



**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2022**  
 OF THE CONDITION AND AFFAIRS OF THE

**Arkansas Total Care, Inc.**

(Name)

NAIC Group Code 01295 , 01295 NAIC Company Code 16256 Employer's ID Number 82-2649097  
(Current Period) (Prior Period)

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

Country of Domicile United States

Licensed as business type: Life, Accident & Health [ ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]  
 Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ X ]  
 Other [ ] Is HMO, Federally Qualified? Yes [ X ] No [ ]

Incorporated/Organized 09/11/2017 Commenced Business 02/01/2018

Statutory Home Office One 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)  
St. Louis, MO, US 63105 314-725-4477  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 7700 Forsyth Boulevard , St. 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)  
St. Louis, MO, US 63105 314-725-4477  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.centene.com

Statutory Statement Contact Michael Wasik , 314-725-4477  
(Name) (Area Code) (Telephone Number) (Extension)  
michael.wasik@centene.com 813-675-2899  
(E-Mail Address) (Fax Number)

**OFFICERS**

Name	Title	Name	Title
<u>John Patrick Ryan</u>	<u>President</u>	<u>James Edward Snyder III</u>	<u>Treasurer</u>
<u>Janet Robey Alonzo</u>	<u>Secretary</u>		

**OTHER OFFICERS**

<u>Tricia Lynn Dinkelman</u>	<u>Vice President of Tax</u>		

**DIRECTORS OR TRUSTEES**

<u>Kate Nicole Casso</u>	<u>Randy Walker</u>	<u>Gary Allan Nichols</u>	<u>David Lambert Fortner</u>
<u>John Patrick Ryan</u>	<u>Patricia Kaye Nichols</u>	<u>Mark David Sanders #</u>	<u>Janet Robey Alonzo</u>
<u>Katie Raines</u>	<u>Michael Callaway #</u>		

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

James Edward Snyder III  
Treasurer

Janet 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 2022 OF THE Arkansas Total Care, 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).....	128,764,217		128,764,217	112,229,171
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ ..... encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....16,654,924 , Schedule E-Part 1), cash equivalents (\$ .....5,789,383 , Schedule E-Part 2) and short-term investments (\$ .....0 , Schedule DA).....	22,444,307		22,444,307	39,027,827
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) .....	151,208,524	0	151,208,524	151,256,998
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	916,228		916,228	757,389
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....			0	1,144,512
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	149,292
18.2 Net deferred tax asset.....	128,894		128,894	139,592
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 .....	317,084		317,084	18,792
24. Health care (\$ ..... ) and other amounts receivable.....	54,524	54,524	0	0
25. Aggregate write-ins for other-than-invested assets .....	296,451	154,796	141,655	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	152,921,705	209,320	152,712,385	153,466,575
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	152,921,705	209,320	152,712,385	153,466,575
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Other Non-Admitted Assets (Prepays).....	154,796	154,796	0	0
2502. State and Other Tax Recoverable.....	141,655		141,655	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)	296,451	154,796	141,655	0

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, Inc.**

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded)	35,781,139		35,781,139	28,524,738
2. Accrued medical incentive pool and bonus amounts	89,712		89,712	8,401
3. Unpaid claims adjustment expenses	438,848		438,848	336,000
4. Aggregate health policy reserves, including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act	49,667,419		49,667,419	61,939,556
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	0
9. General expenses due or accrued	27,998,602		27,998,602	2,295,088
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses))	434,400		434,400	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	848		848	3,089
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	1,511,360		1,511,360	142,292
16. Derivatives		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$ .....) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current)	0	0	0	224,635
24. Total liabilities (Lines 1 to 23)	115,922,328	0	115,922,328	93,473,799
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	30	30
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	18,949,970	18,949,970
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	17,840,057	41,042,776
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	36,790,057	59,992,776
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	152,712,385	153,466,575
<b>DETAILS OF WRITE-INS</b>				
2301. State Income Tax Payable			0	224,635
2302. ....			0	0
2303. ....			0	0
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	224,635
2501. ....	XXX	XXX		0
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

## STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	195,479	162,822
2. Net premium income (including \$ .....0 non-health premium income).....	XXX	411,379,843	327,636,943
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	411,379,843	327,636,943
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		311,648,169	247,617,559
10. Other professional services .....		1,593,880	1,698,333
11. Outside referrals .....		0	0
12. Emergency room and out-of-area .....		6,362,667	5,355,579
13. Prescription drugs .....		34,830,170	28,761,645
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		156,378	22,417
16. Subtotal (Lines 9 to 15) .....	0	354,591,264	283,455,533
<b>Less:</b>			
17. Net reinsurance recoveries .....			0
18. Total hospital and medical (Lines 16 minus 17) .....	0	354,591,264	283,455,533
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ .....233,811 cost containment expenses.....		3,896,845	3,060,000
21. General administrative expenses.....		33,939,091	27,958,648
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....		0	0
23. Total underwriting deductions (Lines 18 through 22) .....	0	392,427,200	314,474,181
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	18,952,643	13,162,763
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		3,161,279	1,972,399
26. Net realized capital gains (losses) less capital gains tax of \$ .....(2,140) .....		(8,049)	(14,035)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	3,153,230	1,958,364
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....) (amount charged off \$ .....)] .....		0	0
29. Aggregate write-ins for other income or expenses .....	0	0	(6,000)
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	22,105,873	15,115,127
31. Federal and foreign income taxes incurred .....	XXX	4,585,834	3,152,375
32. Net income (loss) (Lines 30 minus 31) .....	XXX	17,520,039	11,962,752
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		0
0602. ....	XXX		0
0603. ....	XXX		0
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		0
0702. ....	XXX		0
0703. ....	XXX		0
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. Fines and penalties.....		0	(6,000)
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	(6,000)

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	59,992,776	48,087,335
34. Net income or (loss) from Line 32 .....	17,520,039	11,962,752
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 \$ .....(13,273) .....	(49,932)	(3,704)
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0
38. Change in net deferred income tax .....	(23,972)	(30,018)
39. Change in nonadmitted assets .....	(148,854)	(23,588)
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 .....	0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....		0
46. Dividends to stockholders .....	(40,500,000)	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	(23,202,719)	11,905,442
49. Capital and surplus end of reporting year (Line 33 plus 48)	36,790,057	59,992,776
<b>DETAILS OF WRITE-INS</b>		
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
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	400,249,977	334,634,730
2. Net investment income .....	4,026,542	2,925,568
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	404,276,519	337,560,298
5. Benefit and loss related payments .....	347,247,610	283,625,616
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	12,029,577	31,910,051
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses)	4,000,002	2,785,524
10. Total (Lines 5 through 9) .....	363,277,189	318,321,191
11. Net cash from operations (Line 4 minus Line 10) .....	40,999,330	19,239,107
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	8,544,500	1,741,500
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	8,544,500	1,741,500
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	26,178,583	1,813,862
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	3,390,323
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	26,178,583	5,204,185
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) .....	(17,634,083)	(3,462,685)
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0
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 .....	40,500,000	0
16.6 Other cash provided (applied) .....	551,233	0
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(39,948,767)	0
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(16,583,520)	15,776,422
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	39,027,827	23,251,405
19.2 End of year (Line 18 plus Line 19.1) .....	22,444,307	39,027,827

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, 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	411,379,843	0	0	0	0	0	0	411,379,843	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)	411,379,843	0	0	0	0	0	0	411,379,843	0	0
8. Hospital/medical benefits	311,648,169							311,648,169		XXX
9. Other professional services	1,593,880							1,593,880		XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	6,362,667							6,362,667		XXX
12. Prescription drugs	34,830,170							34,830,170		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	156,378							156,378		XXX
15. Subtotal (Lines 8 to 14)	354,591,264	0	0	0	0	0	0	354,591,264	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total hospital and medical (Lines 15 minus 16)	354,591,264	0	0	0	0	0	0	354,591,264	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 233,811 cost containment expenses	3,896,845							3,896,845		
20. General administrative expenses	33,939,091							33,939,091		
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	392,427,200	0	0	0	0	0	0	392,427,200	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	18,952,643	0	0	0	0	0	0	18,952,643	0	0
<b>DETAILS OF WRITE-INS</b>										
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	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	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 2022 OF THE Arkansas Total Care, 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) individual .....				.0
2. Comprehensive (hospital and medical) group .....				.0
3. Medicare Supplement .....				.0
4. Dental only .....				.0
5. Vision only .....				.0
6. Federal Employees Health Benefits Plan .....				.0
7. Title XVIII - Medicare .....				.0
8. Title XIX – Medicaid .....	411,387,101		7,258	411,379,843
9. Credit A&H .....				.0
10. Disability Income .....				.0
11. Long-Term Care .....				.0
12. Other health .....				.0
13. Health subtotal (Lines 1 through 12) .....	411,387,101	.0	7,258	411,379,843
14. Life .....				.0
15. Property/casualty .....				.0
16. Totals (Lines 13 to 15)	411,387,101	0	7,258	411,379,843

