



**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2020**  
 OF THE CONDITION AND AFFAIRS OF THE  
**CELTIC INSURANCE COMPANY**

(Name)

NAIC Group Code 1295 , 1295 NAIC Company Code 80799 Employer's ID Number 06-0641618  
(Current Period) (Prior Period)

Organized under the Laws of Illinois , State of Domicile or Port of Entry Illinois  
 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 [  ]  
 Other [  ] Is HMO, Federally Qualified? Yes [  ] No [  ]

Incorporated/Organized 05/03/1949 Commenced Business 01/20/1950

Statutory Home Office 200 East Randolph Street, Suite 3600 , Chicago, IL, US 60601  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 200 East Randolph Street, Suite 3600  
(Street and Number)  
Chicago, IL, US 60601 800-714-4658  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 200 East Randolph Street, Suite 3600 , Chicago, IL, US 60601  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 200 East Randolph Street, Suite 3600  
(Street and Number)  
Chicago, IL, US 60601 800-714-4658  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.celtic-net.com

Statutory Statement Contact Mike Sargent , 314-349-3449  
(Name) (Area Code) (Telephone Number) (Extension)  
jsargent@centene.com 314-445-0117  
(E-Mail Address) (Fax Number)

**OFFICERS**

Name	Title	Name	Title
<u>Anand A. Shukla</u>	<u>President</u>	<u>Karen E. Wegg</u>	<u>Vice President</u>
<u>Tricia L. Dinkelman</u>	<u>Vice President, Tax</u>		

**OTHER OFFICERS**

<u>Christopher R. Isaak</u>	<u>Vice President of Finance, Treasurer</u>	<u>John P. Ryan</u>	<u>Vice President</u>
<u>Mark J. Freeman</u>	<u>Vice President of Actuary</u>	<u>Christopher A. Koster #</u>	<u>Secretary</u>

**DIRECTORS OR TRUSTEES**

<u>Anand A. Shukla</u>	<u>Tricia L. Dinkelman</u>	<u>Christopher R. Isaak</u>	<u>Kevin J. Counihan</u>
<u>Karen E. Wegg</u>			

State of Illinois  
 County of Cook **ss**

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

Anand A. Shukla  
 President

Karen E. Wegg  
 Vice President

Tricia L. Dinkelman  
 Vice President, Tax

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

a. Is this an original filing? Yes [  ] No [  ]  
 b. If no:  
 1. State the amendment number \_\_\_\_\_  
 2. Date filed \_\_\_\_\_  
 3. Number of pages attached \_\_\_\_\_

PEDRO GALVAN, Notary Public  
 12/23/2023

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CELTIC INSURANCE COMPANY**

**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).....	875,759,334		875,759,334	811,044,220
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	271,250,117		271,250,117	215,007,271
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 (\$ .....321,326,828 , Schedule E-Part 1), cash equivalents (\$ .....249,710,072 , Schedule E-Part 2) and short-term investments (\$ .....2,833,937 , Schedule DA).....	573,870,837		573,870,837	1,059,728,371
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA) .....	28,787,150		28,787,150	17,345,906
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) .....	1,749,667,437	0	1,749,667,437	2,103,125,768
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	6,415,325		6,415,325	6,828,664
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	5,954,792		5,954,792	11,788,648
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 (\$ .....44,161,313 ) and contracts subject to redetermination ( \$ ..... ) .....	44,161,313		44,161,313	25,662,421
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	167,553		167,553	9,698,641
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....	27,548		27,548	36,310
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	13,595,739		13,595,739	21,918,166
18.2 Net deferred tax asset.....	13,598,595		13,598,595	7,684,052
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 .....	82,449,970		82,449,970	10,695,729
24. Health care ( \$ .....38,881,979 ) and other amounts receivable.....	81,120,605	42,238,626	38,881,979	21,004,129
25. Aggregate write-ins for other-than-invested assets .....	40,423,217	450,782	39,972,435	34,985,313
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	2,037,582,095	42,689,408	1,994,892,687	2,253,427,842
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	2,037,582,095	42,689,408	1,994,892,687	2,253,427,842
<b>DETAILS OF WRITE-INS</b>				
1101. ....			0	0
1102. ....			0	0
1103. ....			0	0
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. ACA cost sharing reduction Receivable.....	28,463,231		28,463,231	24,402,976
2502. FFM User Fee.....	11,217,176		11,217,176	268,345
2503. Prepaid Expenses.....	450,782	450,782	0	1,141,912
2598. Summary of remaining write-ins for Line 25 from overflow page .....	292,027	0	292,027	9,172,080
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	40,423,217	450,782	39,972,435	34,985,313

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CELTIC INSURANCE COMPANY**

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....340,664,068 reinsurance ceded)	344,737,939		344,737,939	310,251,915
2. Accrued medical incentive pool and bonus amounts	7,716,693		7,716,693	3,162,182
3. Unpaid claims adjustment expenses	4,016,024		4,016,024	4,157,605
4. Aggregate health policy reserves, including the liability of \$ .....29,365,296 for medical loss ratio rebate per the Public Health Service Act	464,393,238		464,393,238	600,224,563
5. Aggregate life policy reserves	3,390,038		3,390,038	3,469,194
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	69,197,515		69,197,515	41,104,579
9. General expenses due or accrued	33,370,262		33,370,262	17,381,761
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	633,213,636		633,213,636	846,505,898
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	45,287,864		45,287,864	10,474,675
16. Derivatives		0	0	0
17. Payable for securities	2,495,000		2,495,000	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ .....1,535,118 unauthorized reinsurers and \$ ..... certified reinsurers)	1,535,118		1,535,118	1,575,305
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 \$ .....707,158 current)	707,158	0	707,158	9,802,912
24. Total liabilities (Lines 1 to 23)	1,610,060,485	0	1,610,060,485	1,848,110,589
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	119,489,250
26. Common capital stock	XXX	XXX	2,500,000	2,500,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	81,796,225	81,796,225
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	300,535,986	201,531,778
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	384,832,211	405,317,253
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	1,994,892,696	2,253,427,842
<b>DETAILS OF WRITE-INS</b>				
2301. ACA cost sharing reduction payable	650,303		650,303	650,303
2302. Unclaimed property	56,855		56,855	58,402
2303. State income tax payable			0	4,877,060
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	4,217,148
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	707,158	0	707,158	9,802,912
2501. Health insurer fee estimate	XXX	XXX		119,489,250
2502. ....	XXX	XXX		0
2503. ....	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	119,489,250
3001. ....	XXX	XXX		0
3002. ....	XXX	XXX		0
3003. ....	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CELTIC INSURANCE COMPANY**

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	14,611,590	13,088,613
2. Net premium income (including \$ .....0 non-health premium income).....	XXX	3,639,820,728	3,081,839,051
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	3,639,820,728	3,081,839,051
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		2,123,171,921	1,696,510,423
10. Other professional services .....		22,198,245	21,464,460
11. Outside referrals .....			0
12. Emergency room and out-of-area .....		203,122,117	183,258,584
13. Prescription drugs .....		603,654,125	574,717,351
14. Aggregate write-ins for other hospital and medical .....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		8,942,863	5,330,344
16. Subtotal (Lines 9 to 15) .....	0	2,961,089,271	2,481,281,162
<b>Less:</b>			
17. Net reinsurance recoveries .....		(581,522)	11,934,226
18. Total hospital and medical (Lines 16 minus 17) .....	0	2,961,670,792	2,469,346,935
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ .....1,773,725 cost containment expenses.....		38,705,890	40,626,796
21. General administrative expenses.....		637,808,323	524,304,943
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....		0	(334,509)
23. Total underwriting deductions (Lines 18 through 22) .....	0	3,638,185,005	3,033,944,166
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	1,635,723	47,894,885
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		27,445,524	43,070,380
26. Net realized capital gains (losses) less capital gains tax of \$ .....37,283 .....	0	140,257	(76,916)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	27,585,781	42,993,464
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....0 ) (amount charged off \$ .....12,312,906 )].....		(12,312,906)	(4,349,750)
29. Aggregate write-ins for other income or expenses .....	0	(2,472,556)	(257,599)
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	14,436,043	86,281,000
31. Federal and foreign income taxes incurred .....	XXX	30,177,352	17,884,946
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(15,741,309)	68,396,054
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	0	0
2901. Network rental.....		1,202,352	592,188
2902. Annuity income.....		807,069	(92,301)
2903. Interest penalties.....		(4,481,977)	(757,485)
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	(2,472,556)	(257,599)

**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 .....	405,317,256	459,159,074
34. Net income or (loss) from Line 32 .....	(15,741,309)	68,396,054
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 \$ .....323,873 .....	57,169,552	40,372,219
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0
38. Change in net deferred income tax .....	6,238,415	1,364,453
39. Change in nonadmitted assets .....	(19,788,345)	(7,182,114)
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	5,207,570
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....		0
46. Dividends to stockholders .....	(50,000,000)	(162,000,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	1,365,836	0
48. Net change in capital and surplus (Lines 34 to 47) .....	(20,755,851)	(53,841,818)
49. Capital and surplus end of reporting year (Line 33 plus 48)	384,561,406	405,317,256
<b>DETAILS OF WRITE-INS</b>		
4701. Correct prior year income for other invested assets.....	1,365,836	0
4702. ....		0
4703. ....		0
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)	1,365,836	0

**CASH FLOW**

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance	3,305,345,847	3,525,496,747
2. Net investment income	32,206,717	46,957,728
3. Miscellaneous income	1,202,352	592,188
4. Total (Lines 1 through 3)	3,338,754,916	3,573,046,663
5. Benefit and loss related payments	2,954,574,429	2,510,229,802
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	724,365,498	559,278,169
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	21,892,208	33,452,876
10. Total (Lines 5 through 9)	3,700,832,134	3,102,960,846
11. Net cash from operations (Line 4 minus Line 10)	(362,077,219)	470,085,816
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	137,626,752	105,462,912
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	375,590	148,947
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	24,253	(2,477)
12.7 Miscellaneous proceeds	2,495,000	79,681
12.8 Total investment proceeds (Lines 12.1 to 12.7)	140,521,595	105,689,064
13. Cost of investments acquired (long-term only):		
13.1 Bonds	207,130,887	151,317,826
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	9,696,728	12,947,321
13.6 Miscellaneous applications	267,362	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	217,094,977	164,265,147
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)	(76,573,381)	(58,576,083)
<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	50,000,000	162,000,000
16.6 Other cash provided (applied)	2,469,124	0
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(47,530,876)	(162,000,000)
<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)	(486,181,476)	249,509,734
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	1,059,728,370	810,218,636
19.2 End of year (Line 18 plus Line 19.1)	573,546,894	1,059,728,370

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CELTIC INSURANCE COMPANY**

**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	3,639,820,728	3,639,820,728	0	0	0	0	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	3,639,820,728	3,639,820,728	0	0	0	0	0	0	0	0
8. Hospital/medical benefits	2,123,171,921	2,123,171,921								XXX
9. Other professional services	22,198,245	22,198,245								XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	203,122,117	203,122,117								XXX
12. Prescription drugs	603,654,125	603,654,125								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	8,942,863	8,942,863								XXX
15. Subtotal (Lines 8 to 14)	2,961,089,271	2,961,089,271	0	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries	(581,522)	(581,522)								XXX
17. Total hospital and medical (Lines 15 minus 16)	2,961,670,792	2,961,670,792	0	0	0	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 1,773,725 cost containment expenses	38,705,890	38,705,890								
20. General administrative expenses	637,808,323	637,950,213	(141,890)							
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)	3,638,185,005	3,638,326,895	(141,890)	0	0	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	1,635,723	1,493,833	141,890	0	0	0	0	0	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 2020 OF THE CELTIC INSURANCE COMPANY

**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) .....	7,275,143,850		3,635,323,122	3,639,820,728
2. Medicare Supplement .....	5,357,923		5,357,923	.0
3. Dental only.....				.0
4. Vision only.....				.0
5. Federal Employees Health Benefits Plan .....				.0
6. Title XVIII - Medicare .....				.0
7. Title XIX - Medicaid.....				.0
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8) .....	7,280,501,773	.0	3,640,681,045	3,639,820,728
10. Life .....	56,561		56,561	.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	7,280,558,334	0	3,640,737,606	3,639,820,728

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CELTIC INSURANCE COMPANY**

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct .....	2,921,313,802	2,921,313,802								
1.2 Reinsurance assumed .....	0									
1.3 Reinsurance ceded .....	(40,959,882)	(40,959,882)								
1.4 Net .....	2,962,273,684	2,962,273,684	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses .....	4,388,353	4,388,353								
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct .....	685,402,007	685,402,007	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	340,664,069	340,664,069	0	0	0	0	0	0	0	0
3.4 Net .....	344,737,938	344,737,938	0	0	0	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
4.4 Net .....	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year .....	7,716,693	7,716,693								
6. Net healthcare receivables (a) .....	53,562,866	53,562,866								
7. Amounts recoverable from reinsurers December 31, current year .....	167,553	167,553								
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct .....	601,006,536	601,006,536	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded .....	290,754,621	290,754,621	0	0	0	0	0	0	0	0
8.4 Net .....	310,251,915	310,251,915	0	0	0	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	0
9.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
9.4 Net .....	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year .....	3,162,182	3,162,182	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year .....	9,698,641	9,698,641	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct .....	2,952,146,407	2,952,146,407	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded .....	(581,522)	(581,522)	0	0	0	0	0	0	0	0
12.4 Net .....	2,952,727,929	2,952,727,929	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses .....	8,942,864	8,942,864	0	0	0	0	0	0	0	0

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

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CELTIC INSURANCE COMPANY**

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

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct .....	192,874,368	192,874,368								
1.2. Reinsurance assumed .....	0									
1.3. Reinsurance ceded .....	77,402,484	77,402,484								
1.4. Net .....	115,471,884	115,471,884	0	0	0	0	0	0	0	0
2. Incurred but Unreported:										
2.1. Direct .....	492,527,639	492,527,639								
2.2. Reinsurance assumed .....	0									
2.3. Reinsurance ceded .....	263,261,585	263,261,585								
2.4. Net .....	229,266,054	229,266,054	0	0	0	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
4. TOTALS:										
4.1. Direct .....	685,402,007	685,402,007	0	0	0	0	0	0	0	0
4.2. Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded .....	340,664,069	340,664,069	0	0	0	0	0	0	0	0
4.4. Net .....	344,737,938	344,737,938	0	0	0	0	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CELTIC INSURANCE COMPANY**

**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) .....	218,076,136	2,753,728,635	5,820,178	338,917,760	223,896,314	310,251,914
2. Medicare Supplement .....					0	0
3. Dental Only.....					0	0
4. Vision Only.....					0	0
5. Federal Employees Health Benefits Plan .....					0	0
6. Title XVIII - Medicare .....					0	0
7. Title XIX - Medicaid.....					0	0
8. Other health .....					0	0
9. Health subtotal (Lines 1 to 8).....	218,076,136	2,753,728,635	5,820,178	338,917,760	223,896,314	310,251,914
10. Healthcare receivables (a).....		7,547,327		78,913,407	0	32,897,868
11. Other non-health.....					0	0
12. Medical incentive pools and bonus amounts .....	3,107,773	1,280,579	97,127	7,619,566	3,204,900	3,162,182
13. Totals (Lines 9-10+11+12)	221,183,909	2,747,461,887	5,917,305	267,623,919	227,101,214	280,516,228

