WellCare Health Plans of Kentucky, Inc.								47-0971481	KY	15510
			WellCare of Alabama, Inc.								82-1301128	AL	16239
			WellCare of Maine, Inc.								82-3114517	ME	16344
			Harmony Health Systems Inc.								22-3391045	NJ	
			Harmony Health Management, Inc.								36-4467676	NJ	
			Harmony Health Plan, Inc.								36-4050495	IL	11229
			Harmony Behavioral Health, Inc.								20-3320236	FL	
			Harmony Behavioral Health IPA, Inc.								20-3262322	NY	
			WellCare Health Insurance Company of Kentucky, Inc.								36-6069295	KY	64467
			WellCare Health Insurance of Arizona, Inc.								86-0269558	AZ	83445
			WellCare Health Insurance of North Carolina, Inc.								83-3493160	NC	16548
			WellCare Health Insurance Company of Louisiana, Inc.								83-3333918	LA	
			WellCare of Missouri Health Insurance Company, Inc.								83-3525830	MO	16512
			WellCare Health Plans of Wisconsin, Inc.								83-3351254	WI	16569
			Care 1st Health Plan of Arizona, Inc.								57-1165217	AZ	
			Care1st Health Plan Administrative Services, Inc.								46-2680154	AZ	
			One Care by Care1st Health Plans of Arizona, Inc.								06-1742685	AZ	
			WellCare Health Insurance Company of Washington, Inc.								83-3166908	WA	16570

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Arkansas Health and Wellness Health Plan, Inc.

			WellCare Health Insurance Company of Wisconsin, Inc.							83-3310218	WI	16568
			WellCare of Puerto Rico, Inc.							66-0888149	PR	
			WellCare of North Carolina, Inc.							82-5488080	NC	16547
			WellCare Health Plans of Arizona, Inc.							82-3169616	AZ	16253
			WellCare Health Insurance Company of America							82-4247084	AR	16343
			WellCare National Health Insurance Company							82-5127096	TX	16342
			WellCare Health Insurance Company of New Hampshire, Inc.							83-3091673	NH	16516
			Wellcare Health Insurance Company of New Jersey, Inc.							84-4709471	NJ	16789
			Meridian Management Company, LLC (a/k/a Meridian Administration Company, LLC)							26-4004494	MI	
			Meridian Nerwork Services, LLC								MI	
			MeridianRx, LLC							27-1339224	MI	
			MeridianRx IPA, LLC									
			MeridianRx of Indiana, LLC							83-3612209	MI	
			WellCare of Michigan Holding Company							26-4004578	MI	
			Meridian Health Plan of Michigan, Inc.							38-3253977	MI	52563
			Meridian Health Plan of Illinois, Inc.							20-3209671	IL	13189
			Universal American Corp.							27-4683816	DE	
			Universal American Holdings, LLC							45-1352914	DE	
			Universal American Financial Services, Inc.							95-3800329	DE	
			Premier Marketing Group, LLC							58-2633295	DE	
			Penn Marketing America, LLC							95-3623226	DE	
			Worlco Management Services, Inc.							23-1913528	NY	
			UAM Agent Services Corp.							42-0989096	IA	
			APS Parent, Inc.							45-4644722	DE	
			American Progressive Life and Health Insurance Company of New York							13-1851754	NY	80624
			Quincy Coverage Corporation							13-3491681	NY	
			Heritage Health Systems, Inc.							62-1517194	TX	
			SelectCare of Texas, Inc.							62-1819658	TX	10096
			Heritage Health Systems of Texas, Inc.							76-0459857	TX	
			Golden Triangle Physician Alliance							62-1694548	TX	
			Heritage Physician Networks							76-0560730	TX	
			SelectCare Health Plans, Inc.							74-3141949	TX	10768
			HHS Texas Management, LP (99.1%)							76-0500963	TX	
			HHS Texas Management, Inc.							76-0500964	TX	
			HHS Texas Management, LP. (0.9%)							76-0500963	TX	
			Collaborative Health Systems, LLC							90-0779287	NY	
			Accountable Care Coalition of Georgia , LLC (51%)							45-5481108	GA	
			Accountable Care Coalition of Chesapeake, LLC (51%)							81-2588974	MD	
			Accountable Care Coalition of Mississippi, LLC (51%)							46-2881180	MS	
			Accountable Care Coalition of North Texas, LLC (51%)							45-4552802	TX	
			Accountable Care Coalition of Northeast Georgia, LLC(51%)							47-3894436	GA	

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Arkansas Health and Wellness Health Plan, Inc.

				Accountable Care Coalition of Northwest Florida, LLC (51%)					46-4106526	FL	
				Accountable Care Coalition of Southeast Physician Partners, LLC					47-3913308	SC	
				Accountable Care Coaliton of Southeast Texas, Inc.					47-3842552	TX	
				Accountable Care Colation of Southeast Wisconsin, LLC (51)					45-4113610	WI	
				Accountable Care Coalition of Texas, Inc.					45-2742298	TX	
				AWC of Syracuse, Inc.					47-2346408	NY	
				Chrysalis Medical Services, LLC (51%)					30-0803845	NJ	
				Collaborative Health Systems of Maryland, LLC (50%)					81-3365375	MD	
				Collaborative Health Systems of Virginia, LLC					81-3306594	VA	
				Accountable Care Coalition of Maryland, LLC (51%)					45-4119736	MD	
				Accountable Care Coalition of Maryland Primary Care, LLC (51%)					45-5449147	MD	
				Essential Care Partners, LLC (51%)					45-4561546	TX	
				Hudson Accountable Care, LLC (51%)					47-3923394	NY	
				Maryland Collaborative Care, LLC (51%)					90-0855950	MD	
				Mid-Atlantic Collaborative Care, LLC (51%)					81-2704355	MD	
				Northern Maryland Collaborative Care, LLC (51%)					45-5626871	MD	
				Accountable Care Coalition of Elite Providers VII, LLC					82-1246845	AZ	
				Accountable Care Coalition of Community Health Centers, LLC (51%)					82-1681146	TX	
				Accountable Care Coalition of Community Health Centers II, LLC					82-1669422	TX	
				Accountable Care Coalition of Southeast Partners, LLC (51%)					82-1623920	GA	
				Accountable Care Coalition of Elite Providers LLC					82-1558080	HI	
				Accountable Care Coalition of Florida Partners, LLC					84-2217098	FL	
				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	
				Collaborative Health Systems IPA, LLC					85-1770215	FL	
	QCA Healthplan, Inc.								71-0794605	AR	95448
	Qualchoice Life and Health Insurance Company								71-0386640	AR	70998
	HealthSmart Benefits Management, LLC								27-1300475	TX	
	Parker LP, LLC								20-2387587	NV	