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 – CLAIMS INCURRED DURING THE YEAR**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Dental Only	6 Vision Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Payments during the year:														
1.1 Direct .....	347,172,543								347,172,543					
1.2 Reinsurance assumed .....	0													
1.3 Reinsurance ceded .....	0													
1.4 Net .....	347,172,543	0	0	0	0	0	0	0	347,172,543	0	0	0	0	0
2. Paid medical incentive pools and bonuses .....	75,067								75,067					
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct .....	35,781,139	0	0	0	0	0	0	0	35,781,139	0	0	0	0	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net .....	35,781,139	0	0	0	0	0	0	0	35,781,139	0	0	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	0	0	0	0
4.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year .....	89,712								89,712					
6. Net healthcare receivables (a).....	(5,942)								(5,942)					
7. Amounts recoverable from reinsurers December 31, current year .....	0													
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct .....	28,524,738			0	0	0	0	0	28,524,738				0	0
8.2 Reinsurance assumed .....	0			0	0	0	0	0	0				0	0
8.3 Reinsurance ceded .....	0			0	0	0	0	0	0				0	0
8.4 Net .....	28,524,738	0	0	0	0	0	0	0	28,524,738	0	0	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
9.2 Reinsurance assumed .....	0			0	0	0	0	0	0				0	0
9.3 Reinsurance ceded .....	0			0	0	0	0	0	0				0	0
9.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year .....	8,401								8,401					
11. Amounts recoverable from reinsurers December 31, prior year .....	0			0	0	0	0	0	0				0	0
12. Incurred benefits:														
12.1 Direct .....	354,434,886	0	0	0	0	0	0	0	354,434,886	0	0	0	0	0
12.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.4 Net .....	354,434,886	0	0	0	0	0	0	0	354,434,886	0	0	0	0	0
13. Incurred medical incentive pools and bonuses .....	156,378	0	0	0	0	0	0	0	156,378	0	0	0	0	0

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

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, Inc.**

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

	1 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Dental Only	6 Vision Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Reported in Process of Adjustment:														
1.1. Direct .....	5,776,905								5,776,905					
1.2. Reinsurance assumed .....	.0													
1.3. Reinsurance ceded .....	.0													
1.4. Net .....	5,776,905	.0	.0	.0	.0	.0	.0	.0	5,776,905	.0	.0	.0	.0	.0
2. Incurred but Unreported:														
2.1. Direct .....	30,004,234								30,004,234					
2.2. Reinsurance assumed .....	.0													
2.3. Reinsurance ceded .....	.0													
2.4. Net .....	30,004,234	.0	.0	.0	.0	.0	.0	.0	30,004,234	.0	.0	.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	.0	.0	.0	.0
4. TOTALS:														
4.1. Direct .....	35,781,139	.0	.0	.0	.0	.0	.0	.0	35,781,139	.0	.0	.0	.0	.0
4.2. Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3. Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4. Net .....	35,781,139	0	0	0	0	0	0	0	35,781,139	0	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, 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) individual .....					.0	
2. Comprehensive (hospital and medical) group .....					.0	
3. Medicare Supplement .....					.0	.0
4. Dental Only .....					.0	.0
5. Vision Only .....					.0	.0
6. Federal Employees Health Benefits Plan .....					.0	.0
7. Title XVIII - Medicare .....					.0	.0
8. Title XIX - Medicaid .....	27,229,830	320,003,179	124,327	35,656,812	27,354,157	28,524,738
9. Credit A&H .....					.0	
10. Disability Income .....					.0	
11. Long-Term Care - Medicaid .....					.0	
12. Other health .....					.0	.0
13. Health subtotal (Lines 1 to 12) .....	27,229,830	320,003,179	124,327	35,656,812	27,354,157	28,524,738
14. Healthcare receivables (a) .....		54,524			.0	.0
15. Other non-health .....					.0	.0
16. Medical incentive pools and bonus amounts .....	8,401	66,667	.0	89,711	8,401	8,401
17. Totals (Lines 13-14+15+16)	27,238,231	320,015,322	124,327	35,746,523	27,362,558	28,533,139

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

Pt 2C - Sn A - Paid Claims - Comp

**NONE**

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**

Pt 2C - Sn A - Paid Claims - XV

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, Inc.**

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

**Section A - Paid Health Claims - Title XIX Medicaid**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior .....	.0	.0	.0	.0	.0
2. 2018 .....	.0	.0	.0	.0	.0
3. 2019 .....	XXX	173,157	192,904	191,851	191,715
4. 2020 .....	XXX	XXX	218,351	237,935	238,308
5. 2021 .....	XXX	XXX	XXX	265,087	292,087
6. 2022 .....	XXX	XXX	XXX	XXX	320,015

**Section B – Incurred Health Claims - Title XIX Medicaid**

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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior .....	.0	.0	.0	.0	.0
2. 2018 .....	.0	.0	.0	.0	.0
3. 2019 .....	XXX	223,797	192,344	191,851	191,715
4. 2020 .....	XXX	XXX	247,606	237,989	238,308
5. 2021 .....	XXX	XXX	XXX	293,565	292,211
6. 2022 .....	XXX	XXX	XXX	XXX	355,762

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Title XIX Medicaid**

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. 2018.....	.0	.0	.0	0.0	.0	0.0	.0	.0	.0	0.0
2. 2019.....	262,167	191,715	5,008	2.6	196,723	75.0	.0	.0	196,723	75.0
3. 2020.....	267,423	238,308	4,184	1.8	242,492	90.7	.0	.0	242,492	90.7
4. 2021.....	327,637	292,087	4,604	1.6	296,691	90.6	124	.2	296,817	90.6
5. 2022.....	411,380	320,015	3,296	1.0	323,311	78.6	35,747	437	359,495	87.4

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, 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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior .....	.0	.0	.0	.0	.0
2. 2018 .....	.0	.0	.0	.0	.0
3. 2019 .....	XXX	173,157	192,904	191,851	191,715
4. 2020 .....	XXX	XXX	218,351	237,935	238,308
5. 2021 .....	XXX	XXX	XXX	265,087	292,087
6. 2022 .....	XXX	XXX	XXX	XXX	320,015

**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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior .....	.0	.0	.0	.0	.0
2. 2018 .....	.0	.0	.0	.0	.0
3. 2019 .....	XXX	223,797	192,344	191,851	191,715
4. 2020 .....	XXX	XXX	247,606	237,989	238,308
5. 2021 .....	XXX	XXX	XXX	293,565	292,211
6. 2022 .....	XXX	XXX	XXX	XXX	355,762

**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. 2018 .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2019 .....	262,167	191,715	5,008	2.6	196,723	75.0	.0	.0	196,723	75.0
3. 2020 .....	267,423	238,308	4,184	1.8	242,492	90.7	.0	.0	242,492	90.7
4. 2021 .....	327,637	292,087	4,604	1.6	296,691	90.6	124	2	296,817	90.6
5. 2022 .....	411,380	320,015	3,296	1.0	323,311	78.6	35,747	437	359,495	87.4