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

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CELTIC INSURANCE COMPANY**

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

**Section A – Paid Health Claims - Hospital and Medical**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	223,356	223,356	223,356	223,356	223,356
2. 2016 .....	508,567	593,033	593,033	593,033	593,033
3. 2017 .....	XXX	1,347,526	1,570,234	1,570,234	1,570,234
4. 2018 .....	XXX	XXX	1,484,379	1,754,280	1,754,280
5. 2019 .....	XXX	XXX	XXX	2,206,483	2,427,667
6. 2020 .....	XXX	XXX	XXX	XXX	2,747,462

**Section B – Incurred Health Claims - Hospital and Medical**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	223,766	223,356	223,356	223,356	223,356
2. 2016 .....	606,102	596,522	596,522	596,522	596,522
3. 2017 .....	XXX	1,557,618	1,582,214	1,582,214	1,582,214
4. 2018 .....	XXX	XXX	1,756,463	1,760,500	1,760,500
5. 2019 .....	XXX	XXX	XXX	2,465,310	2,433,584
6. 2020 .....	XXX	XXX	XXX	XXX	2,993,396

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016.....	781,894	593,033		0.0	593,033	75.8			593,033	75.8
2. 2017.....	2,126,956	1,570,234		0.0	1,570,234	73.8			1,570,234	73.8
3. 2018.....	2,425,858	1,754,280		0.0	1,754,280	72.3			1,754,280	72.3
4. 2019.....	3,081,251	2,427,667	12,782	0.5	2,440,449	79.2	5,917	67	2,446,433	79.4
5. 2020 .....	3,639,821	2,747,462	23,566	0.9	2,771,028	76.1	346,537	3,949	3,121,514	85.8

12-HM

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**

Pt 2C - Sn A - Paid Claims - XI

**NONE**

Pt 2C - Sn A - Paid Claims - OT

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CELTIC INSURANCE COMPANY**

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

**Section A - Paid Health Claims - Grand Total**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	223,356	223,356	223,356	223,356	223,356
2. 2016 .....	508,567	593,033	593,033	593,033	593,033
3. 2017 .....	XXX	1,347,526	1,570,234	1,570,234	1,570,234
4. 2018 .....	XXX	XXX	1,484,379	1,754,280	1,754,280
5. 2019 .....	XXX	XXX	XXX	2,206,483	2,427,667
6. 2020 .....	XXX	XXX	XXX	XXX	2,747,462

**Section B - Incurred Health Claims - Grand Total**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	223,766	223,356	223,356	223,356	223,356
2. 2016 .....	606,102	596,522	596,522	596,522	596,522
3. 2017 .....	XXX	1,557,618	1,582,214	1,582,214	1,582,214
4. 2018 .....	XXX	XXX	1,756,463	1,760,500	1,760,500
5. 2019 .....	XXX	XXX	XXX	2,465,310	2,433,584
6. 2020 .....	XXX	XXX	XXX	XXX	2,993,396

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016 .....	781,894	593,033	0	0.0	593,033	75.8	0	0	593,033	75.8
2. 2017 .....	2,126,956	1,570,234	0	0.0	1,570,234	73.8	0	0	1,570,234	73.8
3. 2018 .....	2,425,858	1,754,280	0	0.0	1,754,280	72.3	0	0	1,754,280	72.3
4. 2019 .....	3,081,251	2,427,667	12,782	0.5	2,440,449	79.2	5,917	67	2,446,433	79.4
5. 2020 .....	3,639,821	2,747,462	23,566	0.9	2,771,028	76.1	346,537	3,949	3,121,514	85.8

12-GT

Pt 2C - Sn B - Incurred Claims - MS

**NONE**

Pt 2C - Sn B - Incurred Claims - DO

**NONE**

Pt 2C - Sn B - Incurred Claims - VO

**NONE**

Pt 2C - Sn B - Incurred Claims - FE

**NONE**

Pt 2C - Sn B - Incurred Claims - XV

**NONE**

Pt 2C - Sn B - Incurred Claims - XI

**NONE**

Pt 2C - Sn B - Incurred Claims - OT

**NONE**

Part 2C - Sn C - Claims Expense Ratio MS

**NONE**

Part 2C - Sn C - Claims Expense Ratio DO

**NONE**

Part 2C - Sn C - Claims Expense Ratio VO

**NONE**

Part 2C - Sn C - Claims Expense Ratio FE

**NONE**

Part 2C - Sn C - Claims Expense Ratio XV

**NONE**

Part 2C - Sn C - Claims Expense Ratio XI

**NONE**

Part 2C - Sn C - Claims Expense Ratio OT

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CELTIC INSURANCE COMPANY**

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	499,238		499,238						
2. Additional policy reserves (a).....	1,773,761	837,617	936,144						
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income).....	925,517,717	925,517,717							
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	927,790,716	926,355,334	1,435,382	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	463,397,478	461,962,096	1,435,382						
8. Totals (Net) (Page 3, Line 4)	464,393,238	464,393,238	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	.0								
10. Reserve for future contingent benefits .....	.0								
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
<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
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101. ....									
1102. ....									
1103. ....									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ .....837,617 premium deficiency reserve.

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CELTIC INSURANCE COMPANY**

**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) .....	54,919	1,143,504	7,854,114	0	9,052,536
2. Salaries, wages and other benefits .....	971,731	20,233,202	135,562,323	0	156,767,256
3. Commissions (less \$ .....ceded plus \$ .....assumed) .....	0	0	112,572,806	0	112,572,806
4. Legal fees and expenses .....	11,740	244,443	3,501,937	0	3,758,120
5. Certifications and accreditation fees .....	619	12,883	88,638	0	102,140
6. Auditing, actuarial and other consulting services .....	318,447	6,630,651	47,173,666	0	54,122,764
7. Traveling expenses .....	3,950	82,253	621,872	0	708,075
8. Marketing and advertising .....	33,722	702,144	5,780,730	0	6,516,595
9. Postage, express and telephone .....	9,300	193,643	1,987,395	0	2,190,338
10. Printing and office supplies .....	(484)	(10,078)	235,955	0	225,393
11. Occupancy, depreciation and amortization .....	98,306	2,046,899	13,966,668	0	16,111,872
12. Equipment .....	3,120	64,960	442,983	0	511,063
13. Cost or depreciation of EDP equipment and software .....	84,429	1,757,967	12,072,333	0	13,914,729
14. Outsourced services including EDP, claims, and other services .....	106,399	2,215,425	165,222,297	0	167,544,122
15. Boards, bureaus and association fees .....	0	0	0	0	0
16. Insurance, except on real estate .....	5,201	108,304	738,562	0	852,068
17. Collection and bank service charges .....	9,260	192,803	1,412,005	0	1,614,067
18. Group service and administration fees .....	0	0	0	0	0
19. Reimbursements by uninsured plans .....	0	0	0	0	0
20. Reimbursements from fiscal intermediaries .....	0	0	0	0	0
21. Real estate expenses .....	6,314	131,464	896,773	0	1,034,551
22. Real estate taxes .....	3,164	65,890	449,324	0	518,379
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....	0	0	2,596,768	0	2,596,768
23.2 State premium taxes .....	0	0	59,848,238	0	59,848,238
23.3 Regulatory authority licenses and fees .....	1,809	37,671	466,923	0	506,404
23.4 Payroll taxes .....	50,743	1,056,559	7,934,119	0	9,041,421
23.5 Other (excluding federal income and real estate taxes) .....	1,036	21,579	56,381,894	0	56,404,509
24. Investment expenses not included elsewhere .....	0	0	0	623,049	623,049
25. Aggregate write-ins for expenses .....	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25) .....	1,773,725	36,932,165	637,808,323	623,049	(a) 677,137,261
27. Less expenses unpaid December 31, current year .....		4,016,024	33,370,262		37,386,286
28. Add expenses unpaid December 31, prior year .....	0	4,157,605	17,381,761	0	21,539,366
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)	1,773,725	37,073,745	621,819,822	623,049	661,290,341
<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 \$ .....941,840,766 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).....632,246	.....612,813
1.1 Bonds exempt from U.S. tax	(a).....0	.....0
1.2 Other bonds (unaffiliated)	(a).....22,668,359	.....22,837,302
1.3 Bonds of affiliates	(a).....0	.....0
2.1 Preferred stocks (unaffiliated)	(b).....0	.....0
2.11 Preferred stocks of affiliates	(b).....0	.....0
2.2 Common stocks (unaffiliated)	.....0	.....0
2.21 Common stocks of affiliates	.....0	.....0
3. Mortgage loans	(c).....0	.....0
4. Real estate	(d).....0	.....0
5. Contract loans	.....0	.....0
6. Cash, cash equivalents and short-term investments	(e).....3,178,415	.....4,277,755
7. Derivative instruments	(f).....0	.....0
8. Other invested assets	.....0	.....340,703
9. Aggregate write-ins for investment income	.....0	.....0
10. Total gross investment income	26,479,020	28,068,573
11. Investment expenses		(g).....623,049
12. Investment taxes, licenses and fees, excluding federal income taxes		(g).....0
13. Interest expense		(h).....0
14. Depreciation on real estate and other invested assets		(i).....0
15. Aggregate write-ins for deductions from investment income		.....0
16. Total deductions (Lines 11 through 15)		.....623,049
17. Net investment income (Line 10 minus Line 16)		27,445,524
<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 \$ 1,128,676 accrual of discount less \$ 5,476,530 amortization of premium and less \$ 761,620 paid for accrued interest on purchases.  
 (b) Includes \$ 0 accrual of discount less \$ 0 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 \$ 0 paid for accrued interest on purchases.  
 (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.  
 (e) Includes \$ 45,592 accrual of discount less \$ 18,485 amortization of premium and less \$ 21,083 paid for accrued interest on purchases.  
 (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.  
 (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.  
 (i) Includes \$ 0 depreciation on real estate and \$ 0 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	.....0	.....0	.....0	.....0
1.1 Bonds exempt from U.S. tax	.....0	.....0	.....0	.....0	.....0
1.2 Other bonds (unaffiliated)	.....149,840	.....0	.....149,840	.....(598,718)	.....0
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	.....56,242,846	.....0
3. Mortgage loans	.....0	.....0	.....0	.....0	.....0
4. Real estate	.....0	.....0	.....0	.....0	.....0
5. Contract loans	.....0	.....0	.....0	.....0	.....0
6. Cash, cash equivalents and short-term investments	.....27,700	.....0	.....27,700	.....(3,447)	.....0
7. Derivative instruments	.....0	.....0	.....0	.....0	.....0
8. Other invested assets	.....0	.....0	.....0	.....2,120,106	.....0
9. Aggregate write-ins for capital gains (losses)	.....0	.....0	.....0	.....0	.....0
10. Total capital gains (losses)	177,540	0	177,540	57,760,787	0
<b>DETAILS OF WRITE-INS</b>					
0901. ....			0		
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

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CELTIC INSURANCE COMPANY**

**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.....	42,238,626	22,780,629	(19,457,997)
25. Aggregate write-ins for other-than-invested assets .....	450,782	120,435	(330,347)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	42,689,408	22,901,063	(19,788,345)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	42,689,408	22,901,063	(19,788,345)
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0
2501. Prepaid expenses.....	450,782	120,435	(330,347)
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) .....	450,782	120,435	(330,347)

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CELTIC INSURANCE COMPANY

**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.....	23,156	39,272	39,346	37,335	35,634	460,126
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	1,007,368	1,177,594	1,198,828	1,173,442	1,127,371	14,134,565
4. Point of Service.....	.0					
5. Indemnity Only.....	1,459	1,397	1,350	1,300	1,230	15,831
6. Aggregate write-ins for other lines of business.....	.97	.92	.90	.88	.86	1,068
7. Total	1,032,080	1,218,355	1,239,614	1,212,165	1,164,321	14,611,590
<b>DETAILS OF WRITE-INS</b>						
0601. Other - Life.....	.97	.92	.90	.88	.86	1,068
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)	.97	.92	.90	.88	.86	1,068

## Q4 2020 NOTES TO FINANCIAL STATEMENTS

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

- A. The statutory financial statements of Celtic Insurance Company (the Company) are presented on the basis of accounting practices prescribed or permitted by the Illinois Department of Insurance.

The State of Illinois requires that insurance companies domiciled in the state of Illinois prepare their statutory-basis financial statements in accordance with the National Associate of Insurance Commissioners (NAIC) Accounting Practices and Procedures (AP&P) Manual subject to any deviations prescribed or permitted by the State of Illinois Insurance Commissioner. The Illinois Department of Insurance has adopted the NAIC AP&P manual with no significant prescribed differences affecting the Company.

	SSAP #	F/S Page	F/S Line #	12/31/2020	12/31/2019
NET INCOME					
(1) Celtic Insurance Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ (15,741,309)	\$ 68,396,054
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:	N/A	N/A	N/A		
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:	N/A	N/A	N/A		
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ (15,741,309)</u>	<u>\$ 68,396,054</u>
SURPLUS					
(5) Celtic Insurance Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 384,832,211	\$ 405,317,253
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:	N/A	N/A	N/A		
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:	N/A	N/A	N/A		
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>\$ 384,832,211</u>	<u>\$ 405,317,253</u>

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

The preparation of the statutory financial statements in conformity with accounting practices prescribed or permitted by the Illinois Department of Insurance requires management to make estimates and assumptions that affect the reported amounts of admitted assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the statutory financial statements and the reported amounts of revenue and expenses during the years then ended. Actual results could differ from those estimates.

- C. Significant Accounting Policies

- 1) Cash, Cash Equivalents, and Short-Term Investments

Cash, cash equivalents, and short-term investments are carried at cost, which approximates fair value. Short-term investments include securities purchased within 12 months or less of maturity date.

- 2) Bonds

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

- 3) Common Stock

The Company has minor interests in subsidiary insurance companies that do not exceed 10% of admitted assets. The Company carries these interests based on the underlying audited statutory capital and surplus of the investees.

- 4) Preferred Stock

The Company holds no preferred stocks.

- 5) Mortgage Loans

The Company holds no mortgage loans.

- 6) Loan-Backed Securities

Loan-backed securities are carried at amortized cost. Adjustments are applied prospectively.

- 7) Investments in Subsidiaries, Controlled, and Affiliated Entities – None

- 8) Investments in Joint Ventures, Partnerships, and Limited Liability Companies

The Company has minor interests in joint ventures that does not exceed 10% of admitted assets. The Company carries this interests based on the underlying audited GAAP equity of the investee.

9) Derivatives

The Company holds no derivatives.

10) Premium Deficiency Reserve

The Company reviews expectations regarding the profitability of contracts in force to determine whether a premium deficiency reserve is required. The Company considers anticipated investment income when calculating its premium deficiency reserves.

The adequacy of reserve requirements is continually reviewed by management, with any reductions in the reserve being recorded as a beneficial effect in the statement of revenue and expenses.

11) Claims Unpaid & Unpaid Claims Adjustment Expenses

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

12) Changes to the Capitalization Policy – None

13) Pharmaceutical Rebates

Pharmaceutical rebates are based on actual pharmaceutical claims experience.

D. Going Concern

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

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

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

**3. Business Combinations and Goodwill**

A. Statutory Purchase Method – None

B. Statutory Merger – None

C. Assumption Reinsurance - None

D. Impairment Loss – None

**4. Discontinued Operations – None**

**5. Investments**

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

B. Debt Restructuring – None

C. Reverse Mortgages – None

D. Loan-Backed Securities

1) The source used to determine prepayment assumptions for all loan-backed securities for the Company was Securities Evaluations, Inc.

2) There were no securities within the scope of this statement with a recognized other-than-temporary impairment.

3) Not applicable

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

a. The aggregate amount of unrealized losses:

- i. Less than 12 months \$(201,164)
    - ii. 12 months or longer \$0
  - b. The aggregate related fair value of securities with unrealized losses:
    - i. Less than 12 months \$3,359,400
    - ii. 12 months or longer \$0
- 5) For any security in an unrealized loss position, the Company assesses whether it intends to sell the security or if it is more likely than not that the Company will be required to sell the security before recovery of the amortized cost basis for reasons such as liquidity, contractual, or regulatory purposes. If the security meets this criterion, the decline in fair value is other than temporary and is recorded in earnings.

For loan-backed securities in an unrealized loss position, management further evaluates whether the collection of all cash flows is probable. Management utilizes the prospective adjustment method to evaluate the present value of future cash flows. For those loan-back and structured securities (NAIC designated 1 or 2) where management has determined that collection of all contractual cash flows 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 flows.

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions – None
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- H. Repurchase Agreements Transactions Accounted for as a Sale – None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None
- J. Real Estate – None
- K. Low-Income Housing Tax Credits (LIHTC) – None
- L. Restricted Assets

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown							
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with states	\$ 2,578,077	\$ 2,582,503	\$ (4,426)	\$ -	\$ 2,578,077	0.1%	0.1%
k. On deposit with other regulatory bodies							
l. Pledged collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
<b>o. Total Restricted Assets</b>	<b>\$ 2,578,077</b>	<b>\$ 2,582,503</b>	<b>\$ (4,426)</b>	<b>\$ -</b>	<b>\$ 2,578,077</b>	<b>0.1%</b>	<b>0.1%</b>

(a) Column 1 divided by Asset Page, Column 1, Line 28  
(b) Column 5 divided by Asset Page, Column 3, Line 28

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

	General Account
1) Number of CUSIPs	1
2) Aggregate Amount of Investment Income	<u>\$367,002</u>

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

- A. The Company has no investments in joint ventures, partnerships, and limited liability companies that exceed 10% of its admitted assets.

B. The Company did not recognize any impairment write down for its investment in joint ventures, partnerships, and limited liability companies during the reporting periods.

## 7. Investment Income

- A. Investment income due and accrued with amounts greater than 90 days past due are excluded from statutory surplus.  
 B. No amounts were excluded.

## 8. Derivative Instruments – None

## 9. Income Taxes

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

(1) DTA/DTL Components	Description	2020			2019			Change		
		Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	
(a)	Gross deferred tax assets	14,330,359	471,259	14,801,618	8,317,078	106,876	8,423,954	6,013,280	364,383	6,377,664
(b)	Statutory valuation allowance adjustment	0	0	0	0	0	0	0	0	0
(c)	Adjusted gross deferred tax assets	14,330,359	471,259	14,801,618	8,317,078	106,876	8,423,954	6,013,280	364,383	6,377,664
(d)	Deferred tax assets nonadmitted	0	(0)	0	0	0	0	0	(0)	0
(e)	Net admitted deferred tax assets	14,330,359	471,259	14,801,618	8,317,078	106,876	8,423,954	6,013,281	364,383	6,377,664
(f)	Deferred tax liabilities	(561,562)	(641,461)	(1,203,023)	(422,313)	(317,588)	(739,902)	(139,249)	(323,873)	(463,122)
(g)	Net admitted deferred tax asset/(Net deferred tax liability)	13,768,797	(170,202)	13,598,595	7,894,765	(210,713)	7,684,053	5,874,032	40,510	5,914,542

### (2) Admission calculation components:

Admission calculation under ¶11.a.-¶11.c.	Description	2020			2019			Change		
		Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	
(a)	FIT recoverable by loss carryback (¶11.a.)	14,330,359	0	14,330,359	7,724,911	0	7,724,911	6,605,448	0	6,605,448
(b)	Expected to be realized (¶11.b.) (lesser of 1. or 2.)	0	0	0	0	0	0	0	0	0
	1. Expected to be realized (¶11.b.i.)	0	0	0	0	0	0	0	0	0
	2. Surplus limitation (¶11.b.ii.)	XXX	XXX	36,994,634	XXX	XXX	0	XXX	XXX	36,994,634
(c)	DTL offset (¶11.c.)	0	471,259	471,259	592,167	0	592,167	(592,167)	471,259	(120,908)
(d)	Total admitted under ¶11.a.-11.c.	14,330,359	471,259	14,801,618	8,317,078	0	8,317,078	6,013,281	471,259	6,484,540

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

	2020	2019
(a) ExDTA ACL RBC or other ratio	202%	603%
(b) Adjusted capital and surplus	369,946,337	377,633,204

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

Description	2020			2019			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	
Adjusted gross DTAs - TPS Amount (Necessary for Centene Entities)	1,058,332	0	1,058,332	0	0	0	1,058,332	0	1,058,332
Adjusted gross DTAs - Amount (Memo Entry)	14,330,359	471,259	14,801,618	8,317,078	106,876	8,423,954	6,013,280	364,383	6,377,664
(a) Adjusted gross DTAs - Percentage	7.15%	0.00%	7.15%	0.00%	0.00%	0.00%	7.15%	0.00%	7.15%
Net admitted DTAs - TPS Amount (Necessary for Centene Entities)	1,058,332	0	1,058,332	0	0	0	1,058,332	0	1,058,332
Net admitted DTAs - Amount (Memo Entry)	14,330,359	471,259	14,801,618	8,317,078	106,876	8,423,954	6,013,281	364,383	6,377,664
(b) Net admitted DTAs - Percentage	7.78%	0.00%	7.78%	0.00%	0.00%	0.00%	7.78%	0.00%	7.78%
(c) Did the company avail itself of a tax planning strategy involving reinsurance? [check box]	Yes ___	No ___	X___						

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

**C. Current tax and change in deferred tax:**

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

	Description	2020	2019
(a)	Current federal income tax expense	30,098,459	18,104,507
(b)	Foreign taxes	0	0
(c)	Subtotal	30,098,459	18,104,507
(d)	Tax on capital gains/(losses)	37,284	(20,446)
(e)	Utilization of capital loss carryforwards	0	0
(f)	Other, including prior year underaccrual (overaccrual)	78,893	(219,555)
(g)	Federal and foreign income taxes incurred	30,214,635	17,864,506

(0)

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

(2)	DTAs Resulting From Book/Tax Differences In	December 31, 2020	December 31, 2019	Change
(a)	<b>Ordinary</b>			
(1)	Discounting of unpaid losses and LAE	1,145,356	1,014,689	130,666
(2)	Unearned premiums	2,906,296	1,726,392	1,179,903
(3)	Policyholder reserves	0	0	0
(4)	Investments	0	0	0
(5)	Deferred acquisition costs	0	0	0
(6)	Policyholder dividends accrued	0	0	0
(7)	Fixed assets	0	0	0
(8)	Accrued Expenses	1,067,767	612,400	455,368
(9)	Pension accruals	0	0	0
(10)	Nonadmitted assets	8,959,838	4,783,932	4,175,906
(11)	Net operating loss carryforward	0	0	0
(12)	Tax credit carryforward	0	0	0
(13.1)	Goodwill & Intangible Amortization	0	0	0
(13.2)	Premium deficiency reserve	175,900	175,900	0
(13.3)	Other (separately disclose items >5%)	75,202	3,766	71,437
(99)	Gross ordinary DTAs	14,330,359	8,317,078	6,013,280
(b)	Statutory valuation adjustment adjustment - ordinary	0	0	0
(c)	Nonadmitted ordinary DTAs (-)	0	0	0
(d)	Admitted ordinary DTAs	14,330,359	8,317,078	6,013,281
(e)	<b>Capital</b>			
(1)	Investments	471,259	106,876	364,383
(2)	Net capital loss carryforward	0	0	0
(3)	Real estate	0	0	0
(4)	Other (separately disclose items >5%)	0	0	0
(5)	Unrealized capital losses	0	0	0
(99)	Gross capital DTAs	471,259	106,876	364,383
(f)	Statutory valuation adjustment adjustment - capital (-)	0	0	0
(g)	Nonadmitted capital DTAs (-)	(0)	0	(0)
(h)	Admitted capital DTAs	471,259	106,876	364,383
(i)	<b>Admitted DTAs</b>	<b>14,801,618</b>	<b>8,423,954</b>	<b>6,377,664</b>
(3)	<b>DTLs Resulting From Book/Tax Differences In</b>	<b>December 31, 2020</b>	<b>December 31, 2019</b>	<b>Change</b>
(a)	<b>Ordinary</b>			
(1)	Investments	(172,318)	(138,674)	(33,644)
(2)	Fixed assets	0	0	0
(3)	Deferred and uncollected premiums	0	0	0
(4)	Policyholder reserves/salvage and subrogation	(189,093)	(283,639)	94,546
(5)	Other (separately disclose items >5%)	(200,151)	0	(200,151)
(99)	Ordinary DTLs	(561,562)	(422,313)	(139,249)
(b)	<b>Capital</b>			
(1)	Investments	0	0	0
(2)	Real estate	0	0	0
(3)	Other (separately disclose items >5%)	0	0	0
(4)	Unrealized capital gains	(641,461)	(317,588)	(323,873)
(99)	Capital DTLs	(641,461)	(317,588)	(323,873)
(c)	<b>DTLs</b>	<b>(1,203,023)</b>	<b>(739,902)</b>	<b>(463,122)</b>
(4)	<b>Net deferred tax assets/liabilities</b>	<b>13,598,595</b>	<b>7,684,053</b>	<b>5,914,542</b>

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

	December 31, 2020	December 31, 2019	Change
Total deferred tax assets	14,801,618	8,423,954	6,377,664
Total deferred tax liabilities	(1,203,023)	(739,902)	(463,122)
Net deferred tax assets/liabilities	13,598,594	7,684,053	5,914,542
Statutory valuation allowance adjustment (*see explanation below)	0	0	0
Net deferred tax assets/liabilities after SVA	13,598,594	7,684,053	5,914,542
Tax effect of unrealized gains/(losses)	641,461	317,588	323,873
Change in net deferred income tax [(charge)/benefit]	14,240,056	8,001,641	6,238,415

**\*Statutory valuation allowance**

The valuation allowance adjustment to gross deferred tax assets as of December 31, 2020 and 2019 was \$0 and \$0, respectively. The net change in the total valuation allowance adjustments for the year ended December 31, 2020 was \$0.

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

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

Description	2020			2019		
	Amount	Tax Effect	Effective Tax Rate	Amount	Tax Effect	Effective Tax Rate
Income Before Taxes	14,473,328	3,039,399	21.00%	86,260,554	18,114,716	21.00%
Tax-Exempt Interest	(3,316,233)	(696,409)	-4.81%	(3,506,855)	(736,440)	-0.85%
Dividends Received Deduction	0	0	0.00%	0	0	0.00%
Proration	829,058	174,102	1.20%	876,714	184,110	0.21%
Health Insurer Fee	118,300,772	24,843,162	171.65%	0	0	0.00%
COLI Life Insurance	0	0	0.00%	0	0	0.00%
Meals & Entertainment, Nondeductible Expenses, Etc.	1,615,193	339,191	2.34%	1,050,354	220,574	0.26%
Statutory Valuation Allowance Adjustment	0	0	0.00%	0	0	0.00%
Deferred Taxes on Nonadmitted Assets	(19,854,724)	(4,169,492)	-28.81%	(7,115,735)	(1,494,304)	-1.73%
Change in Enacted Tax Rates	0	0	0.00%	0	0	0.00%
Stock Compensation Excess Tax Benefit			0.00%	(79,569)	(16,709)	-0.02%
162(m)(6) Limitation			0.00%	1,488,851	312,659	0.36%
Other Investment Prior Year True Up		286,826	1.98%			
Other, Including Prior Year True-Up		159,442	1.10%		(84,553)	-0.10%
Total		23,976,221	165.66%		16,500,053	19.13%
Federal Income Taxes Incurred [Expense/(Benefit)]		30,177,352	208.50%		17,884,952	20.73%
Tax on Capital Gains/(Losses)		37,284	0.26%		(20,446)	-0.02%
Change in Net Deferred Income Tax [Charge/(Benefit)]		(6,238,415)	-43.10%		(1,364,453)	-1.58%
Total Statutory Income Taxes		23,976,221	165.66%		16,500,053	19.13%
		0				

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

At December 31, 2020, the Company had net operating loss carryforwards expiring through the year 20XX of: \$0

At December 31, 2020, the Company had capital loss carryforwards expiring through the year 20XX of: \$0

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

Year	Ordinary	Capital	Total
12/31/2019	N/A	0	0
1/31/2020	7,014,873	1,400	7,016,273
12/31/2020	23,083,586	37,284	23,120,870
Total	30,098,459	38,684	30,137,143

Deposits admitted under IRC § 6603

None

**F. Beginning on 2/1/2020, the Company's federal income tax return is consolidated with Centene and its subsidiaries, including but not limited to the following entities:**