12-GT

Pt 2C - Sn B - Incurred Claims - Comp

**NONE**

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 - XV

**NONE**

Part 2C - Sn C - Claims Expense Ratio Co

**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 XV

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, Inc.**

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

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Dental Only	6 Vision Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
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) .....	49,667,419								49,667,419				.0
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	49,667,419	.0	.0	.0	.0	.0	.0	.0	49,667,419	.0	.0	.0	.0
7. Reinsurance ceded .....	.0												
8. Totals (Net) (Page 3, Line 4)	49,667,419	0	0	0	0	0	0	0	49,667,419	0	0	0	0
9. Present value of amounts not yet due on claims .....	.0												
10. Reserve for future contingent benefits .....	.0												
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0												
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
0501. ....													
0502. ....													
0503. ....													
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.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	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	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	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) .....			287,059		287,059
2. Salaries, wages and other benefits .....			11,326,305		11,326,305
3. Commissions (less \$ .....ceded plus \$ .....assumed) .....			0		0
4. Legal fees and expenses .....			94,310		94,310
5. Certifications and accreditation fees .....			10,662		10,662
6. Auditing, actuarial and other consulting services .....			4,753,243		4,753,243
7. Traveling expenses .....			87,219		87,219
8. Marketing and advertising .....			541,392		541,392
9. Postage, express and telephone .....			230,739		230,739
10. Printing and office supplies .....			245,251		245,251
11. Occupancy, depreciation and amortization .....			1,037,998		1,037,998
12. Equipment .....			20,811		20,811
13. Cost or depreciation of EDP equipment and software .....			994,419		994,419
14. Outsourced services including EDP, claims, and other services .....	233,811	3,663,034	2,552,556		6,449,401
15. Boards, bureaus and association fees .....					0
16. Insurance, except on real estate .....			227,610		227,610
17. Collection and bank service charges .....			132,475		132,475
18. Group service and administration fees .....					0
19. Reimbursements by uninsured plans .....					0
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....			56,619		56,619
22. Real estate taxes .....			34,074		34,074
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....			22,252		22,252
23.2 State premium taxes .....			10,692,234		10,692,234
23.3 Regulatory authority licenses and fees .....			16,319		16,319
23.4 Payroll taxes .....			564,449		564,449
23.5 Other (excluding federal income and real estate taxes) .....			11,095		11,095
24. Investment expenses not included elsewhere .....				61,056	61,056
25. Aggregate write-ins for expenses .....	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25) .....	233,811	3,663,034	33,939,091	61,056	(a) 37,896,992
27. Less expenses unpaid December 31, current year .....		438,848	27,998,602		28,437,450
28. Add expenses unpaid December 31, prior year .....	0	336,000	2,295,088	0	2,631,088
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)	233,811	3,560,186	8,235,577	61,056	12,090,630
<b>DETAILS OF WRITE-INS</b>					
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 \$ .....46,079,075 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)	
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 2,044,588	2,153,137
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) 1,981,954	1,069,198
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	4,026,542	3,222,335
11. Investment expenses		(g) 61,056
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)		61,056
17. Net investment income (Line 10 minus Line 16)		3,161,279
<b>DETAILS OF WRITE-INS</b>		
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 \$ 28,134 accrual of discount less \$ 1,052,237 amortization of premium and less \$ 83,703 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 \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds			0		
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	(10,189)		(10,189)	(63,712)	
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans			0		
6. Cash, cash equivalents and short-term investments			0	507	0
7. Derivative instruments			0		
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	(10,189)	0	(10,189)	(63,205)	0
<b>DETAILS OF WRITE-INS</b>					
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.....	54,524	60,466	5,942
25. Aggregate write-ins for other-than-invested assets .....	154,796	0	(154,796)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	209,320	60,466	(148,854)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	209,320	60,466	(148,854)
<b>DETAILS OF WRITE-INS</b>			
1101. ....			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. Other Non-Admitted Assets (Prepays).....	154,796		(154,796)
2502. ....			
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)	154,796	0	(154,796)

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, 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.....	14,800	15,489	16,425	16,973	16,666	195,479
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	14,800	15,489	16,425	16,973	16,666	195,479
<b>DETAILS OF WRITE-INS</b>						
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

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, Inc.  
NOTES TO FINANCIAL STATEMENT**

**1. Summary of Significant Accounting Policies and Going Concern**

**A. Accounting Practices**

The financial statements of Arkansas Total Care, Inc. (the “Company”), domiciled in the State of Arkansas, are presented on the basis of accounting practices prescribed or permitted by the Arkansas Department of Insurance (the “Department”).

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

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

	SSAP #	F/S Page	F/S Line #	2022	2021
<b>NET INCOME</b>					
1 Company state basis (Page 4, Line 32, Columns 2 & 3)	xxx	xxx	xxx	\$ 17,520,039	\$ 11,962,751
2 State Prescribed Practices that are an increase/(decrease) from NAIC SAP: None	—	—	—	—	—
3 State Permitted Practices that are an increase/(decrease) from NAIC SAP: None	—	—	—	—	—
4 NAIC SAP (1-2-3=4)	xxx	xxx	xxx	<u>\$ 17,520,039</u>	<u>\$ 11,962,751</u>
<b>SURPLUS</b>					
5 Company state basis (Page 3, Line 33, Columns 3 & 4)	xxx	xxx	xxx	\$ 36,790,057	\$ 59,992,776
6 State Prescribed Practices that are an increase/(decrease) from NAIC SAP: None	—	—	—	—	—
7 State Prescribed Practices that are an increase/(decrease) from NAIC SAP: None	—	—	—	—	—
8 NAIC SAP (5-6-7=8)	xxx	xxx	xxx	<u>\$ 36,790,057</u>	<u>\$ 59,992,776</u>

**B. Uses of Estimates in the Preparation of the Financial Statements**

The preparation of financial statements in accordance with statutory accounting principles 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 revenues and expenses during the reporting period. The primary use of estimates are related to the Company’s reserve for claims unpaid. Actual results could differ significantly from those estimates.

**C. Accounting Policy**

1. Cash and short-term investments are carried at cost, which approximates fair value. The Company holds no short-term investments.
2. 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 lower of amortized cost or fair value.
3. The Company holds no common stocks.
4. The Company holds no preferred stocks.
5. The Company holds no mortgage loans.
6. The Company has loan-backed securities carried at amortized cost. Adjustments are applied prospectively.
7. The Company has no investment in subsidiaries, controlled or affiliated companies.
8. The Company has no interest in joint ventures.
9. The Company holds no derivatives.
10. The Company reviews expectations regarding the profitability of contracts in force to determine whether a premium deficiency reserve is required. The Company considers anticipated investment income when calculating its premium deficiency reserves. The adequacy of reserve requirements is continually reviewed by management, with any reductions in the reserve being recorded as a beneficial effect in the statement of revenue and expense. The Company has no premium deficiency reserve at December 31, 2022.
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

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

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. The Company has not modified its capitalization policy from the prior period.
13. Pharmaceutical rebates are based on actual pharmaceutical claims experience.

D. Management does not have any substantial doubt about the Company's ability to continue as a going concern.

## **2. Accounting Changes and Corrections of Errors**

The Company has no changes in accounting principles or correction of errors.

## **3. Business Combinations and Goodwill**

- A. The Company has no statutory purchases.
- B. The Company has no statutory mergers.
- C. The Company has no assumption reinsurance.
- D. The Company has no impairment losses.
- E. The Company has no subcomponents and calculation of adjusted surplus and total admitted goodwill.

## **4. Discontinued Operations**

The Company has no discontinued operations.

## **5. Investments**

- A. The Company has no mortgage loans, including mezzanine real estate loans.
- B. The Company has no debt restructuring.
- C. The Company has no reverse mortgages.
- D. Loan-back securities
  1. Prepayment assumptions for loan-backed securities were obtained from Reuters.
  2. The Company has no other-than-temporary ("OTTI") to recognize.
  3. The Company has not recognized OTTI based on cash flow analysis.
  4. All impaired securities (fair value is less than cost or amortized cost) for which an OTTI has not been recognized in earnings as a realized loss (including securities with a recognized OTTI 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	\$ 42,653
2. 12 Months or Longer	\$ 393,307

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

1. Less than 12 Months	\$ 3,806,920
2. 12 Months or Longer	\$ 3,669,920

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 OTTI 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.

For loan-backed securities in an unrealized loss position, management further evaluates whether the collection of all cash flow is probable. Management utilizes the prospective adjustment method to evaluate the present value of future cash flow. For those loan-back and structured securities (NAIC designated 1 or 2) where management has determined that collection of all contractual cash flow is not probable, the securities are considered other than temporarily impaired to the extent amortized cost is greater than the present value of future cash flow.

The Company does not intend to sell these securities prior to maturity; therefore, there is no indication of other than temporary impairment.

E. The Company's policy for dollar repurchase agreements require a minimum of 100% of the fair value of securities purchases agreements to be maintained as collateral. There were no dollar repurchase arrangements outstanding for the year ended December 31, 2022.