Absolute Total Care, Inc.	FH Assurance Company	QCA Health Plan, Inc.
AcariaHealth Pharmacy #11, Inc.	Golden Triangle Physician Alliance	QualChoice Life and Health Insurance Company, Inc.
AcariaHealth Pharmacy #12, Inc.	Granite State Health Plan, Inc.	QualMed Plans for Health of Pennsylvania, Inc.
AcariaHealth Pharmacy #13, Inc.	Hallmark Life Insurance Company	QualMed Plans for Health of Western Pennsylvania, Inc.
AcariaHealth Pharmacy #14, Inc.	Hamony Behavioral Health IPA, Inc.	QualMed, Inc.
AcariaHealth Pharmacy, Inc.	Hamony Behavioral Health, Inc.	Quincy Coverage Corporation
AcariaHealth Solutions, Inc.	Hamony Health Management, Inc.	RX Direct, Inc.
AcariaHealth, Inc.	Hamony Health Plan, Inc.	Salus Administrative Services, Inc.
Access Medical Acquisition, Inc.	Hamony Health Systems, Inc.	SelectCare Health Plans, Inc.
Access Medical Group of Florida City, Inc.	Health Net Access, Inc.	SelectCare of Texas, Inc.
Access Medical Group of Hialeah, Inc.	Health Net Community Solutions of Arizona, Inc.	SilverSummit Healthplan, Inc.
Access Medical Group of Miami, Inc.	Health Net Community Solutions, Inc.	Sunflower State Health Plan, Inc.
Access Medical Group of North Miami Beach, Inc.	Health Net Health Plan of Oregon, Inc.	Sunshine Health Community Solutions, Inc.
Access Medical Group of Opa-Locka, Inc.	Health Net Life Insurance Company	Sunshine State Health Plan, Inc.
Access Medical Group of Perrine, Inc.	Health Net Life Reinsurance Company	Superior Health Community Solutions, Inc.
Access Medical Group of Tampa II, Inc.	Health Net of Arizona Administrative Services, Inc.	Superior HealthPlan, Inc.
Access Medical Group of Tampa III, Inc.	Health Net of Arizona, Inc.	Tennessee Total Care, Inc.
Access Medical Group of Tampa, Inc.	Health Net of California Real Estate Holdings, Inc.	The WellCare Management Group, Inc.
Access Medical Group of Westchester, Inc.	Health Net of California, Inc.	Trillium Community Health Plan, Inc.
Accountable Care Coalition of DeKalb, LLC	Health Net Pharmaceutical Services	U.S. Medical Management Holdings, Inc.
Accountable Care Coalition of Southeast Texas	Health Net Services, Inc.	UAM Agent Services Corp.
Accountable Care Coalition of Texas, Inc.	Health Plan Real Estate Holding, Inc.	UAM/APS Holding Corp.
Agate Resources, Inc.	HealthSmart Benefit Solutions, Inc.	Universal American Corporation
Ambetter of North Carolina, Inc.	HealthSmart Care Management Solutions, LP	Universal American Financial Services, Inc.
American Progressive Life and Health	HealthSmart Information Systems, Inc.	University Health Plans, Inc.
APS Healthcare Holdings, Inc.	HealthSmart Preferred Care II, LP	Virginia Total Care, Inc.
APS Healthcare, Inc.	HealthSmart Preferred Network II, Inc.	VPA of Texas, PLLC
APS Parent, Inc.	HealthSmart Primary Care Clinics, LP	VPA, P.C.
Arkansas Health & Wellness Health Plan, Inc.	HealthSmart Rx Solutions, Inc.	WCG Health Management, Inc.
AWC of Syracuse, Inc.	Healthy Missouri Holdings, Inc.	WellCare Health Insurance Company New
Bankers Reserve Life Insurance Company of Wisconsin	Healthy Oklahoma Holdings, Inc.	WellCare Health Insurance Company of
Blue Sky Health Plan, Inc.	Healthy Washington Holdings, Inc.	WellCare Health Insurance Company of
Bridgeway Health Solutions of Arizona, Inc.	Heritage Health Systems of Texas, Inc.	WellCare Health Insurance Company of
Buckeye Community Health Plan, Inc.	Heritage Health Systems, Inc.	WellCare Health Insurance Company of America
Buckeye Health Plan Community Solutions, Inc.	Heritage Physicians Networks	WellCare Health Insurance Company of Kentucky
Calibrate Acquisition Co.	HHS Texas Management, Inc.	WellCare Health Insurance Company of Nevada
California Health and Wellness Plan	Home State Health Plan, Inc.	WellCare Health Insurance of Arizona, Inc.
Care 1st Health Plan Arizona, Inc.	HomeScripts.com, LLC	WellCare Health Insurance of Connecticut
Care1st Health Plan Administrative Services	IHG Holdings, Inc.	WellCare Health Insurance of New York, Inc.
Carolina Complete Health Holding Company Partnership	IlliniCare Health Plan, Inc.	WellCare Health Insurance of North Carolina
Carolina Complete Health, Inc.	Integrated Mental Health Services, 501(A)	WellCare Health Insurance of Tennessee
CBHSP Arizona, Inc.	Integrated Pharmacy Systems, Inc.	WellCare Health Insurance of the Southwest
Celtic Group, Inc.	Interpreta Holdings, Inc.	WellCare Health Plans of Arizona, Inc.
Celticare Health Plan of Massachusetts, Inc.	Interpreta, Inc.	WellCare Health Plans of California, Inc.
Cenpatco of Arizona, Inc.	Iowa Total Care, Inc.	WellCare Health Plans of Kentucky, Inc.
Cenpatco of California, Inc.	Isla Holding Co., Inc.	WellCare Health Plans of Massachusetts, Inc.
Centene Company of Texas, LP	Kentucky Spirit Health Plan, Inc.	WellCare Health Plans of Missouri, Inc.
Centene Corporation	LBB Industries, Inc.	WellCare Health Plans of New Jersey, Inc.
Centene Escrow II Corporation	LiveHealthier, Inc.	WellCare Health Plans of Tennessee, Inc.
Centene Health Plan Holdings, Inc.	Louisiana Healthcare Connections, Inc.	WellCare Health Plans of Vermont, Inc.
Centene Venture Company Alabama Health Plan, Inc.	LSM Holdco, Inc.	WellCare Health Plans of Wisconsin, Inc.
Centene Venture Company Florida	Magnolia Health Plan, Inc.	WellCare National Health Insurance Company
Centene Venture Company Illinois	Managed Health Network	WellCare of Alabama, Inc.
Centene Venture Company Indiana, Inc.	Managed Health Services Illinois, Inc.	WellCare of Arkansas, Inc.
Centene Venture Company Kansas	Managed Health Services Insurance Corporation	WellCare of California, Inc.
Centene Venture Company Michigan	Maryland Collaborative Care Transformation	WellCare of Connecticut, Inc.
Centene Venture Company Tennessee	Mauli Ola Health and Wellness, Inc.	WellCare of Florida, Inc.
Community Medical Holdings Corp.	Meridian Health Plan of Illinois, Inc.	WellCare of Georgia, Inc.
Comprehensive Health Management, Inc.	Meridian Health Plan of Michigan, Inc.	WellCare of Indiana, Inc.
Comprehensive Reinsurance, Ltd.	MHM Maryland, Inc.	WellCare of Kansas, Inc.
Coordinated Care Corporation	MHM Ohio, Inc.	WellCare of Maine, Inc.
Coordinated Care of Washington, Inc.	MHM Services, Inc.	Wellcare of Michigan Holding Company
Delaware First Health Plan, Inc.	MHN Global Services, Inc.	WellCare of Mississippi, Inc.
District Community Care, Inc.	MHN Government Services - Guam, Inc.	WellCare of Missouri Health Insurance Company
Engolve - New York, Inc.	MHN Government Services - International, Inc.	WellCare of Nebraska, Inc.
Engolve Benefit Options, Inc.	MHN Government Services - Puerto Rico, Inc.	WellCare of New Hampshire, Inc.
Engolve Captive Insurance Company, Inc.	MHS Consulting International, Inc.	WellCare of New York, Inc.
Engolve Dental IPA of New York, Inc.	MHS Travel & Charter, Inc.	WellCare of North Carolina, Inc.
Engolve Dental of Florida, Inc.	Michigan Complete Health, Inc.	WellCare of Ohio, Inc.
Engolve Dental of Texas, Inc.	Missouri Care, Incorporated	WellCare of Oklahoma, Inc.
Engolve Dental, Inc.	National Pharmacy Services, Inc.	WellCare of Pennsylvania, Inc.
Engolve Holdings, Inc.	Nebraska Total Care, Inc.	WellCare of South Carolina, Inc.
Engolve Optical, Inc.	New York Quality Healthcare Corporation	WellCare of Texas, Inc.
Engolve PeopleCare, Inc.	New York Rx, Inc.	WellCare of Virginia
Engolve Pharmacy Solutions, Inc.	Next Door Neighbors, Inc.	WellCare of Washington, Inc.
Engolve Total Vision, Inc.	NovaSys Health, Inc.	WellCare Pharmacy Benefits Management, Inc.
Engolve Vision Benefits, Inc.	Ohana Health Plan, Inc.	WellCare Prescription Insurance, Inc.
Engolve Vision IPA of New York, Inc.	Oklahoma Complete Health, Inc.	Wellington Merger Sub II, Inc.
Engolve Vision of Florida, Inc.	One Care by Care1st Health Plan of Arizona	Western Sky Community Care, Inc.
Engolve Vision of Texas, Inc.	Patriots Holding Co.	Windsor Health Group, Inc.
Engolve Vision, Inc.	Peach State Health Plan, Inc.	Windsor Management Services, Inc.
Engolve, Inc.	Pennsylvania Health & Wellness, Inc.	Worlco Management Services, Inc.
Exactus Pharmacy Solutions, Inc.	Pennsylvania Health Care Plan, Inc.	

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

**G. Federal or Foreign Income Tax Loss Contingencies**

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

**H. Repatriation Transition Tax (RTT)**

Not applicable

**I. Alternative Minimum Tax (AMT) Credit**

Not applicable

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

**J. Global Intangible Low-Taxed Income (GILTI)**

Not applicable

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

A, B, C, F, G. The Company is a wholly owned subsidiary of Celtic Group, Inc., which is a wholly owned subsidiary of Centene Corporation.

During 2020 and 2019, Centene Management Company, LLC, a wholly owned subsidiary of Centene Corporation, provided data, claims processing, case management, care coordination, and general management services to the Company. Medical and administrative expenses included \$470,920,383 and \$410,984,122 for such services during the periods ended December 31, 2020 and December 31, 2019, respectively.

California Health and Wellness Plan, a wholly owned subsidiary of Centene Corporation, obtains network access services from the Company. Revenues included \$601,176 and \$592,188 for such services for the periods ended December 31, 2020 and December 31, 2019, respectively.

Celtic Group Inc., an ultimately wholly owned subsidiary of Centene Corporation, provides management services to the Company. The Company did not have any related transactions for the periods ended December 31, 2020 and December 31, 2019.

Involve Dental, Inc., an ultimately wholly owned subsidiary of Centene Corporation, provides dental benefits management services to the Company. Medical expenses included \$3,329,193 and \$452,831 for such services for the periods ended December 31, 2020 and December 31, 2019, respectively.

Involve PeopleCare, Inc., an ultimately wholly owned subsidiary of Centene Corporation, provides nurse-line triage and health management services to the Company. Medical expenses included \$2,910,666 and \$5,826,972 for such services for the periods ended December 31, 2020 and December 31, 2019, respectively.

Involve Pharmacy Solutions, Inc., an ultimately wholly owned subsidiary of Centene Corporation, provides pharmacy benefits management services to the Company. Medical and administrative expenses included \$636,763,847 and \$579,595,104 for such services for the periods ended December 31, 2020 and December 31, 2019, respectively.

Involve Vision, Inc., an ultimately wholly owned subsidiary of Centene Corporation, provides managed vision services to the Company. Medical expenses included \$13,894,714 and \$16,205,416 for such services for the periods ended December 31, 2020 and December 31, 2019, respectively.

Health Net Life Reinsurance Company, an ultimately wholly owned subsidiary of Centene Corporation, provides reinsurance services to the Company. Reinsurance premiums included \$3,634,453, and \$3,087,755,199 for such services for the periods ended December 31, 2020 and December 31, 2019.

Novasys Health, Inc., an ultimately wholly owned subsidiary of Centene Corporation, provides third party administrative services and network access to the Company. Administrative expenses included \$474,268 and \$459,725 for such services for the periods ended December 31, 2020 and December 31, 2019, respectively.

- C. Included in the Company's balance sheet at December 31, 2020 were receivables and/or payables due from/due to parent, subsidiaries and affiliates of:

<b>Affiliated Entity</b>	<b>As of 12/31/2020</b>		
Centene Management Company LLC	\$	67,019,965	
Envolve Dental	\$	13,199,143	
California Health and Wellness	\$	718,622	
QualChoice Life & Health	\$	389,766	
AcariaHealth Pharmacy Inc	\$	74,941	
QCA Health	\$	389,995	
Nurtur Health Inc	\$	657,539	
<b>Total Receivables from Affiliates</b>	<b>\$</b>	<b>82,449,970</b>	
Buckeye Community Health Plan	\$	(8)	
Centene Corporation	\$	(3,917,618)	
Centene Center I LLC	\$	(1,456,511)	
Centene Company of Texas LP	\$	(39,543)	
Coordinated Care Corporation	\$	(4,728)	
Superior HealthPlan Inc	\$	(15)	
Sunshine State Health Plan	\$	(826)	
Home State Health Plan	\$	(27,626)	
Health Net of California Inc	\$	(392,152)	
Health Net Inc	\$	(9,961)	
Health Net Life Reinsurance Co	\$	(38,617,080)	
NovaSys Health Inc	\$	(726,708)	
Centurion of AZ	\$	(416)	
Homescript	\$	(58,646)	
Meridian Mgmt Co	\$	(36,025)	
<b>Total Amounts due to Affiliates</b>	<b>\$</b>	<b>(45,287,864)</b>	
Envolve Vision, Inc.	\$	(21,204)	*
Interpreta, Inc	\$	(843,872)	*
NurseWise LP	\$	(4,533)	*
VPA P.C.	\$	(2,713,128)	*
Envolve Pharmacy (Healthcare Rec)	\$	152,486,684	**
<b>Total Other due to/from Affiliates</b>	<b>\$</b>	<b>148,903,947</b>	

\* Amounts included in Line 1. Claims unpaid

\*\* Amount included in Line 24. Health care and other amounts receivable

All balances are settled subsequent to the reporting date per the terms of the related contracts.

E. None

H. None

I. The Company owns a 100% interest in Ambetter of Magnolia Inc. and Ambetter of Peach State Inc. which are both insurance subsidiaries valued at audited statutory capital and surplus, neither of which exceed 10% of the admitted assets of the Company.

J. None

K. None

L. None

M. The Company only holds 8bi SCA investments; as such, not applicable.

N. The audited statutory capital and surplus of the Company's insurance subsidiaries do not reflect a departure from the NAIC AP&P.

O. None

#### 11. Debt – None

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

A. None

B. None

C. None

D. None

E. None

F. None

G. The Company participates in a defined contribution benefit plan sponsored by Centene Corporation, an affiliate. The Company has no legal obligation for benefits under this plan. Centene Corporation allocates amounts to the Company

based on a percentage. The Company's share of net expense for the retirement plan was \$461,800 and \$458,242 for the periods ended December 31, 2020 and December 31, 2019, respectively.

H. None

I. None

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

- A. The Company had 250,000 \$10 par value common shares authorized, issued and outstanding at December 30, 2020.
- B. The Company had no preferred stock outstanding.
- C. Dividends are paid as determined by the Board of Directors with the approval of the Illinois Department of Insurance, so long as the Company meets or exceeds minimum surplus requirements.
- D. The Company paid an ordinary cash dividend of \$50,000,000 to Centene Corporation on June 30, 2020.
- E. Within the limitations of Note 3 above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- F. There were no restrictions placed on the Company's statutory surplus.
- G. Not applicable
- H. None
- I. The decrease in the special surplus funds from prior year is due to the repeal of the annual health insurance fee under section 9010 of the Affordable Care Act.
- J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses was \$659,538,989.
- K. The Company did not issue any surplus debentures or similar obligations.
- L. There have been no quasi-reorganizations.
- M. There have been no quasi-reorganizations.

### **14. Liabilities, Contingencies, and Assessments**

#### **A. Contingent Commitments –**

The Company has no additional commitments to provide additional contributions or investments to the joint ventures listed on Schedule BA – Part 1. The company has no additional commitments to provide additional contributions or investments to maintain surplus for the investment in subsidiaries listed on Schedule D – Part 2 Section 2.

#### **B. Assessments –**

- 1. None
- 2. None
- 3. None

#### **C. Gain Contingencies – None**

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

#### **E. Joint and Several Liabilities – None**

#### **F. All Other Contingencies**

Various lawsuits against the Company have arisen in the normal course of business. Contingent liabilities arising from litigation, income taxes, and other matters are not considered material in relation to the statutory financial position of the Company.

The Company recognized impairment charges of \$12,312,906 and \$4,349,750 related to member premium receivables outstanding at December 31, 2020 and December 31, 2019, respectively. The \$2,499,845 and \$1,031,310 of member premium receivables recognized at December 31, 2020 and December 31, 2019, respectively, have a reasonable possibility that they will be deemed uncollectible.

15. Leases – None

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

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

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

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

20. Fair Value Measurements

A. Assets Measured at Fair Value on a Recurring Basis

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

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

The following table summarizes fair value measurements by level at December 31, 2020 for admitted assets and liabilities measured at fair value on a recurring basis:

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
<b>a. Assets at fair value</b>					
Cash, cash equivalents, and short-term investments	\$ 571,036,908	\$ -	\$ -	\$ -	\$ 571,036,908
Perpetual preferred stock					
Industrial and miscellaneous	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, subsidiaries, and affiliates	-	-	-	-	-
Total perpetual preferred stocks	\$ -	\$ -	\$ -	\$ -	\$ -
Bonds					
U.S. governments	\$ -	\$ -	\$ -	\$ -	\$ -
Industrial and miscellaneous	\$ -	\$ 2,834,874	\$ -	\$ -	\$ 2,834,874
Special revenue	-	-	-	-	-
Parent, subsidiaries, and affiliates	-	-	-	-	-
Total bonds	\$ -	\$ 2,834,874	\$ -	\$ -	\$ 2,834,874
Common stocks					
Industrial and miscellaneous	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, subsidiaries, and affiliates	-	-	-	-	-
Total common stocks	\$ -	\$ -	\$ -	\$ -	\$ -
Derivative assets					
Interest rate contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Foreign exchange contracts	-	-	-	-	-
Credit contracts	-	-	-	-	-
Commodity futures contracts	-	-	-	-	-
Commodity forward contracts	-	-	-	-	-
Total derivative assets	\$ -	\$ -	\$ -	\$ -	\$ -
Separate account assets	\$ -	\$ -	\$ -	\$ -	\$ -
Total assets at fair value	\$ 571,036,908	\$ 2,834,874	\$ -	\$ -	\$ 573,871,782
<b>b. Liabilities at fair value</b>					
Derivative liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

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

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
<b>a. Assets at fair value</b>					
Cash, cash equivalents, and short-term investments	\$ 1,059,728,370	\$ -	\$ -	\$ -	\$ 1,059,728,370
Perpetual preferred stock					
Industrial and miscellaneous	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, subsidiaries, and affiliates	-	-	-	-	-
Total perpetual preferred stocks	\$ -	\$ -	\$ -	\$ -	\$ -
Bonds					
U.S. governments	\$ -	\$ -	\$ -	\$ -	\$ -
Industrial and miscellaneous	-	-	-	-	-
Special revenue	-	-	-	-	-
Parent, subsidiaries, and affiliates	-	-	-	-	-
Total bonds	\$ -	\$ -	\$ -	\$ -	\$ -
Common stocks					
Industrial and miscellaneous	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, subsidiaries, and affiliates	-	-	-	-	-
Total common stocks	\$ -	\$ -	\$ -	\$ -	\$ -
Derivative assets					
Interest rate contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Foreign exchange contracts	-	-	-	-	-
Credit contracts	-	-	-	-	-
Commodity futures contracts	-	-	-	-	-
Commodity forward contracts	-	-	-	-	-
Total derivative assets	\$ -	\$ -	\$ -	\$ -	\$ -
Separate account assets	\$ -	\$ -	\$ -	\$ -	\$ -
Total assets at fair value	\$ 1,059,728,370	\$ -	\$ -	\$ -	\$ 1,059,728,370
<b>b. Liabilities at fair value</b>					
Derivative liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

B. Fair Value Disclosures Under Other Pronouncements – None

C. Aggregate Fair Value for All Financial Instruments

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Cash, cash equivalents and short-term investments	\$ 571,036,908	\$ 571,036,908	\$ 571,036,908	\$ -	\$ -	\$ -	\$ -
Bonds	927,160,045	878,593,271	6,772,950	920,387,095	-	-	-

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Cash, cash equivalents and short-term investments	\$ 1,059,728,370	\$ 1,059,728,370	\$ 1,059,728,370	\$ -	\$ -	\$ -	\$ -
Bonds	835,498,978	811,044,220	10,099,154	825,399,824	-	-	-

D. Not Practicable to Estimate Fair Value – None

E. Investments Measured Using the NAV Practical Expedient – None

**21. Other Items**

A. Unusual or Infrequent Items – None

B. Troubled Debt Restructuring: Debtors – None

C. Other Disclosures – None

D. Business Interruption Insurance Recoveries – None

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

F. Subprime-Mortgage-Related Risk Exposure – None

G. Retained Assets – None

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

**22. Events Subsequent**

Type I – Recognized Subsequent Events – None

Type II – Nonrecognized Subsequent Events

Subsequent events have been considered through 3/1/2021 for the statutory statement issued on 3/1/2021.

The Company is subject to an annual fee under Section 9010 of the Affordable Care Act (ACA). This annual fee is allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. During the year ended December 31, 2020, the Company recorded \$118,300,773 of nondeductible expense for the ACA annual health insurer fee based on net assessable premium of \$3,081,839,050, which was paid on October 1, 2020. The Continuing Appropriations Act, 2018 suspends the annual fee under Section 9010 of the ACA for 2021.

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	Yes	Yes
B. ACA fee assessment payable for the upcoming year	-	119,489,250.49
C. ACA fee assessment paid	118,300,773.48	-
D. Premium written subject to ACA 9010 assessment	-	3,081,839,050.95
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	384,832,211.00	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	384,832,211.00	
G. Authorized Control Level (Five-Year Historical Line 15)	172,129,027.00	
H. Would reporting the ACA assessment as of <date> have triggered an RBC action level (YES/NO)?	No	

**23. Reinsurance**

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

1) No

2) No

Section 2 – Ceded Reinsurance Report – Part A

1) No

2) No

Section 3 – Ceded Reinsurance Report – Part B

1) \$0

2) No

B. Uncollectible Reinsurance – None

C. Commutation of Ceded Reinsurance – None

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

E. Reinsurance Credit - None

**24. Retrospectively Rated Contracts & Contracts Subject to Redetermination**

A. The Company estimates accrued retrospective premiums for its comprehensive individual health insurance business in accordance with the regulations put forth in Title 45 of the Code of Federal Regulations Part 158 for the ACA MLR Rebate Program.

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

C. The amount of net premiums written by the Company for the periods ended December 31, 2020 and December 31, 2019 which were subject to retrospective rating features was \$3,639,820,728 and \$3,081,839,051, respectively, which represented 100% of the total net premiums written.

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act

	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Other Categories with Rebates	5 Total
<b>Prior Reporting Year</b>					
(1) Medical loss ratio rebates incurred	\$ 98,234,745	\$ -	\$ -	\$ -	\$ 98,234,745
(2) Medical loss ratio rebates paid	32,908,242	-	-	-	32,908,242
(3) Medical loss ratio rebates unpaid	166,708,356	-	-	-	166,708,356
(4) Plus reinsurance assumed amounts	-	-	-	-	-
(5) Less reinsurance ceded amounts	-	-	-	-	83,354,178
(6) Rebates unpaid net of reinsurance	-	-	-	-	83,354,178
<b>Current Reporting Year-to-Date</b>					
(7) Medical loss ratio rebates incurred	\$ 63,251,690	\$ -	\$ -	\$ -	\$ 63,251,690
(8) Medical loss ratio rebates paid	172,822,980	-	-	-	172,822,980
(9) Medical loss ratio rebates unpaid	57,137,066	-	-	-	57,137,066
(10) Plus reinsurance assumed amounts	-	-	-	-	-
(11) Less reinsurance ceded amounts	-	-	-	-	27,771,770
(12) Rebates unpaid net of reinsurance	-	-	-	-	29,365,296

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

<b>1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)?</b>	Yes
<b>2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year</b>	
<b>a) Permanent ACA Risk Adjustment Program</b>	
Assets	
1) Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	44,161,313.02
Liabilities	
2) Risk adjustment user fees payable for ACA Risk Adjustment	899,906.50
3) Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	434,190,325.54
Operations (Revenue & Expense)	
4) Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk adjustment	(339,327,910.61)
5) Reported in expenses as ACA risk adjustment user fees (incurred/paid)	1,392,999.51
<b>b) Transitional ACA Reinsurance Program</b>	
Assets	
1) Amounts recoverable for claims paid due to ACA Reinsurance	-
2) Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	-
3) Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	-
Liabilities	
4) Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premiums	-
5) Ceded reinsurance premiums payable due to ACA Reinsurance	-
6) Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	-
Operations (Revenue & Expense)	
7) Ceded reinsurance premiums due to ACA Reinsurance	-
8) Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	-
9) ACA Reinsurance contributions - not reported as ceded premium	-
<b>c) Temporary ACA Risk Corridors Program</b>	
Assets	
1) Accrued retrospective premium due to ACA Risk Corridors	3,658,882.62
Liabilities	
2) Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	-
Operations (Revenue & Expense)	
3) Effect of ACA Risk Corridors on net premium income	-
4) Effect of ACA Risk Corridors on change in reserves for rate credits	-

3) Roll-Forward of Prior year ACA Risk-Sharing Provisions

	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
	1 Receivable	2 (Payable)	3 Receivable	4 (Payable)	5 Receivable	6 (Payable)	7 Receivable	8 (Payable)	Ref	9 Receivable	10 (Payable)
<b>a. Permanent ACA Risk Adjustment Program</b>											
1. Premium adjustments receivable	25,662,421	-	29,735,190	-	(4,072,769)	-	4,517,749	-	A	444,981	-
2. Premium adjustments (payable)	-	(516,032,767)	-	(472,268,772)	-	(43,763,996)	-	10,891,883	B	-	(32,872,113)
3. Subtotal ACA Permanent Risk Adjustment Program	25,662,421	(516,032,767)	29,735,190	(472,268,772)	(4,072,769)	(43,763,996)	4,517,749	10,891,883		444,981	(32,872,113)
<b>b. Transitional ACA Reinsurance Program</b>											
<b>a) Permanent ACA Risk Adjustment Program</b>											
2. Amounts recoverable for claims unpaid (contra liability)	-	-	-	-	-	-	-	-	D	-	-
3. Amounts receivable relating to uninsured plans	-	-	-	-	-	-	-	-	E	-	-
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	-	-	-	-	-	-	-	-	F	-	-
5. Ceded reinsurance premiums payable	-	-	-	-	-	-	-	-	G	-	-
6. Liability for amounts held under uninsured plans	-	-	-	-	-	-	-	-	H	-	-
7. Subtotal ACA Transitional Reinsurance Program	-	-	-	-	-	-	-	-		-	-
<b>c. Temporary ACA Risk Corridors Program</b>											
1. Accrued retrospective premium	-	-	-	-	-	-	3,658,883	-	I	3,658,883	-
2. Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	J	-	-
3. Subtotal ACA Risk Corridors Program	-	-	-	-	-	-	3,658,883	-		3,658,883	-
<b>d. Total for ACA Risk Sharing Provisions</b>	<b>25,662,421</b>	<b>(516,032,767)</b>	<b>29,735,190</b>	<b>(472,268,772)</b>	<b>(4,072,769)</b>	<b>(43,763,996)</b>	<b>8,176,632</b>	<b>10,891,883</b>		<b>4,103,863</b>	<b>(32,872,113)</b>

4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
	1 Receivable	2 (Payable)	3 Receivable	4 (Payable)	5 Receivable	6 (Payable)	7 Receivable	8 (Payable)	Ref	9 Receivable	10 (Payable)
<b>a. 2014</b>											
1. Accrued retrospective premium	-	-	-	-	-	-	-	-	A	-	-
2. Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	B	-	-
<b>b. 2015</b>											
1. Accrued retrospective premium	-	-	-	-	-	-	1,812,823	-	C	1,812,823	-
2. Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	D	-	-
<b>c. 2016</b>											
1. Accrued retrospective premium	-	-	-	-	-	-	1,846,059	-	E	1,846,059	-
2. Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	F	-	-
<b>d. Total for Risk Corridors</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3,658,883</b>	<b>-</b>		<b>3,658,883</b>	<b>-</b>

5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	Estimated Amount to be filed/final amount filed with federal agency	Non-Accrued Amounts from Impairment of Other Reasons	Amounts received from CMS	Asset balance gross of non-admission (1-2-3)	Non-admitted amounts	Net admitted assets (4-5)
a. 2014	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. 2015	\$ 1,812,823.00	\$ -	\$ 1,812,823.00	\$ -	\$ -	\$ -
c. 2016	\$ 1,846,059.00	\$ -	\$ 1,846,059.00	\$ -	\$ -	\$ -
d. Total (a+b+c)	\$ 3,658,882.00	\$ -	\$ 3,658,882.00	\$ -	\$ -	\$ -

25. Change in Incurred Claims and Claims Adjustment Expenses

- A. Reserves at December 31, 2019 were approximately \$310 million. As of December 31, 2020, approximately \$254 million had been paid for claims incurred and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now approximately \$6 million as a result of re-estimation of unpaid claims and claim adjustment expenses on the Company's accident and health line of insurance resulting in approximately \$53 million favorable prior year development during the period ended December 31, 2020. This change is generally the result of ongoing analysis of recent loss development trends. Original estimates are adjusted as additional information becomes known.
- B. There have been no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses as of December 31, 2020.

26. Intercompany Pooling Arrangements – None

27. Structured Settlements – Not applicable

**28. Health Care Receivables**

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Statutory Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2020	\$ 44,222,108	\$ 44,222,108	\$ -	\$ -	\$ -
9/30/2020	\$ 69,498,361	\$ 69,498,361	\$ -	\$ -	\$ -
6/30/2020	\$ 67,955,572	\$ 67,955,572	\$ -	\$ -	\$ 63,998,751
3/31/2020	\$ 46,493,114	\$ 46,493,114	\$ -	\$ -	\$ 50,443,521
12/31/2019	\$ 35,025,143	\$ 35,025,143	\$ -	\$ -	\$ 35,065,581
9/30/2019	\$ 31,312,543	\$ 31,312,543	\$ -	\$ -	\$ 31,394,285
6/30/2019	\$ 26,752,640	\$ 26,752,640	\$ -	\$ -	\$ 26,752,638
3/31/2019	\$ 24,746,320	\$ 24,746,320	\$ -	\$ -	\$ 24,746,318
12/31/2018	\$ 24,001,456	\$ 24,001,456	\$ -	\$ -	\$ 24,001,456
9/30/2018	\$ 19,988,681	\$ 19,988,681	\$ -	\$ -	\$ 19,988,681
6/30/2018	\$ 17,517,212	\$ 17,517,212	\$ -	\$ -	\$ 17,517,212
3/31/2018	\$ 15,832,881	\$ 15,832,881	\$ -	\$ -	\$ 15,832,881
12/31/2017	\$ 13,088,661	\$ 13,088,661	\$ -	\$ -	\$ 13,088,661
9/30/2017	\$ 12,270,489	\$ 12,270,489	\$ -	\$ -	\$ 12,270,489
6/30/2017	\$ 11,095,994	\$ 11,095,994	\$ -	\$ -	\$ 11,095,994
3/31/2017	\$ 10,291,958	\$ 10,291,958	\$ -	\$ -	\$ 10,291,958
12/31/2016	\$ 3,220,228	\$ 3,220,228	\$ -	\$ -	\$ 3,220,228

B. Risk-Sharing Receivables – None

**29. Participating Policies – None**

**30. Premium Deficiency Reserves**

- |   |                   |
|---|-------------------|
| 1) Liability carried for premium deficiency reserves              | \$837,617         |
| 2) Date of the most recent evaluation of this liability           | December 31, 2020 |
| 3) Was anticipated investment income utilized in the calculation? | Yes [X] 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 \$1,576,000 as of December 31, 2020.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [  ] No [  ]  
 If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [  ] No [  ] N/A [  ]
- 1.3 State Regulating? Illinois.....
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [  ] No [  ]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0001071739.....
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [  ] No [  ]
- 2.2 If yes, date of change: .....
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .....12/31/2017
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .....12/31/2017
- 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). .....07/26/2019
- 3.4 By what department or departments? Illinois Department of Insurance.....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [  ] No [  ] N/A [  ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [  ] No [  ] N/A [  ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [  ] No [  ]
- 4.12 renewals? Yes [  ] No [  ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [  ] No [  ]
- 4.22 renewals? Yes [  ] No [  ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [  ] No [  ]  
 If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