F-I. The Company did not have any repurchase or reverse agreement transactions accounted for as secured borrowings or as a sale.

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, Inc.  
NOTES TO FINANCIAL STATEMENT**

- J. The Company did not engage in any retail land sale operations.  
K. The Company did not engage in any low income housing tax credits.  
L. Restricted Assets  
1. The Company did not have any investments in restricted assets, including pledged assets.  
M. The Company has no working capital financed investments.  
N. The Company has no asset and liabilities which are offset and reported net in accordance with a valid right to offset.  
O. The Company has no 5\*GI securities.  
P. The Company has no short sales.  
Q. The Company did not have any prepayment penalty and acceleration fees.  
R. The Company has no reporting entity's share of cash pool.

**6. Joint Ventures, Partnerships and Limited Liability Companies**

The Company had no investments in any joint ventures, partnerships or limited liability companies that exceeds 10% of the admitted assets of the insurer.

**7. Investment Income**

- A. All investment income due and accrued with amounts that are over 90 days past due and amounts relating to nonadmitted invested assets are considered nonadmitted.  
B. There was no nonadmitted accrued interest income.

**8. Derivative Instruments**

The Company had no investment derivative instruments.

**9. Income Taxes**

- A. Components of Deferred Tax Assets ("DTAs") and Deferred Tax Liabilities ("DTLs"):

The components of the net DTAs/DTLs at December 31, are as follows:

	2022			2021		
	Ordinary	Capital	Total	Ordinary	Capital	Total
(1)						
(a) Gross DTAs	\$ 144,410	\$ 19,637	\$ 164,047	\$ 139,928	\$ 710	\$ 140,638
Statutory Valuation Allowance ("SVA")						
(b) Adjustments	—	—	—	—	—	—
(c) Adjusted Gross DTAs	144,410	19,637	164,047	139,928	710	140,638
(d) DTAs Nonadmitted	—	—	—	—	—	—
(e) Subtotal Net Admitted DTAs	144,410	19,637	164,047	139,928	710	140,638
(f) DTLs	35,153	—	35,153	1,045	—	1,045
(g) Net Admitted DTAs/(DTLs)	\$ 109,257	\$ 19,637	\$ 128,894	\$ 138,883	\$ 710	\$ 139,593

(2)

Admission Calculation Components SSAP No. 101:

(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 144,410	\$ —	\$ 144,410	\$ 139,927	\$ —	\$ 139,927
(b) Adjusted Gross DTAs Expected to be Realized After Application of the Threshold Limitation	—	19,637	19,637	—	710	710
1. Adjusted Gross DTAs Expected to be Realized Following the Balance Sheet Date	—	19,637	19,637	—	710	710
2. Adjusted Gross DTAs Allowed per Limitation Threshold	XXX	XXX	5,499,174	XXX	XXX	8,977,978
(c) Adjusted Gross DTAs Offset by Gross (DTLs)	(1)	—	(1)	—	—	—
(d) DTAs Admitted as the result of application of SSAP No. 101	\$ 144,409	\$ 19,637	\$ 164,046	\$ 139,927	\$ 710	\$ 140,637

**Change**

	Change		
	Ordinary	Capital	Total
(1)			
(a) Gross DTAs	\$ 4,482	\$ 18,927	\$ 23,409
Statutory Valuation Allowance ("SVA")			
(b) Adjustments	—	—	—
(c) Adjusted Gross DTAs	4,482	18,927	23,409
(d) DTAs Nonadmitted	—	—	—
(e) Subtotal Net Admitted DTAs	4,482	18,927	23,409
(f) DTLs	34,108	—	34,108
(g) Net Admitted DTAs/(DTLs)	\$ (29,626)	\$ 18,927	\$ (10,699)

(2)

Admission Calculation Components SSAP No. 101:

(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 4,483	\$ —	\$ 4,483
(b) Adjusted Gross DTAs Expected to be			

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, Inc.  
NOTES TO FINANCIAL STATEMENT**

Realized After Application of the Threshold Limitation	—	18,927	18,927
1. Adjusted Gross DTAs Expected to be Realized Following the Balance Sheet Date	—	18,927	18,927
2. Adjusted Gross DTAs Allowed per Limitation Threshold	XXX	XXX	(3,478,804)
(c) Adjusted Gross DTAs Offset by Gross (DTLs)	(1)	—	(1)
(d) DTAs Admitted as the result of application of SSAP No. 101	\$ 4,482	\$ 18,927	\$ 23,409

Information used in expected to be realized calculation.

	(3)	<u>2022</u>	<u>2021</u>
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above		1925.0 %	1035.0 %
(b) Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above		\$ 36,661,163	\$ 59,853,184

	(4)	<u>2022</u>	<u>2021</u>	<u>Change</u>			
Impact of Tax-Planning Strategies		<u>Ordinary</u>	<u>Capital</u>	<u>Ordinary</u>	<u>Capital</u>	<u>Ordinary</u>	<u>Capital</u>
(a) Adjusted Gross DTAs - Amount		\$ 144,410	\$ 19,637	\$ 139,928	\$ 710	\$ 4,482	\$ 18,927
Adjusted Gross DTAs - Percentage		— %	12.0 %	— %	0.5 %	— %	11.5 %
(b) Net Admitted DTAs - Amount		\$ 144,410	\$ 19,637	\$ 139,928	\$ 710	\$ 4,482	\$ 18,927
Net Admitted DTAs - Percentage		— %	12.0 %	— %	0.5 %	— %	11.5 %
(c) Does the Company's tax-planning strategies include the use of reinsurance?						Yes <u>    </u>	No <u>  X  </u>

B. There are no temporary differences for which DTLs have not been established.

C. Current income taxes incurred consist of the following major components at December 31:

	(1) Current Income Tax	<u>2022</u>	<u>2021</u>	<u>Change</u>
(a) Federal		\$ 4,574,828	\$ 3,135,918	\$ 1,438,910
(b) Foreign		—	—	—
(c) Subtotal		\$ 4,574,828	\$ 3,135,918	\$ 1,438,910
(d) Federal income tax on net capital gains		(2,140)	(3,731)	1,591
(e) Utilization of capital loss carry-forwards		—	—	—
(f) Other		11,004	16,457	(5,453)
(g) Federal and foreign income taxes incurred		\$ 4,583,692	\$ 3,148,644	\$ 1,435,048

The tax effects of temporary differences that give rise to significant portions of the DTAs/DTLs are as follows:

	(2) DTAs Resulting From	<u>2022</u>	<u>2021</u>	<u>Change</u>
(a) Ordinary				
Discounting of unpaid losses and LAE		\$ 100,452	\$ 84,882	\$ 15,570
Unearned premiums		—	—	—
Policyholder reserves		—	—	—
Investments		—	—	—
Deferred acquisition costs		—	—	—
Policyholder dividends accrued		—	—	—
Fixed assets		—	—	—
Accrued Expenses		—	42,348	(42,348)
Pension accruals		—	—	—
Nonadmitted assets		43,957	12,698	31,259
Net operating loss carryforward		—	—	—
Tax credit carryforward		—	—	—
Goodwill and intangible amortization		—	—	—
Premium deficiency reserve		—	—	—
Other		1	—	1
Gross Ordinary DTAs		\$ 144,410	\$ 139,928	\$ 4,482
(b) SVA adjustment - Ordinary		—	—	—
(c) Nonadmitted ordinary DTAs (-)		—	—	—
(d) Admitted ordinary DTAs		\$ 144,410	\$ 139,928	\$ 4,482
(e) Capital				
Investments		—	—	—
Net capital loss carryforward		5,654	—	5,654
Real estate		—	—	—
Unrealized capital losses		13,983	710	13,273
Other		—	—	—

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, Inc.  
NOTES TO FINANCIAL STATEMENT**

Gross Capital DTAs	\$	19,637	710	18,927
(f) SVA adjustment - Capital (-)		—	—	—
(g) Nonadmitted Capital DTAs (-)		—	—	—
(h) Admitted Capital DTAs	\$	19,637	\$ 710	\$ 18,927
(i) Total Admitted DTAs	\$	164,047	\$ 140,638	\$ 23,409

DTLs resulting from book/tax differences in:

<b>(3) DTLs Resulting From</b>				
(a) Ordinary				
Investments	\$	2,646	\$ 1,045	\$ 1,601
Fixed assets		—	—	—
Deferred and uncollected premiums		—	—	—
Policyholder reserves/salvage and subrogation		—	—	—
Other		32,507	—	32,507
Ordinary DTLs	\$	35,153	\$ 1,045	\$ 34,108
(b) Capital				
Investments		—	—	—
Real estate		—	—	—
Unrealized capital gains		—	—	—
Other		—	—	—
Capital DTLs	\$	—	\$ —	\$ —
(c) Total DTLs	\$	35,153	\$ 1,045	\$ 34,108
Net DTAs/(DTLs)	\$	128,894	\$ 139,593	\$ (10,699)

**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:

	<b>2022</b>
Income Before Taxes	\$ 4,641,783
Tax-Exempt Interest	(13,800)
Proration	3,450
Deferred Taxes on Nonadmitted Assets	(31,259)
Other, Including Prior Year True-Up	7,492
Total	<u>\$ 4,607,666</u>
	<b>2022</b>
Federal Income Taxes Incurred [Expense/(Benefit)]	\$ 4,585,834
Tax on Capital Gains/(Losses)	(2,140)
Change in Net Deferred Income Tax [Charge/(Benefit)]	23,972
Total Statutory Income Taxes	<u>\$ 4,607,666</u>

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

- At December 31, 2022, the Company had capital loss carryforwards expiring through the year.
- The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:

<u>Year</u>	<u>Ordinary</u>	<u>Capital</u>	<u>Total</u>
2020	N/A	\$ —	N/A
2021	\$ 3,135,701	\$ —	\$ 3,135,701
2022	\$ 4,572,688	\$ —	\$ 4,572,688

- There were no aggregate amounts of deposits reported as admitted assets under Section 6603 of the Internal Revenue Services (IRS) Code.

**F. Consolidated Federal Income Tax Return**

- The Company's financial income tax is not consolidated with Centene Corporation ("Centene").

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, Inc.  
NOTES TO FINANCIAL STATEMENT**

2. 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. The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within the next 12 months of the reporting date.

H. The Company does not have any repatriation transition tax.

I. The Company does not have any alternative minimum tax credit.

J. The Company does not have any global intangible low taxed income.

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

**A. and B. Relationship/Transactions and Amounts**

The Company has a contract with Centene Management Company, LLC. ("CMC"), a wholly-owned subsidiary of Centene, to provide certain management, administrative services and claims processing utilization review, payroll services and the majority of the administrative functions for the Company, excluding certain sales and marketing functions and other professional consulting expenses. Additionally, CMC is responsible for maintaining the claims related to data processing equipment and software.

Amounts due to or from CMC are normally settled within 30 days. Any receivable due from CMC over 90 days old is nonadmitted in accordance with statutory accounting principles.

The Company's transactions, amounts due to and admitted amounts due from related parties in exchange for services provided for the years ended December 31, 2022 and 2021 are as follows:

Affiliate	Expense 2022	Expense 2021	Amount due (to) from 2022	Amount due (to) from 2021	Services Provided
Centene Management Company	46,079,075	36,736,249	(1,503,948)	(126,411)	General management services
Envolve PeopleCare, Inc.	—	12,093	—	(1,447)	Nurse-line triage and life and health management (1)
Envolve Vision, Inc.	940,581	805,013	(83,879)	(87,881)	Vision management services (1)
Envolve Pharmacy Solutions, Inc.	36,055,282	28,761,645	317,084	18,792	Pharmacy benefits management
National Imaging Association, Inc.	92,752	—	(7,412)	—	Radiology
LifeShare Management Group, LLC	71,486	284,112	—	(23,829)	Care Management Services
NovaSys Heath, Inc.	195,222	178,825	—	(15,881)	Network Access Services

(1) Amounts due to affiliates reflected in claims payable.

C. The Company does not have transactions with related parties who are not reported on Schedule Y.

D. At December 31, 2022 and 2021, the Company reported a balance of \$317,084 and \$18,792, receivable from parent, subsidiaries and affiliates and a \$1,511,360 and \$142,292, payable to parent, subsidiaries and affiliates, respectively.

E. Management/Cost Sharing Agreements - See Note 10 A., B., and C. above.

F. The Company does not have guarantees or undertakings for the benefit of an affiliate or related party that would result in a material contingent exposure of the reporting entity's or any related party's assets or liabilities.

G. All outstanding shares of the Company are owned by the Parent Company, Centene.

H. - L. The Company did not have any controlled entities, investments in SCA/foreign subsidiaries or noninsurance holding companies.

M. - O. The Company did not have any SCA investments, investments in insurance and SCA losses.

**11. Debt**

The Company did not have any debt or Federal Home Loan Bank agreements.

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

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

The Company did not sponsor any retirement plans, deferred compensation, postemployment benefits and compensated absences and other postretirement benefits plan.

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

- A. The Company has 100 shares of \$1.00 par value common stock authorized of which 30 shares are issued and outstanding.
- B. The Company has no preferred stock outstanding.
- C. *Dividend Restrictions* - Under the laws of the State of Arkansas, all dividends and other distributions to shareholders must be reported to the Arkansas Department of Insurance. If surplus is determined by the Department not to be reasonable in relation to the insurer's outstanding liabilities and adequate to meet its financial needs, the Department shall have the authority to limit the amount of the dividends or distributions. No dividend or other distribution may be declared or paid at any time when the surplus of the insurer is less than the surplus required by law, or when the payment of a dividend or other distribution would reduce its surplus to less than such amount.
- D. *Dividends* - The Company had a dividend approved and paid of \$40,500,000 in 2022 and \$0 in 2021.
- E. Within the limitation of (C) 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 has no changes in balances of any special surplus funds.
- J. The Company has no unrealized gains and losses.
- K. The Company has no surplus notes.
- L. The Company was not involved in a quasi-reorganization.
- M. The Company has not been involved in a quasi-reorganization in the last 10 years.

**14. Liabilities, Contingencies and Assessments**

- A. There were no contingent commitments.
- B. There were no assessments.
- C. There were no gain contingencies.
- D. There were no claims related extra contractual obligations and bad faith losses stemming from lawsuits.
- E. There were no joint and several liabilities.
- F. All Other Contingencies - Various lawsuits against the Company have arisen in the course of business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company. The Company has no assets it considers impaired.

**15. Leases**

The Company did not have any leases.

**16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk**

The Company did not have any off-balance sheet risk and concentration of credit risk for financial instruments.

**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

- A. Transfers of Receivables Reported as Sales  
The Company did not have any transfer of receivables reported as sales.
- B. Transfer and Servicing of Financial Assets  
The Company did not have any transfer and servicing of financial assets and extinguishments of liabilities.
- C. Wash Sales  
The Company has no wash sales with an NAIC designation 3 or below or unrated securities.

**18. Gain or Loss to the Reporting Entity From Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

- A. - B. The Company has no ASO or ASC plans.
- C. Medicare or Similarly Structured Cost Based Reimbursement Contract:
  - 1. There were no major components of revenue by payor.
  - 2. The Company has no receivables from payors relating to uninsured accident and health plans.
  - 3. There were no recorded allowances or reserves for adjustment of recorded revenues.
  - 4. There were no adjustments to revenue resulting from audit of receivables related to revenue recorded in prior periods.

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

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, Inc.  
NOTES TO FINANCIAL STATEMENT**

The Company has no direct premiums written or reduced by managing general agents or third party administrators.

**20. Fair Value Measurements**

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

1. Fair Value Measurements Reporting Date:

Description of 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	\$ 22,444,307	\$ —	\$ —	\$ —	\$ 22,444,307
Bonds	\$ —	\$ 315,425	\$ —	\$ —	\$ 315,425
Total Bonds	\$ —	\$ 315,425	\$ —	\$ —	\$ 315,425
Common Stock					
Parent, Subsidiaries and Affiliates	\$ —	\$ —	\$ —	\$ —	\$ —
Total Common Stock	\$ —	\$ —	\$ —	\$ —	\$ —
Derivatives Assets					
Total Derivatives	\$ —	\$ —	\$ —	\$ —	\$ —
Separate account assets					
Total assets at fair value	\$ 22,444,307	\$ 315,425	\$ —	\$ —	\$ 22,759,732
b. Liabilities at fair value					
Total liabilities at fair value	\$ —	\$ —	\$ —	\$ —	\$ —

B. Assets Measured on a Fair Value on a Nonrecurring Basis:

The Company's financial statements include certain financial instruments carried at amounts which approximate fair value, such as, cash, cash equivalents, short-term investments and receivables. The carrying amount approximates fair value because of the short-term nature of these items.