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

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CELTIC INSURANCE COMPANY**

**GENERAL INTERROGATORIES**

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

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

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
KPMG, 10 South Broadway, St. Louis, MO 63102.....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [ X ]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [ X ]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [ X ] No [ ] N/A [ ]
- 10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Ken Clark, F.S.A, M.A.A.A, Consulting Actuary, Milliman, 71 South Wacker Drive, 31st Floor, Chicago, IL 60606.....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [ X ]
- 12.11 Name of real estate holding company .....
- 12.12 Number of parcels involved .....0
- 12.13 Total book/adjusted carrying value \$.....
- 12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ X ]
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ X ]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ X ]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  
a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
c. Compliance with applicable governmental laws, rules and regulations;  
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [ X ]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ X ]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [ X ] No [ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....0
  - 20.12 To stockholders not officers \$.....0
  - 20.13 Trustees, supreme or grand (Fraternal only) \$.....0
- 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 \$.....0
  - 20.22 To stockholders not officers \$.....0
  - 20.23 Trustees, supreme or grand (Fraternal only) \$.....0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....0
  - 21.22 Borrowed from others \$.....0
  - 21.23 Leased from others \$.....0
  - 21.24 Other \$.....0
- 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 [ X ] No [ ]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....945,415,310
  - 22.22 Amount paid as expenses \$.....6,038,475
  - 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ X ] No [ ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....0

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [ X ] No [ ]
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)  
N/A.....
- 24.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$.....0
- 24.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$.....0
- 24.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] NA [ X ]
- 24.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] NA [ X ]
- 24.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] NA [ X ]

GENERAL INTERROGATORIES

24.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:

24.091	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$.....	0
24.092	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$.....	0
24.093	Total payable for securities lending reported on the liability page	\$.....	0

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

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

25.21	Subject to repurchase agreements	\$.....
25.22	Subject to reverse repurchase agreements	\$.....
25.23	Subject to dollar repurchase agreements	\$.....
25.24	Subject to reverse dollar repurchase agreements	\$.....
25.25	Placed under option agreements	\$.....
25.26	Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$.....
25.27	FHLB Capital Stock	\$.....
25.28	On deposit with states	\$.....2,578,077
25.29	On deposit with other regulatory bodies	\$.....
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	\$.....
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	\$.....
25.32	Other	\$.....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

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

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

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

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

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

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

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

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

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

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

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

1 Name of Custodian(s)	2 Custodian's Address
Brown Brothers Harriman Trust Company.....	140 Broadway, New York, NY 10005.....
U.S. Bank National Association.....	555 S.W. Oak Street, Portland, OR 67204.....
Wells Fargo Bank, N.A.....	One North Jefferson Ave, St. Louis, MO 63103.....

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CELTIC INSURANCE COMPANY**

**GENERAL INTERROGATORIES**

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

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
N/A.....	.....	.....

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
Brown Brothers Harriman.....	U.....
Wells Capital Management.....	U.....
New England Asset Management, Inc.....	U.....
Wellington Management Company LLP.....	U.....

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

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

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

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

29.2 If yes, complete the following schedule:

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

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

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

GENERAL INTERROGATORIES

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	894,993,104	943,558,941	48,565,837
30.2 Preferred Stocks.....	0		0
30.3 Totals	894,993,104	943,558,941	48,565,837

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

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

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

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

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

32.2 If no, list exceptions:

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

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

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

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

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

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

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

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

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

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

OTHER

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

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

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

## GENERAL INTERROGATORIES

38.1 Amount of payments for legal expenses, if any?

\$ .....118,115

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

1 Name	2 Amount Paid
Lewis Rice, LLC.....	\$.....51,836
HOGAN LOVELLS US LLP.....	\$.....39,192

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

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

1 Name	2 Amount Paid

**GENERAL INTERROGATORIES**

**PART 2 - HEALTH INTERROGATORIES**

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ X ] No [ ]
- 1.2 If yes, indicate premium earned on U.S. business only. \$ .....5,357,922
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ .....0
  - 1.31 Reason for excluding .....
  
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$ .....
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ .....3,644,025
- 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 \$ .....5,357,922
  - 1.65 Total incurred claims \$ .....3,644,025
  - 1.66 Number of covered lives .....1,230
- 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	\$	.....3,639,820,728	\$	.....3,081,251,488
2.2 Premium Denominator	\$	.....3,639,820,728	\$	.....3,081,839,051
2.3 Premium Ratio (2.1/2.2)		.....1.000		.....1.000
2.4 Reserve Numerator	\$	.....659,021,057	\$	.....847,842,923
2.5 Reserve Denominator	\$	.....816,847,870	\$	.....913,638,660
2.6 Reserve Ratio (2.4/2.5)		.....0.807		.....0.928

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [ ] No [ X ]
- 3.2 If yes, give particulars:
  
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [ X ] No [ ]
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [ ] No [ X ]
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes [ X ] No [ ]
- 5.2 If no, explain:
  
- 5.3 Maximum retained risk (see instructions)
  - 5.31 Comprehensive Medical \$ .....3,000,000
  - 5.32 Medical Only \$ .....
  - 5.33 Medicare Supplement \$ .....
  - 5.34 Dental and Vision \$ .....
  - 5.35 Other Limited Benefit Plan \$ .....
  - 5.36 Other \$ .....
  
- 6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
  
- 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 .....183,267
  - 8.2 Number of providers at end of reporting year .....181,906
  
- 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          |  | \$.....7,716,693 |
| 10.22 Amount actually paid for year bonuses   |  | \$.....4,388,353 |
| 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 [ X ] No [ ] |
- 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. Illinois.....
- 11.4 If yes, show the amount required. \$.....384,832,211
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [ X ]
- 11.6 If the amount is calculated, show the calculation
12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Alabama.....
Alaska.....
Arizona.....
Arkansas.....
California.....
Colorado.....
Connecticut.....
Delaware.....
District of Columbia.....
Florida.....
Georgia.....
Hawaii.....
Idaho.....
Illinois.....
Indiana.....
Iowa.....
Kansas.....
Kentucky.....
Louisiana.....
Maine.....
Maryland.....
Massachusetts.....
Michigan.....
Minnesota.....
Mississippi.....
Missouri.....
Montana.....
Nebraska.....
Nevada.....
New Hampshire.....
New Jersey.....
New Mexico.....
North Carolina.....
North Dakota.....
Ohio.....
Oklahoma.....
Oregon.....
Pennsylvania.....
Rhode Island.....
South Carolina.....
South Dakota.....
Tennessee.....
Texas.....
Utah.....
Vermont.....
Virginia.....
Washington.....
West Virginia.....
Wisconsin.....
Wyoming.....

- 13.1 Do you act as a custodian for health savings accounts? Yes [ ] No [ X ]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....
- 13.3 Do you act as an administrator for health savings accounts? Yes [ ] No [ X ]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes [ ] No [ ] N/A [ X ]
- 14.2 If the answer to 14.1 is yes, please provide the following:

**GENERAL INTERROGATORIES**  
**PART 2 - HEALTH INTERROGATORIES**

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

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

15.1 Direct Premium Written \$ .....56,675  
 15.2 Total Incurred Claims \$ .....384,360  
 15.3 Number of Covered Lives .....86

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

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ X ] No [ ]  
 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ ]

FIVE - YEAR HISTORICAL DATA

	1 2020	2 2019	3 2018	4 2017	5 2016
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	1,994,892,687	2,253,427,842	1,918,556,757	1,170,369,701	593,029,861
2. Total liabilities (Page 3, Line 24)	1,610,060,485	1,848,110,589	1,459,397,683	1,007,868,305	539,777,964
3. Statutory minimum capital and surplus requirement	384,832,211	231,546,184	172,450,612	161,589,104	52,864,078
4. Total capital and surplus (Page 3, Line 33)	384,832,211	405,317,253	459,159,074	162,501,396	53,251,897
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8)	3,639,820,728	3,081,839,051	2,425,857,816	2,126,955,924	781,893,834
6. Total medical and hospital expenses (Line 18)	2,961,670,792	2,469,346,935	1,781,058,957	1,557,548,883	602,359,034
7. Claims adjustment expenses (Line 20)	38,705,890	40,626,796	28,695,857	32,157,328	14,051,303
8. Total administrative expenses (Line 21)	637,808,323	524,304,943	427,514,503	414,651,307	152,768,088
9. Net underwriting gain (loss) (Line 24)	1,635,723	47,894,885	188,251,605	122,356,701	12,836,262
10. Net investment gain (loss) (Line 27)	27,585,781	42,993,464	30,680,193	10,054,109	2,525,189
11. Total other income (Lines 28 plus 29)	(14,785,462)	(4,607,349)	(4,345,537)	(11,040,809)	(4,667,595)
12. Net income or (loss) (Line 32)	(15,741,309)	68,396,054	162,079,625	77,037,732	1,959,338
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11)	(362,077,219)	470,085,816	544,754,249	579,748,097	361,190,232
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	384,832,211	405,317,253	459,159,074	162,501,396	53,251,897
15. Authorized control level risk-based capital	172,265,334	115,773,092	86,316,302	80,634,453	26,432,039
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	1,164,321	1,032,080	751,264	531,876	250,937
17. Total members months (Column 6, Line 7)	14,611,590	13,088,613	10,119,878	7,157,956	3,315,392
<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)	81.4	80.1	73.4	73.2	77.0
20. Cost containment expenses	0.0	0.0	0.1	0.0	0.1
21. Other claims adjustment expenses	1.0	1.3	1.1	1.5	1.7
22. Total underwriting deductions (Line 23)	100.0	98.4	92.2	94.2	98.4
23. Total underwriting gain (loss) (Line 24)	0.0	1.6	7.8	5.8	1.6
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	227,101,214	276,121,746	234,687,660	97,876,004	30,739,899
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	280,516,228	287,553,439	213,580,434	97,945,173	34,483,140
<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)	271,250,117	215,007,271	175,424,919	51,060,488	26,338,338
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	271,250,117	215,007,271	175,424,919	51,060,488	26,338,338
33. Total investment in parent included in Lines 26 to 31 above					

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

If no, please explain

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CELTIC INSURANCE COMPANY**

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	L	68,677				2,462		71,139	0
2. Alaska	AK	L	3,898						3,898	0
3. Arizona	AZ	L	5,656				587		6,243	0
4. Arkansas	AR	L	428,079,051				6,534		428,085,585	0
5. California	CA	L	13,281				145		13,426	0
6. Colorado	CO	L	4,578				597		5,175	0
7. Connecticut	CT	L	102,849				1,417		104,266	0
8. Delaware	DE	L	16,843				397		17,240	0
9. District of Columbia	DC	L							0	0
10. Florida	FL	L	3,312,375,662				1,276		3,312,376,938	0
11. Georgia	GA	L	190,292						190,292	0
12. Hawaii	HI	L							0	0
13. Idaho	ID	L							0	0
14. Illinois	IL	L	106,840,990				4,875		106,845,865	0
15. Indiana	IN	L	507,985,273				629		507,985,902	0
16. Iowa	IA	L	36,163				90		36,253	0
17. Kansas	KS	L	11,517						11,517	0
18. Kentucky	KY	L					305		305	0
19. Louisiana	LA	L	5,011						5,011	0
20. Maine	ME	L					755		755	0
21. Maryland	MD	L	13,653						13,653	0
22. Massachusetts	MA	L					2,584		2,584	0
23. Michigan	MI	L	5,696				461		6,157	0
24. Minnesota	MN	L	10,562						10,562	0
25. Mississippi	MS	L	44,679						44,679	0
26. Missouri	MO	L	692,515,725						692,515,725	0
27. Montana	MT	L							0	0
28. Nebraska	NE	L	54,223				1,037		55,260	0
29. Nevada	NV	L	8,528						8,528	0
30. New Hampshire	NH	L	89,917,418						89,917,418	0
31. New Jersey	NJ	L	715,964				377		716,341	0
32. New Mexico	NM	L	40,006				3,688		43,694	0
33. New York	NY	N							0	0
34. North Carolina	NC	L	28,427				5,384		33,811	0
35. North Dakota	ND	L	4,916						4,916	0
36. Ohio	OH	L	56,799				2,108		58,907	0
37. Oklahoma	OK	L	4,405				144		4,549	0
38. Oregon	OR	L	114						114	114
39. Pennsylvania	PA	L	61,958						61,958	0
40. Rhode Island	RI	L							0	0
41. South Carolina	SC	L	37,336						37,336	0
42. South Dakota	SD	L	26,571				308		26,879	0
43. Tennessee	TN	L	69,784,733				3,009		69,787,742	0
44. Texas	TX	L	2,071,327,119				6,474		2,071,333,593	0
45. Utah	UT	L	9,878						9,878	0
46. Vermont	VT	L	17,487						17,487	0
47. Virginia	VA	L	59,310				5,750		65,060	0
48. Washington	WA	L							0	0
49. West Virginia	WV	L	11,508						11,508	0
50. Wisconsin	WI	L					2,185		2,185	0
51. Wyoming	WY	L	5,017				2,983		8,000	0
52. American Samoa	AS	N							0	0
53. Guam	GU	N							0	0
54. Puerto Rico	PR	N							0	0
55. U.S. Virgin Islands	VI	N							0	0
56. Northern Mariana Islands	MP	N							0	0
57. Canada	CAN	N							0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX		7,280,501,773	0	0	0	56,561	0	7,280,558,334	114
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	XXX		7,280,501,773	0	0	0	56,561	0	7,280,558,334	114
<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
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX		0	0	0	0	0	0	0	0

(a) Active Status Counts  
 L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG ..... 50 R – Registered – Non-domiciled RRGs ..... 0  
 E – Eligible – Reporting entities eligible or approved to write surplus lines in the state ..... 0 Q – Qualified – Qualified or accredited reinsurer ..... 0  
 N – None of the above – Not allowed to write business in the state lines in the state ..... 7

(b) Explanation of basis of allocation of premiums by states, etc.  
 All premiums are allocated to the state in which premiums are written.

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER GROUP**

**MEMBERS OF A HOLDING COMPANY**

**PART 1 - ORGANIZATIONAL CHART**

Centene Corporation	42-14063		
	17	DE	
Bankers Reserve Life Insurance Company of Wisconsin	39-09934		
	33	WI	71013
Health Plan Real Estate Holding, Inc (17%)	46-28609		
	67	MO	
Peach State Health Plan, Inc	20-31745		
	93	GA	12315
Health Plan Real Estate Holding, Inc (21%)	46-28609		
	67	MO	
Iowa Total Care, Inc	46-48290		
	06	IA	15713
Buckeye Community Health Plan, Inc	32-00452		
	82	OH	11834
Health Plan Real Estate Holding, Inc (18%)	46-28609		
	67	MO	
Absolute Total Care, Inc	20-56939		
	98	SC	12959
Health Plan Real Estate Holding, Inc (1%)	46-28609		
	67	MO	
Coordinated Care Corporation d/b/a Managed Health Services	39-18212		
	11	IN	95831
Health Plan Real Estate Holding, Inc (15%)	46-28609		
	67	MO	
Healthy Washington Holdings, Inc	46-55232		
	18	DE	
Coordinated Care of Washington, Inc	46-25782		
	79	WA	15352
Managed Health Services Insurance Corp	39-16785		
	79	WI	96822
Health Plan Real Estate Holding, Inc (2%)	46-28609		
	67	MO	
Hallmark Life Insurance Co	86-08198		
	17	AZ	60078
Superior HealthPlan, Inc	74-27705		
	42	TX	95647
Health Plan Real Estate Holding, Inc (21%)	46-28609		
	67	MO	
Healthy Louisiana Holdings LLC	27-09162		
	94	DE	
Louisiana Healthcare Connections, Inc	27-12872		
		LA	13970

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CELTIC INSURANCE COMPANY**

	87		
Magnolia Health Plan Inc	20-85702		
	12	MS	13923
Sunshine Health Holding LLC	26-05570		
	93	FL	
Sunshine State Health Plan, Inc	20-89375		
	77	FL	13148
Kentucky Spirit Health Plan, Inc	45-12949		
	25	KY	14100
Healthy Missouri Holding, Inc (95%)	45-50702		
	30	MO	
Home State Health Plan, Inc	45-27980		
	41	MO	14218
Health Plan Real Estate Holding, Inc (5%)	46-28609		
	67	MO	
Sunflower State Health Plan, Inc	45-32767		
	02	KS	14345
Granite State Health Plan, Inc	45-47924		
	98	NH	14226
California Health and Wellness Plan	46-09072		
	61	CA	
Michigan Complete Health, Inc.	30-03124		
	89	MI	10769
Western Sky Community Care, Inc.	45-55835		
	11	NM	16351
Tennessee Total Care, Inc.	26-18493		
	94	TN	
SilverSummit Healthplan, Inc.	20-47611		
	89	NV	16143
University Health Plans, Inc.	22-32922		
	45	NJ	
Agate Resources, Inc.	20-04832		
	99	OR	
Trillium Community Health Plan, Inc.	42-16943		
	49	OR	12559
Nebraska Total Care, Inc.	47-51232		
	93	NE	15902
Pennsylvania Health & Wellness, Inc.	47-53406		
	13	PA	16041
Superior HealthPlan Community Solutions, Inc.	47-56648		
	32	TX	15912
Sunshine Health Community Solutions, Inc.	47-56670		
	95	FL	15927
Buckeye Health Plan Community Solutions, Inc.	47-56643		
	42	OH	16112
Arkansas Health & Wellness Health Plan, Inc.	81-12822		
	51	AR	16130
Arkansas Total Care Holding Company, LLC (49%)	38-40423		
	68	DE	
Arkansas Total Care, Inc.	82-26490		
	97	AR	16256

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CELTIC INSURANCE COMPANY**

Oklahoma Complete Health Inc.	81-31215 27	OK	16904
Bridgeway Health Solutions, LLC	20-49808 75	DE	
Bridgeway Health Solutions of Arizona Inc.	20-49808 18	AZ	16310
Celtic Group, Inc	36-29792 09	DE	
Celtic Insurance Company	06-06416 18	IL	80799
Ambetter of Magnolia Inc	35-25253 84	MS	15762
Ambetter of Peach State Inc.	36-48026 32	GA	15729
Novasys Health, Inc	27-22213 67	DE	
CeltiCare Health Plan Holdings LLC	26-42782 05	DE	
CeltiCare Health Plan of Massachusetts, Inc.	26-48184 40	MA	13632
Centene Management Company LLC	39-18640 73	WI	
CMC Real Estate Company. LLC	20-00572 83	DE	
Centene Center LLC	26-40946 82	DE	
Centene Center I, LLC	82-18161 53	DE	
Centene Center II, LLC	47-51560 15	DE	
7676 Management, LLC	85-17118 57	MO	
7676 Forsyth, LLC	85-17242 87	MO	
Illinois Health Practice Alliance, LLC (50%)	82-27619 95	DE	
Integrated Care Network of Florida, LLC (50%)	84-30231 73	DE	
Lifeshare Management Group, LLC	46-27981 32	NH	
Arkansas Total Care Holding Company, LLC (25%)	38-40423 68	DE	
CCTX Holdings, LLC	20-20742 17	DE	
Centene Company of Texas, LP (1%)	74-28104 04	TX	
Centene Holdings, LLC	20-20742 77	DE	
Centene Company of Texas, LP (99%)	74-28104 04	TX	
MHS Travel & Charter, Inc	43-17954 36	WI	

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CELTIC INSURANCE COMPANY**

Health Care Enterprises, LLC	46-48554		
	83	DE	
Integrated Mental Health Management, L.L.C.	74-28929		
	93	TX	
Integrated Mental Health Services	74-27854		
	94	TX	
Envolve Holdings, LLC	22-38894		
	71	DE	
Cenpatico Behavioral Health, LLC	68-04615		
	84	CA	
Cenpatico Behavioral Health of Arizona, LLC	20-16241		
	20	AZ	
Cenpatico of Arizona Inc.	80-08799		
	42	AZ	
Envolve, Inc.	37-17885		
	65	DE	
Envolve PeopleCare, Inc.	06-14763		
	80	DE	
LiveHealthier, Inc.	47-25167		
	14	DE	
Envolve Benefits Options, Inc.	61-18461		
	91	DE	
Envolve Vision Benefits, Inc.	20-47303		
	41	DE	
Envolve Captive Insurance Company, Inc.	36-45200		
	04	SC	
Envolve Vision of Texas, Inc.	75-25921		
	53	TX	95302
Envolve Vision, Inc	20-47730		
	88	DE	
Envolve Vision IPA of New York, Inc.	83-24608		
	78	NY	
Envolve Vision of Florida, Inc	65-00947		
	59	FL	
Envolve Total Vision, Inc.	20-48612		
	41	DE	
Envolve Optical, Inc.	82-29085		
	82	DE	
Envolve Dental, Inc.	46-27838		
	84	DE	
Envolve Dental of Florida, Inc.	81-29693		
	30	FL	
Envolve Dental of Texas, Inc.	81-27968		
	96	TX	16106
Envolve Dental IPA of New York, Inc.	83-14644		
	82	NY	
Envolve Pharmacy Solutions, Inc.	77-05785		
	29	DE	
LBB Industries, Inc	76-05117		
	00	TX	
RX Direct, Inc	75-26128		
	75	TX	

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CELTIC INSURANCE COMPANY**

Envolve Pharmacy IPA, LLC	46-23073 56	NY
Casenet LLC	90-06369 38	DE
Casenet S.R.O.	Foreign	CZE
MHM Services, Inc.	82-53165 10	DE
Centurion LLC	90-07665 02	DE
Centurion of Arizona, LLC	81-42280 54	AZ
Centurion of Vermont, LLC	47-16862 83	VT
Centurion of Mississippi, LLC	47-29673 81	MS
Centurion of Tennessee, LLC	30-07526 51	TN
Centurion of Minnesota, LLC	46-27178 14	MN
Centurion Correctional Healthcare of New Mexico, LLC	81-11614 92	NM
Centurion of Florida, LLC	81-06874 70	FL
Centurion of Maryland, LLC	81-49380 30	MD
Centurion of Georgia, LLC	82-31288 48	GA
Centurion Detention Health Services, LLC	82-47351 75	DE
Centurion of New Hampshire, LLC	82-48234 69	DE
Centurion of Pennsylvania, LLC	82-48234 69	PA
Centurion of West Virginia, LLC	46-48391 32	WV
Centurion of Kansas, LLC	84-34362 83	KS
Centurion of Delaware, LLC	84-37677 94	DE
Centurion of Wyoming, LLC	84-38576 53	WY
Centurion of Missouri, LLC	46-41021 35	MO
Centurion of Michigan, LLC	46-10410 08	MI
Centurion of Idaho, LLC	85-40200 81	ID
Centurion of Indiana, LLC		IN
Centurion of Maine, LLC	85-41435 11	ME
Centurion Health of Indiana, LLC	85-42430	IN

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CELTIC INSURANCE COMPANY**

	85	
	54-18563	
MHM Correctional Services, LLC	40	DE
	51-06209	
MHM Services of California, LLC	04	CA
	60-00020	
MHM Solutions, LLC	02	DE
	26-18770	
Forensic Health Services, LLC	07	DE
	46-17348	
MHM Health Professionals, LLC	17	DE
	27-36177	
Specialty Therapeutic Care Holdings, LLC	66	DE
	73-16988	
Specialty Therapeutic Care, LP (99.99%)	08	TX
	73-16988	
Specialty Therapeutic Care, GP, LLC	07	TX
	73-16988	
Specialty Therapeutic Care, LP (0.01%)	08	TX
	80-08563	
AcariaHealth Solutions, Inc.	83	DE
	45-27803	
AcariaHealth, Inc.	34	DE
	27-15990	
AcariaHealth Pharmacy #14, Inc	47	CA
	20-81926	
AcariaHealth Pharmacy #11, Inc	15	TX
	27-27654	
AcariaHealth Pharmacy #12, Inc	24	NY
	26-02269	
AcariaHealth Pharmacy #13, Inc	00	CA
	13-42623	
AcariaHealth Pharmacy, Inc	84	CA
	27-37076	
HomeScripts.com, LLC	98	MI
	20-82356	
New York Rx, Inc.	95	NY
	20-08735	
Foundation Care, LLC (80%)	87	MO
	27-02756	
U.S. Medical Management Holdings, Inc	14	DE
	38-31539	
U.S. Medical Management, LLC (20%)	46	DE
	38-31539	
U.S. Medical Management, LLC (80%)	46	DE
	31-17338	
RMED, LLC	89	FL
	47-21386	
IAH of Florida, LLC	80	FL
	51-05817	
Heritage Home Hospice, LLC	62	MI

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CELTIC INSURANCE COMPANY**

Grace Hospice of Austin, LLC	20-28276 13	MI
ComfortBrook Hospice, LLC	20-15300 70	OH
Comfort Hospice of Texas, LLC	20-49965 51	MI
Grace Hospice of San Antonio, LLC	20-28275 26	MI
Grace Hospice of Grand Rapids, LLC	45-06792 48	MI
Grace Hospice of Indiana, LLC	45-06349 05	MI
Grace Hospice of Virginia, LLC	45-50806 37	MI
Comfort Hospice of Missouri, LLC	45-50805 67	MI
Grace Hospice of Wisconsin, LLC	46-17088 34	MI
Grace Hospice of Illinois, LLC	81-51299 23	IL
Seniorcorps Peninsula, LLC	26-44355 32	VA
A N J, LLC	20-09270 34	TX
R&C Healthcare, LLC	33-11790 31	TX
Pinnacle Senior Care of Missouri, LLC	46-08614 69	MI
Country Style Health Care, LLC	03-05564 22	TX
Phoenix Home Health Care, LLC	14-18783 33	DE
Traditional Home Health Services, LLC	75-26350 25	TX
Family Nurse Care, LLC	38-27511 08	MI
Family Nurse Care II, LLC	20-51085 40	MI
Family Nurse Care of Ohio, LLC	20-39209 47	MI
Pinnacle Senior Care of Wisconsin, LLC	46-42298 58	WI
Pinnacle Senior Care of Indiana, LLC	81-15654 26	MI
Pinnacle Home Care, LLC	76-07135 16	TX
North Florida Health Services, Inc	59-35190 60	FL
Pinnacle Sr. Care of Kalamazoo, LLC	47-17427 28	MI
Hospice DME Company, LLC	46-17342 88	MI

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CELTIC INSURANCE COMPANY**

Rapid Respiratory Services, LLC	20-43647		
	76	DE	
USMM Accountable Care Partners, LLC	46-57359		
	93	DE	
Pinnacle Senior Care of Illinois, LLC	83-35344		
	62	IL	
VPA, P.C.	38-31769		
	90	MI	
IAH of Michigan, PLLC	47-21593		
	05	MI	
IAH of Wisconsin, PLLC	47-21461		
	60	MI	
VPA of Texas	20-23869		
	97	MI	
IAH of Texas, PLLC	35-25196		
	03	MI	
Advantechs X-Ray Imaging Services, L.L.C.	36-45397		
	90	TX	
Health Net, LLC	47-52080		
	76	DE	
Health Net of California, Inc.	95-44029		
	57	CA	
Health Net Life Insurance Company	73-06548		
	85	CA	66141
Health Net Life Reinsurance Company	98-04099		
	07	CYM	
Managed Health Network, LLC	95-41177		
	22	DE	
Managed Health Network	95-38179		
	88	CA	
MHN Services, LLC	95-41461		
	79	CA	
Health Net Federal Services, LLC	68-02148		
	09	DE	
MHN Government Services LLC	42-16809		
	16	DE	
Network Providers, LLC (10%)	88-03578		
	95	DE	
Network Providers, LLC (90%)	88-03578		
	95	DE	
Health Net Health Plan of Oregon, Inc.	93-10040		
	34	OR	95800
Health Net Community Solutions, Inc.	54-21740		
	68	CA	
Health Net of Arizona, Inc.	36-30978		
	10	AZ	95206
Health Net Pharmaceutical Services	68-02953		
	75	CA	
Health Net Community Solutions of Arizona, Inc.	81-13488		
	26	AZ	15895
Health Net Access, Inc.	46-26160		
	37	AZ	

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CELTIC INSURANCE COMPANY**

MHS Consulting, International, Inc	20-86300	
	06	DE
Centene International Ventures, LLC	83-10472	
	81	DE
MHS European Holdings s.a.r.l.	27-20754	
PRIMEROSALUD, S.L.	47	LUX
	Foreign	ESP
Torrejon Salud, S.A. (89.47%)	Foreign	ESP
Ribera Salud, S.A. (90.1%)	Foreign	ESP
Torrevieja Salud UTE (65%)	Foreign	ESP
Ribera Salud II (96~%)	Foreign	ESP
ERESCANNER (15%)	Foreign	ESP
BR Salud UTE (45%)	Foreign	ESP
Marina Salud (35%)	Foreign	ESP
Villa Maria del Triuinfo Salud S.A. C. (5%)	Foreign	PER
Callao Salud S.A.C. (5%)	Foreign	PER
Infraestructuras y Servicios de Alzira S.L. (50%)	Foreign	ESP
Elche-Crevillente Salud (100%)	Foreign	ESP
B2B Salud, S.L.U.	Foreign	ESP
B2B Gestion integral, S.L.	Foreign	ESP
Ribera Lab, S.L.U.	Foreign	ESP
Serendipity Asistencia Medica, S.L. (49%)	Foreign	ESP
Centro Inmunologocia De La Comunidad Valenciana, S.L.	Foreign	ESP
Hospinet, S.L. (51%)	Foreign	ESP
Servicios De Mantenimiento Prevencor, S.L.U. (80%)	Foreign	ESP
Winning Security, S.L. (51%)	Foreign	ESP
Ribera Salud proyectos S.L.	Foreign	ESP
Ribera-Quilpro UTE	Foreign	ESP
Ribera Salud Infraestructuras S.L.U.	Foreign	ESP
Pro Diagnostic Group, a.s (66.43%)	Foreign	SVK
Pro RTG (80%)	Foreign	SVK
DR		
Magnet	Foreign	SVK
Pro		
Magnet	Foreign	SVK
Medicina		
NZ	Foreign	SVK
MR		
Poprad	Foreign	SVK
CT Poprad	Foreign	SVK
MR		
Zilina	Foreign	SVK
Pro Magnet CZ	Foreign	SVK