The NAIC SAP defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

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

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Cash and cash equivalents	\$ 22,444,307	\$ 22,444,307	\$ 22,444,307	\$ —	\$ —	\$ —	\$ —
Short Term Investments	—	—	—	—	—	—	—
Bonds	116,022,335	128,764,217	—	116,022,335	—	—	—
Other invested assets	—	—	—	—	—	—	—
Total Investments	\$ 138,466,642	\$ 151,208,524	\$ 22,444,307	\$ 116,022,335	\$ —	\$ —	\$ —

D. & E. The Company has no investments where it was not practicable to estimate fair value nor measuring using the NAV practical value.

**21. Other Items**

A. The Company did not have any unusual or infrequent items.

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

B. The Company did not have any troubled debt restructuring.

C. Other Disclosures and Unusual Items -

Public health pandemics or widespread outbreaks of contagious diseases, such as COVID-19, could materially adversely impact the Company. The Company's business has been affected by the spread of COVID-19, and the extent to which COVID-19 continues to impact the business will depend on future developments, which are highly uncertain and cannot be predicted with confidence.

D. There were no business interruption insurance recoveries.

E. There were no state transferable and non-transferable tax credits.

F. There were no subprime mortgage related risk exposure.

G. There were no retained assets.

H. There were no insurance-linked securities ILS contracts.

I. There were no amounts that could be realized on life insurance where the Company is owner and beneficiary or has otherwise obtained rights to control the policy.

## **22. Events Subsequent**

There were no events occurring subsequent to December 31, 2022, requiring disclosure. Subsequent events have been considered through February 27, 2023, for the Statutory statement issued on February 27, 2023.

## **23. Reinsurance**

A. Ceded Reinsurance Report

### Section 1 - General Interrogatories

1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by an representative, officer, trustee, or director of the Company?

Yes ( ) No ( X ) If yes, give full details.

2. Have any policies issued by the company been reinsured with a Company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes ( ) No ( X ) If yes, give full details.

### Section 2 - Ceded Reinsurance Report - Part A

1. Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

Yes ( ) No ( X ) If yes, give full details.

- a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the Company to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate \$0.
- b. What is the total amount of reinsurance credit taken, whether as an asset or as a reduction of liability for these agreements in this statement? \$0

2. Does the Company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes ( ) No ( X ) If yes, give full details.

### Section 3 - Ceded Reinsurance Report - Part B

1. What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above), of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate \$0.

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

2. Have any new agreements been executed or existing agreement amended, since January 1 of the year of this statement, to include policies or contracts which were in-force or which had existing reserves established by the Company as of the effective date of the agreement?

Yes ( ) No ( X ) If yes, what is the amount of reinsurance credits, whether an asset or reduction of liability, taken for such agreements or amendments?

- B. The Company has no uncollectible reinsurance.  
C. The Company has no commutation of ceded reinsurance.  
D. The Company has no certified reinsurer rating downgraded or subject to revocation.  
E. The Company has no reinsurance contracts subject to A-791.

**24. Retrospectively Rated Contracts**

- A. The Company estimates accrued retrospective premiums for its Title XIX Medicaid health insurance business in accordance with the provisions included in its contract with the Arkansas Department of Human Services  
B. The Company records accrued retrospective premium as an adjustment to earned premiums.  
C. The amount of net premiums written by the Company at December 31, 2022, that are subject to retrospective rating features was \$411,379,843 or 100% of the total net premiums written.  
D. The Company did not have any medical loss ratio rebates required pursuant to the Public Health Service Act.  
E. The Company did not write any accident and health insurance premiums subject to ACA risk-sharing provision.

**25. Change in Incurred Claims and Claim Adjustment Expenses**

- A. Reserves for unpaid claims as of December 31, 2021 were \$28,533,139. As of December 31, 2022, \$27,238,231 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$124,327 as a result of re-estimation of unpaid claims. Therefore, there has been \$1,170,581 favorable prior-year development since December 31, 2021. The increase or decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. Adjustments to claims adjustment expenses incurred attributable to insured events of the prior year were immaterial.  
B. There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses for the most recent reporting period presented.

**26. Intercompany Pooling Arrangements**

The Company has no intercompany pooling arrangements.

**27. Structured Settlements**

The Company has no structured settlement.

**28. Health Care Receivables**

- A. The Company has no Pharmaceutical Rebate Receivables for the last three years.  
B. The Company has no risk sharing receivables billed, received and accrued for three years.

**29. Participating Policies**

The Company has no participating policies.

**30. Premium Deficiency Reserves**

The following table summarizes the Company's premium deficiency reserves at December 31, 2022:

1. Liability carried for premium deficiency reserves	\$0
2. Date of most recent evaluation of this liability	January 31, 2023
3. Was anticipated investment income utilized in the calculation?	No

**31. Anticipated Salvage and Subrogation**

The Company took into account estimated anticipated salvage and subrogation in its determination of the liability for unpaid claims/losses and reduced such liability by \$90,000.

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**GENERAL**

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [ X ] No [ ]  
 If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [ X ] No [ ] N/A [ ]
- 1.3 State Regulating? Arkansas.....
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [ X ] No [ ]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0001071739.....
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [ X ]
- 2.2 If yes, date of change: .....
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .....12/31/2022
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .....12/31/2019
- 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). .....05/27/2021
- 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 [ X ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ ] N/A [ X ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [ ] No [ X ]
- 4.12 renewals? Yes [ ] No [ X ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [ ] No [ X ]
- 4.22 renewals? Yes [ ] No [ X ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [ X ]  
 If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [ X ]
- 6.2 If yes, give full information .....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [ X ]
- 7.2 If yes, .....0.0 %
- 7.21 State the percentage of foreign control .....
- 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
.....	.....
.....	.....
.....	.....

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the DIHC.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	.....	.....	.....	.....	.....

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? Yes [ ] No [ X ]
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes [ ] No [ X ] N/A [ ]
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? .....  
 KPMG, LLP 10 South Broadway, Suite 900 St. Louis, MO 63102.....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [ X ]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [ X ]

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes  No  N/A
- 10.6 If the response to 10.5 is no or n/a, please explain
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Mojisola Esho, Centene Corporation, 8735 Henderson Road, Tampa FL 33634.....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes  No
- 12.11 Name of real estate holding company N/A.....
- 12.12 Number of parcels involved .....0
- 12.13 Total book/adjusted carrying value \$.....
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes  No
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes  No
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes  No  N/A
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  
a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
c. Compliance with applicable governmental laws, rules and regulations;  
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
e. Accountability for adherence to the code. Yes  No
- 14.11 If the response to 14.1 is no, please explain:  
N/A.....
- 14.2 Has the code of ethics for senior managers been amended? Yes  No
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
On September 28, 2022, the Board of Directors of Centene Corporation, the Company's ultimate parent corporation, approved a revised Business Ethics and Code of Conduct, which is applicable to the Company.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes  No
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 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
- 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  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  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  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
- 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
- 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
- 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
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....0
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes  No
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)
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**INVESTMENT**

- 25.01 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 25.03) Yes [ X ] No [ ]
- 25.02 If no, give full and complete information, relating thereto
- 25.03 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)
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$.....
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$.....
- 25.06 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 [ X ]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] NA [ X ]
- 25.08 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 ]
- 25.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 25.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 25.093 Total payable for securities lending reported on the liability page \$.....0
- 26.1 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 24.1 and 25.03). Yes [ ] No [ X ]
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements \$.....
- 26.22 Subject to reverse repurchase agreements \$.....
- 26.23 Subject to dollar repurchase agreements \$.....
- 26.24 Subject to reverse dollar repurchase agreements \$.....
- 26.25 Placed under option agreements \$.....
- 26.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock \$.....
- 26.27 FHLB Capital Stock \$.....
- 26.28 On deposit with states \$.....
- 26.29 On deposit with other regulatory bodies \$.....
- 26.30 Pledged as collateral – excluding collateral pledged to an FHLB \$.....
- 26.31 Pledged as collateral to FHLB – including assets backing funding agreements \$.....
- 26.32 Other \$.....

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]
- 27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [ X ]  
If no, attach a description with this statement.

**LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:**

- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [ ] No [ ]
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 Yes [ ] No [ ]
- 27.42 Permitted accounting practice Yes [ ] No [ ]
- 27.43 Other accounting guidance Yes [ ] No [ ]
- 27.5 By responding YES to 27.41 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.

- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [ X ]
- 28.2 If yes, state the amount thereof at December 31 of the current year. \$.....

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

29.01 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
US Bank Trust.....	555 SW Oak St, Portland, OR, 97204.....

29.02 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)

- 29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes [ ] No [ X ]

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

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

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

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

29.05 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
Allspring Global Investments.....	U.....
.....	.....
.....	.....

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes  No

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes  No

29.06 For those firms or individuals listed in the table for 29.05 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.....	Allspring.....	549300B3H21002L85190.....	SEC.....	.....

30.1 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

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....	.....	.....
.....	.....	.....
.....	.....	.....
30.2999 TOTAL		0

30.3 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
.....	.....	.....	.....
.....	.....	.....	.....

31. 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 (+)
31.1 Bonds.....	128,764,217	116,022,335	(12,741,882)
31.2 Preferred Stocks.....	0		0
31.3 Totals	128,764,217	116,022,335	(12,741,882)

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

The Company's pricing vendor is Refinitiv Evaluated Pricing Service, provided through Clearwater. Where Refinitiv is not available, we revert to ICE Data Pricing & Reference Data, provided through our custodians.....

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

32.2 If the answer to 32.1 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  No

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

33.2 If no, list exceptions:

34. 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

35. 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

36. 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

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

37. 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 37.a -37.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  No  NA

38.1 Does the reporting entity directly hold cryptocurrencies? Yes  No

38.2 If the response to 38.1 is yes, on what schedule are they reported? .....

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? Yes  No

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly Yes  No

39.22 Immediately converted to U.S. dollars Yes  No

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums

**OTHER**

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

40.2 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
.....	\$.....
.....	\$.....
.....	\$.....

41.1 Amount of payments for legal expenses, if any? \$ .....159,484

41.2 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
Orrick Herrington & Sutcliffe, LLP.....	\$.....89,628

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

42.2 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 lives .....0
- 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 lives .....0
- 1.7 Group policies:
- Most current three years:
- 1.71 Total premium earned \$ .....0
- 1.72 Total incurred claims \$ .....0
- 1.73 Number of covered lives .....0
- All years prior to most current three years:
- 1.74 Total premium earned \$ .....0
- 1.75 Total incurred claims \$ .....0
- 1.76 Number of covered lives .....0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$ .....411,379,843	\$	.....327,636,943
2.2	Premium Denominator	\$ .....411,379,843	\$	.....327,636,943
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$ .....85,538,270	\$	.....90,472,695
2.5	Reserve Denominator	\$ .....85,538,270	\$	.....90,472,695
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 \$ .....
- 5.32 Medical Only \$ .....5,000,000
- 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 America Insurance Company.
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [ X ] No [ ]
- 7.2 If no, give details
8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year .....28,760
- 8.2 Number of providers at end of reporting year .....38,617
- 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          | \$..... | 89,712 |
| 10.22 Amount actually paid for year bonuses   | \$..... | 75,068 |
| 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. State of Arkansas.....
- 11.4 If yes, show the amount required. \$.....2,229,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [ X ]
- 11.6 If the amount is calculated, show the calculation  
AR Statute 23-76-108
12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
State wide.....

- 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:

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 [ ] No [ X ]
- 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 2022	2 2021	3 2020	4 2019	5 2018
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	152,712,385	153,466,575	143,483,604	143,237,498	9,277,134
2. Total liabilities (Page 3, Line 24)	115,922,328	93,473,799	95,396,269	96,736,236	2,404,324
3. Statutory minimum capital and surplus requirement	2,229,000	11,564,808	8,763,358	8,985,522	6,000,000
4. Total capital and surplus (Page 3, Line 33)	36,790,057	59,992,776	48,087,335	46,501,262	6,872,810
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8)	411,379,843	327,636,943	267,422,777	264,691,756	7,652,067
6. Total medical and hospital expenses (Line 18)	354,591,264	283,455,533	216,152,509	223,797,162	0
7. Claims adjustment expenses (Line 20)	3,896,845	3,060,000	2,563,492	4,338,121	0
8. Total administrative expenses (Line 21)	33,939,091	27,958,648	26,209,837	24,886,545	6,557,415
9. Net underwriting gain (loss) (Line 24)	18,952,643	13,162,763	22,496,939	11,669,928	1,094,652
10. Net investment gain (loss) (Line 27)	3,153,230	1,958,364	1,012,127	1,505,539	88,915
11. Total other income (Lines 28 plus 29)	0	(6,000)	0	0	0
12. Net income or (loss) (Line 32)	17,520,039	11,962,752	17,859,819	10,472,683	672,810
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11)	40,999,330	19,239,107	7,109,647	104,071,050	3,077,134
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	36,790,057	59,992,776	48,087,335	46,501,262	6,872,810
15. Authorized control level risk-based capital	1,904,085	5,782,404	4,381,679	4,492,761	14,333
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	16,666	14,800	12,282	11,721	0
17. Total members months (Column 6, Line 7)	195,479	162,822	131,910	111,413	0
<b>Operating Percentage</b> (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	86.2	86.5	80.8	85.4	0.0
20. Cost containment expenses	0.1	0.1	0.0	0.0	0.0
21. Other claims adjustment expenses	0.9	0.9	0.9	1.6	0.0
22. Total underwriting deductions (Line 23)	95.4	96.0	91.6	96.5	0.0
23. Total underwriting gain (loss) (Line 24)	4.6	4.0	8.4	4.5	0.0
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	27,362,558	18,584,442	19,186,764	0	0
25. Estimated liability of unpaid claims – [prior year (Line 17, Col. 6)]	28,533,139	28,694,155	50,640,267	0	0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

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

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, Inc.**

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only									
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts	
1. Alabama	AL	N								0	0
2. Alaska	AK	N								0	0
3. Arizona	AZ	N								0	0
4. Arkansas	AR	L		411,387,101						411,387,101	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	N								0	0
44. Texas	TX	N								0	0
45. Utah	UT	N								0	0
46. Vermont	VT	N								0	0
47. Virginia	VA	N								0	0
48. Washington	WA	N								0	0
49. West Virginia	WV	N								0	0
50. Wisconsin	WI	N								0	0
51. Wyoming	WY	N								0	0
52. American Samoa	AS	N								0	0
53. Guam	GU	N								0	0
54. Puerto Rico	PR	N								0	0
55. U.S. Virgin Islands	VI	N								0	0
56. Northern Mariana Islands	MP	N								0	0
57. Canada	CAN	N								0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	0	411,387,101	0	0	0	0	411,387,101	0	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0		
61. Total (Direct Business)	XXX	0	0	411,387,101	0	0	0	0	411,387,101	0	0
<b>DETAILS OF WRITE-INS</b>											
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	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	0	0

(a) Active Status Counts

1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG	1	4. Q – Qualified – Qualified or accredited reinsurer	0
2. R – Registered – Non-domiciled RRGs	0	5. N – None of the above – Not allowed to write business in the state.	56
3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state	0		

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

No allocation.



**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, Inc.**

	Trillium Community Health Plan, Inc.									42-1694349	OR	12559
	Nebraska Total Care, Inc.									47-5123293	NE	15902
	Pennsylvania Health & Wellness, Inc.									47-5340613	PA	16041
	Sunshine Health Community Solutions, Inc.									47-5667095	FL	15927
	Buckeye Health Plan Community Solutions, Inc.									47-5664342	OH	16112
	Arkansas Health & Wellness Health Plan, Inc.									81-1282251	AR	16130
	Arkansas Total Care Holding Company, LLC (49%)									38-4042368	DE	
	Arkansas Total Care, Inc.									82-2649097	AR	16256
	Oklahoma Complete Health Inc.									81-3121527	OK	16904
	Bridgeway Health Solutions, LLC									20-4980875	DE	
	Bridgeway Health Solutions of Arizona Inc.									20-4980818	AZ	16310
	Celtic Group, Inc									36-2979209	DE	
	Celtic Insurance Company									06-0641618	IL	80799
	Ambetter of Magnolia Inc									35-2525384	MS	15762
	Ambetter of Peach State Inc.									36-4802632	GA	15729
	Novasys Health, Inc									27-2221367	DE	
	CeltiCare Health Plan Holdings LLC									26-4278205	DE	
	CeltiCare Health Plan of Massachusetts, Inc.									26-4818440	MA	13632
	Centene Management Company LLC									39-1864073	WI	
	Illinois Health Practice Alliance, LLC (50%)									82-2761995	DE	
	Lifeshare Management Group, LLC									46-2798132	NH	
	CCTX Holdings, LLC									20-2074217	DE	
	Centene Company of Texas, LP (1%)									74-2810404	TX	
	Centene Holdings, LLC									20-2074277	DE	
	Centene Company of Texas, LP (99%)									74-2810404	TX	
	Envolve Holdings, LLC									22-3889471	DE	
	Cenpatico Behavioral Health, LLC									68-0461584	CA	
	Envolve, Inc.									37-1788565	DE	
	Envolve PeopleCare, Inc.									06-1476380	DE	
	Envolve Benefits Options, Inc.									61-1846191	DE	
	Envolve Vision Benefits, Inc.									20-4730341	DE	
	Envolve Vision of Texas, Inc.									75-2592153	TX	95302
	Envolve Vision, Inc									20-4773088	DE	
	Envolve Vision of Florida, Inc									65-0094759	FL	
	Envolve Total Vision, Inc.									20-4861241	DE	
	Envolve Optical, Inc.									82-2908582	DE	
	Envolve Dental, Inc.									46-2783884	DE	
	Envolve Dental of Florida, Inc.									81-2969330	FL	
	Envolve Dental of Texas, Inc.									81-2796896	TX	16106

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, Inc.**

	Centene Pharmacy Services, Inc.									77-0578529	DE	
	MeridianRx, LLC									27-1339224	MI	
	Specialty Therapeutic Care Holdings, LLC									27-3617766	DE	
	Specialty Therapeutic Care, LP (99.99%)									73-1698808	TX	
	Specialty Therapeutic Care, GP, LLC									73-1698807	TX	
	Specialty Therapeutic Care, LP (0.01%)									73-1698808	TX	
	AcariaHealth Solutions, Inc.									80-0856383	DE	
	AcariaHealth, Inc.									45-2780334	DE	
	AcariaHealth Pharmacy #14, Inc									27-1599047	CA	
	AcariaHealth Pharmacy #11, Inc									20-8192615	TX	
	AcariaHealth Pharmacy #12, Inc									27-2765424	NY	
	AcariaHealth Pharmacy #13, Inc									26-0226900	CA	
	AcariaHealth Pharmacy, Inc									13-4262384	CA	
	HomeScripts.com, LLC									27-3707698	MI	
	Foundation Care, LLC (80%)									20-0873587	MO	
	AcariaHealth Pharmacy #26, Inc.									20-8420512	DE	
	U.S. Medical Management Holdings, Inc									27-0275614	DE	
	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	CJ	
	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
	Health Net Community Solutions of Arizona, Inc.									81-1348826	AZ	15895
	Health Net Access, Inc.									46-2616037	AZ	
	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	16352
	Salus Administrative Services, Inc.									55-0878053	NY	

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	Salus IPA, LLC										82-0802846	NY	
	WellCare of Connecticut, Inc.										06-1405640	CT	95310
	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	
	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	
	Access Medical Group of Pembroke Pines, LLC										88-2251274	FL	
	Access Medical Group of Margate, LLC										88-2263310	FL	
	Access Medical Group of Riverview, LLC										88-2284518	FL	
	Access Medical Group of Kendall, LLC										92-0235557	FL	
	Access Medical Group of Lauderdale Lakes, LLC										92-0261029	FL	
	Interpreta Holdings, Inc. (80.1%)										82-4883921	DE	
	Interpreta, Inc.										46-5517858	DE	
	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
	Centene Venture Insurance Company Texas										86-1543217	TX	16990
	Centene Venture Company Michigan										83-2446307	MI	16613
	Comprehensive Health Management, LLC										59-3547616	FL	
	WellCare Health Plans, Inc.										83-4405939	DE	
	WCG Health Management, Inc.										04-3669698	DE	
	The WellCare Management Group, Inc.										14-1647239	NY	
	WellCare of Mississippi, Inc.										81-5442932	MS	16329
	WellCare of Virginia, Inc.										82-0664467	VA	16763
	WellCare of Oklahoma, Inc.										81-3299281	OK	16117

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**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Arkansas Total Care, Inc.**

			WellCare Health Insurance Company of Nevada, Inc.				84-3721013	NV	
			WellCare Health Insurance of Southwest, Inc.				84-3739752	AZ	16692
			WellCare of Georgia, Inc.				20-2103320	GA	10760
			WellCare of Texas, Inc.				20-8058761	TX	12964
			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	16970
			WellCare Health Insurance Company of Oklahoma, Inc.				84-4449030	OK	16752
			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	17002
			WellCare Health Plans of Rhode Island, Inc.				84-4627844	RI	16766
			WellCare of Illinois, Inc.				84-4649985	IL	16765
			Rhythm Health Tennessee, Inc.				45-5154364	TN	16533
			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	
			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
			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	16788
			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	

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	One Care by Care1st Health Plans of Arizona, Inc.		06-1742685	AZ	
	WellCare Health Insurance Company of Washington, Inc.		83-3166908	WA	16570
	WellCare Health Insurance Company of Wisconsin, Inc.		83-3310218	WI	16568
	WellCare of North Carolina, Inc.		82-5488080	NC	16547
	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
	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
	Sunshine State Health Plan, Inc (50%)		20-8937577	FL	13148
	Universal American Corp.		27-4683816	DE	
	Universal American Holdings, LLC		45-1352914	DE	
	Universal American Financial Services, Inc.		95-3800329	DE	
	American Progressive Life and Health Insurance Company of New York		13-1851754	NY	80624
	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	
	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	
	HealthSmart Preferred Care II, LP (99%)		75-2508316	TX	
	HealthSmart Primary Care Clinics, LP (99%)		20-3394046	TX	
	HealthSmart Care Management Solutions, LP (99%)		75-2960859	TX	
	HealthSmart Information Systems, Inc.		75-2727437	TX	
	HealthSmart Benefit Solutions, Inc.		36-4099199	IL	
	HealthSmart Preferred Network II, Inc		06-1621470	DE	
	HealthSmart Rx Solutions, Inc.		34-1635597	OH	
	District Community Care Inc.		84-4119570	DC	16814
	Oklahoma Complete Health Holding Company, LLC		86-2318658	OK	
	RI Health & Wellness, Inc.		86-2694770	RI	
	Delaware First Health, Inc.		88-3410060	DE	
	Delaware First Health Complete, Inc.		88-4145615	DE	
	Magellan Health, Inc		58-1076937	DE	
	Magellan Pharmacy Services, Inc.		47-5588795	DE	

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		Magellan Behavioral Health of New Jersey, LLC							52-2310906	NJ	12632
		Magellan Health Services of California, Inc. - Employer Services							95-2868243	CA	
		Magellan Healthcare, Inc.							52-2135463	DE	
		Human Affairs International of California							93-0999350	CA	
		Magellan Complete Care of Louisiana, Inc.							46-4188169	LA	15550
		Magellan Behavioral Health of Florida, Inc.							20-1919978	FL	
		Magellan Health Services of Arizona, Inc.							20-1728452	AZ	
		Magellan Health Services of New Mexico, Inc.							85-0420095	NM	
		Magellan of Idaho, LLC							85-4065417	ID	
		Magellan Complete Care of Pennsylvania, Inc.							46-4457706	PA	15924
		National Imaging Associates, Inc.							22-3428367	DE	
		NIA IPA of New York, Inc.							14-1866878	NY	
		Magellan Life Insurance Company							57-0724249	DE	97292
		Magellan of Ohio, Inc.							85-3808038	OH	
		Merit Behavioral Care Corporation							22-3236927	DE	
		Magellan Behavioral Care of Iowa, Inc.							22-3341850	IA	
		Magellan Providers of Texas, Inc.							76-0513383	TX	
		Magellan Behavioral Health of Pennsylvania, Inc.							23-2759528	PA	47019
		Magellan Behavioral of Michigan, Inc.							52-1946167	MI	
		Magellan of Maryland, LLC							92-0642038	MD	
		Magnolia Joint Venture Holding Company, Inc.							92-0679069	DE	