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CELTIC INSURANCE COMPANY**

OB Klinika, a.s. (10%)	Foreign	SVK
Progress Medical a.s.	Foreign	SVK
OB Klinika, a.s. (90%)	Foreign	SVK
OB Care, s.r.o	Foreign	SVK
Discare CZ, a.s.	Foreign	SVK
Hospital Povisa, S.A. (93.29%)	Foreign	ESP
Ribera Salud Tecnologias S.L.U.	Foreign	ESP
Torre vieja Salud S.L.U.	Foreign	ESP
Torre vieja Salud UTE (35%)	Foreign	ESP
Blackcrow Asistencia Medica, S.L	Foreign	ESP
Godgrace Asistencia Medica, S.L.	Foreign	ESP
Growly Asistencia Sanitaria, S.L.	Foreign	ESP
UR Salud UTE (49%)	Foreign	ESP
Secure Capital Solutions 2000, S.L.U	Foreign	ESP
Hospital Polusa, S.A. (78.4%)	Foreign	ESP
Clinica Santo Domingo De Lugo, S.L.	Foreign	ESP
MH Services International Holdings (UK) Limited	Foreign	UK
MH Services International (UK) Limited	Foreign	UK
Operose Health Limited	Foreign	UK
Operose Health (Group) Limited	Foreign	UK
The Practice Properties Limited	Foreign	UK
Operose Health (Group) UK Limited	Foreign	UK
The Practice Surgeries Limited	Foreign	UK
Phoenix Primary Care Limited	Foreign	UK
Phoenix Primary (South) Limited	Foreign	UK
Circle Health Holdings Limited (40%)	Foreign	UK
Circle Health 1 Limited	Foreign	UK
Circle Health 2 Limited	Foreign	UK
Circle Holdings Limited	Foreign	JEY
Circle International PLC	Foreign	UK
Circle Health Limited	Foreign	UK
Nations Healthcare Limited	Foreign	UK
Circle Nottingham Limited	Foreign	UK
Circle Rehabilitation Services (90%)	Foreign	UK
Circle Hospital (Bath) Limited	Foreign	UK
Circle Hospital (Reading) Limited	Foreign	UK

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	Circle Clinical Services Limited	Foreign	UK	
	Circle Birmingham Limited	Foreign	UK	
	Circle Harmony Health Limited (50%)	Foreign	CHN	
	Shanghai Circle Harmony Hospital Management	Foreign	CHN	
Circle Health 3 Limited		Foreign	UK	
Circle Health 4 Limited		Foreign	UK	
	GHG Healthcare Holdings Limited	Foreign	UK	
	General Healthcare Group Limited	Foreign	UK	
	General Healthcare Holdings 2 Limited	Foreign	UK	
	General Healthcare Holdings 3 Limited	Foreign	UK	
	North West Cancer Clinic Limited (90%)	Foreign	UK	
	GHG (DB) Pension Trustees	Foreign	UK	
	GHG Mount Alvernia Hospital Limited	Foreign	UK	
	Generale de Sante International Limited	Foreign	UK	
	BMI Southend Private Hospital Limited (50%)	Foreign	UK	
	BMI Imaging Clinic Limited (50%)	Foreign	UK	
	Mount Alvernia PET CT Limited (73.5%)	Foreign	UK	
	Meriden Hospital Advanced Imaging Centre Ltd. (50%)	Foreign	UK	
	BMI Syon Clinic Limited (50%)	Foreign	UK	
	GHG Intermediate Holdings Limited	Foreign	UK	
	General Healthcare Holdings 4 Limited	Foreign	UK	
	BMI Healthcare Limited	Foreign	UK	
	3SH Limited (50%)	Foreign	UK	
	BMI Hospital Decontamination Limited	Foreign	UK	
	Three Shires Hospital LP (50%)	Foreign	UK	
	The Pavilion Clinic Ltd (51%)	Foreign	UK	
	GHG Leasing Limited	Foreign	UK	
	South Cheshire SPV Limited	Foreign	UK	
	Bishopswood SPV Limited	Foreign	UK	
	Runnymede SPV Limited	Foreign	UK	
Centene Europe Finance Company Limited		Foreign	MLT	
Centene Health Plan Holdings, Inc.		82-11721		
		63	DE	
Ambetter of North Carolina, Inc.		82-50325		
		56	NC	16395
		82-26994		
Carolina Complete Health Holding Company Partnership (80%)		83	DE	
		82-26993		
Carolina Complete Health, Inc.		32	NC	16526

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CELTIC INSURANCE COMPANY**

New York Quality Healthcare Corporation	82-33802		
	90	NY	
	55-08780		
Salus Administrative Services, Inc.	53	NY	
	82-08028		
Salus IPA, LLC	46	NY	
	82-46706		
Calibrate Acquisition Co	77	DE	
	47-41793		
Community Medical Holdings Corp	93	DE	
	46-34854		
Access Medical Acquisition, LLC	89	DE	
	45-31915		
Access Medical Group of North Miami Beach, LLC	69	FL	
	45-31917		
Access Medical Group of Miami, LLC	19	FL	
	45-31922		
Access Medical Group of Hialeah, LLC	83	FL	
	45-31998		
Access Medical Group of Westchester, LLC	19	FL	
	45-35051		
Access Medical Group of Opa-Locka, LLC	96	FL	
	45-31929		
Access Medical Group of Perrine, LLC	55	FL	
	45-31923		
Access Medical Group of Florida City, LLC	66	FL	
	82-17370		
Access Medical Group of Tampa, LLC	78	FL	
	82-17509		
Access Medical Group of Tampa II, LLC	78	FL	
	82-17733		
Access Medical Group of Tampa III, LLC	15	FL	
	84-27501		
Access Medical Group of Lakeland, LLC	88	FL	
	82-48839		
Interpreta Holdings, Inc. (80.1%)	21	DE	
	46-55178		
Interpreta, Inc.	58	DE	
	82-45817		
Patriots Holding Co	88	DE	
RxAdvance Corporation (38.31%)		DE	
	83-24463		
Centene Venture Company Michigan	07	MI	16613
	32-24345		
Next Door Neighbors, LLC (60%)	96	DE	
	83-23817		
Next Door Neighbors, Inc.	90	DE	
	84-37076		
Centene Venture Company Alabama Health Plan, Inc.	89	AL	16771
	83-24257		
Centene Venture Company Illinois	35	IL	16505

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Centene Venture Company Kansas	83-24090 40	KS	16528
Centene Venture Company Florida	83-24345 96	FL	16499
Centene Venture Company Indiana, Inc.	84-36793 76	IN	16773
Centene Venture Company Tennessee HealthEC, LLC (12.82%)	84-37243 74	TN	16770
Arch Personalized Medicine Initiative, LLC (50%)	83-41441 16	MO	
Social Health Bridge, LLC	83-42053 48	DE	
Social Health Bridge Trust	84-64033 86	DE	
WellCare Health Plans, Inc.	83-44059 39	DE	
WCG Health Management, Inc.	04-36696 98	DE	
The WellCare Management Group, Inc.	14-16472 39	NY	
WellCare of New York, Inc.	14-16764 43	NY	95534
WellCare of Connecticut, Inc.	06-14056 40	CT	95310
WellCare of Mississippi, Inc.	81-54429 32	MS	16329
WellCare of Virginia, Inc.	82-06644 67	VA	
WellCare of Oklahoma, Inc.	81-32992 81	OK	16117
WellCare Health Insurance Company of Nevada, Inc.	84-37210 13	NV	
WellCare Health Insurance of Southwest, Inc.	84-37397 52	AZ	16692
WellCare of Florida, Inc.	59-25836 22	FL	95081
WellCare of Georgia, Inc.	20-21033 20	GA	10760
WellCare of Kansas, Inc.	45-36171 89	KS	14404
WellCare of Texas, Inc.	20-80587 61	TX	16964
WellCare of Ohio, Inc.	20-35621 46	OH	12749
WellCare of South Carolina, Inc.	32-00628 83	SC	11775
WellCare Health Plans of New Jersey, Inc.	20-80173 19	NJ	13020
WellCare of Pennsylvania, Inc.	81-16319 20	PA	

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WellCare Health Plans of Massachusetts, Inc	84-35476 89	MA	
WellCare Health Insurance Company of Oklahoma, Inc.	84-44490 30	OK	16752
WellCare Health Plans of Missouri, Inc.	84-39077 95	MO	16753
WellCare Prescription Insurance, Inc.	20-23831 34	AZ	10155
WellCare Health Insurance of Hawaii, Inc.	84-46648 83	HI	
WellCare Health Plans of Rhode Island, Inc.	84-46278 44	RI	
WellCare of Illinois, Inc.	84-46499 85	IL	
WellCare of Arkansas, Inc.	83-27978 33	AR	16531
WellCare Pharmacy Benefits Management, Inc.	20-48693 74	DE	
Exactus Pharmacy Solutions, Inc.	20-84205 12	DE	
Comprehensive Reinsurance, Ltd.	98-04489 21	CYM	
WellCare Health Plans of California, Inc.	27-42932 49	CA	
WellCare Health Plans of Tennessee, Inc.	45-51543 64	TN	16533
Comprehensive Health Management, Inc.	59-35476 16	FL	
WellCare Health Insurance of New York, Inc	11-31975 23	NY	10884
Ohana Health Plan, Inc.	27-03861 22	HI	
WellCare of Indiana, Inc.	83-28400 51	IN	
America's 1st Choice California Holdings, LLC	45-32367 88	FL	
WellCare of California, Inc.	20-53275 01	CA	
Windsor Health Group, Inc.	62-18326 45	TN	
WellCare Health Insurance of Tennessee, Inc.	83-22761 59	TN	16532
WellCare of New Hampshire, Inc.	83-29143 27	NH	16515
WellCare Health Plans of Vermont, Inc.	83-22555 14	VT	16514
WellCare Health Insurance of Connecticut, Inc.	83-21262 69	CT	16513
WellCare of Washington, Inc.	83-20693 08	WA	16571
WellCare Health Plans of Kentucky, Inc.	47-09714 81	KY	15510

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WellCare of Alabama, Inc.	82-13011 28	AL	16239
WellCare of Maine, Inc.	82-31145 17	ME	16344
Harmony Health Systems Inc.	22-33910 45	NJ	
Harmony Health Management, Inc.	36-44676 76	NJ	
Harmony Health Plan, Inc.	36-40504 95	IL	11229
Harmony Behavioral Health, Inc.	20-33202 36	FL	
Harmony Behavioral Health IPA, Inc.	20-32623 22	NY	
WellCare Health Insurance Company of Kentucky, Inc.	36-60692 95	KY	64467
WellCare Health Insurance of Arizona, Inc.	86-02695 58	AZ	83445
WellCare Health Insurance of North Carolina, Inc.	83-34931 60	NC	16548
WellCare Health Insurance Company of Louisiana, Inc.	83-33339 18	LA	
WellCare of Missouri Health Insurance Company, Inc.	83-35258 30	MO	16512
WellCare Health Plans of Wisconsin, Inc.	83-33512 54	WI	16569
Care 1st Health Plan of Arizona, Inc.	57-11652 17	AZ	
Care1st Health Plan Administrative Services, Inc.	46-26801 54	AZ	
One Care by Care1st Health Plans of Arizona, Inc.	06-17426 85	AZ	
WellCare Health Insurance Company of Washington, Inc.	83-31669 08	WA	16570
WellCare Health Insurance Company of Wisconsin, Inc.	83-33102 18	WI	16568
WellCare of Puerto Rico, Inc.	66-08881 49	PR	
WellCare of North Carolina, Inc.	82-54880 80	NC	16547
WellCare Health Plans of Arizona, Inc.	82-31696 16	AZ	16253
WellCare Health Insurance Company of America	82-42470 84	AR	16343
WellCare National Health Insurance Company	82-51270 96	TX	16342
WellCare Health Insurance Company of New Hampshire, Inc.	83-30916 73	NH	16516
Wellcare Health Insurance Company of New Jersey, Inc.	84-47094 71	NJ	16789
Meridian Management Company, LLC (a/k/a Meridian Administration Company, LLC)	26-40044 94	MI	

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Meridian Nerwork Services, LLC			MI	
	27-13392			
MeridianRx, LLC	24		MI	
MeridianRx IPA, LLC				
	83-36122			
MeridianRx of Indiana, LLC	09		MI	
	26-40045			
WellCare of Michigan Holding Company	78		MI	
	38-32539			
Meridian Health Plan of Michigan, Inc.	77		MI	52563
	20-32096			
Meridian Health Plan of Illinois, Inc.	71		IL	13189
	27-46838			
Universal American Corp.	16		DE	
	45-13529			
Universal American Holdings, LLC	14		DE	
	95-38003			
Universal American Financial Services, Inc.	29		DE	
	58-26332			
Premier Marketing Group, LLC	95		DE	
	95-36232			
Penn Marketing America, LLC	26		DE	
	23-19135			
Worlco Management Services, Inc.	28		NY	
	42-09890			
UAM Agent Services Corp.	96		IA	
	45-46447			
APS Parent, Inc.	22		DE	
	13-18517			
American Progressive Life and Health Insurance Company of New York	54		NY	80624
	13-34916			
Quincy Coverage Corporation	81		NY	
	62-15171			
Heritage Health Systems, Inc.	94		TX	
	62-18196			
SelectCare of Texas, Inc.	58		TX	10096
	76-04598			
Heritage Health Systems of Texas, Inc.	57		TX	
	62-16945			
Golden Triangle Physician Alliance	48		TX	
	76-05607			
Heritage Physician Networks	30		TX	
	74-31419			
SelectCare Health Plans, Inc.	49		TX	10768
	76-05009			
HHS Texas Management, LP (99.1%)	63		TX	
	76-05009			
HHS Texas Management, Inc.	64		TX	
	76-05009			
HHS Texas Management, LP. (0.9%)	63		TX	
Collaborative Health Systems, LLC	90-07792		NY	

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	87	
	45-54811	
Accountable Care Coalition of Georgia , LLC (51%)	08	GA
	81-25889	
Accountable Care Coalition of Chesapeake, LLC (51%)	74	MD
	46-28811	
Accountable Care Coalition of Mississippi, LLC (51%)	80	MS
	45-45528	
Accountable Care Coalition of North Texas, LLC (51%)	02	TX
	47-38944	
Accountable Care Coalition of Northeast Georgia, LLC(51%)	36	GA
	46-41065	
Accountable Care Coalition of Northwest Florida, LLC (51%)	26	FL
	47-39133	
Accountable Care Coalition of Southeast Physician Partners, LLC	08	SC
	47-38425	
Accountable Care Coaliton of Southeast Texas, Inc.	52	TX
	45-41136	
Accountable Care Colation of Southeast Wisconsin, LLC (51)	10	WI
	45-27422	
Accountable Care Coalition of Texas, Inc.	98	TX
	47-23464	
AWC of Syracuse, Inc.	08	NY
	30-08038	
Chrysalis Medical Services, LLC (51%)	45	NJ
	81-33653	
Collaborative Health Systems of Maryland, LLC (50%)	75	MD
	81-33065	
Collaborative Health Systems of Virginia, LLC	94	VA
	45-41197	
Accountable Care Coalition of Maryland, LLC (51%)	36	MD
	45-54491	
Accountable Care Coalition of Maryland Primary Care, LLC (51%)	47	MD
	45-45615	
Essential Care Partners, LLC (51%)	46	TX
	47-39233	
Hudson Accountable Care, LLC (51%)	94	NY
	90-08559	
Maryland Collaborative Care, LLC (51%)	50	MD
	81-27043	
Mid-Atlantic Collaborative Care, LLC (51%)	55	MD
	45-56268	
Northern Maryland Collaborative Care, LLC (51%)	71	MD
	82-12468	
Accountable Care Coalition of Elite Providers VII, LLC	45	AZ
	82-16811	
Accountable Care Coalition of Community Health Centers, LLC (51%)	46	TX
	82-16694	
Accountable Care Coalition of Community Health Centers II, LLC	22	TX
	82-16239	
Accountable Care Coalition of Southeast Partners, LLC (51%)	20	GA

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Accountable Care Coalition of Elite Providers LLC	82-15580 80	HI	
Accountable Care Coalition of Florida Partners, LLC	84-22170 98	FL	
Maryland Collaborative Care Transformation Organization, Inc.	82-12800 79	DE	
Accountable Care Coalition of New Jersey, Inc. (51%)	82-12632 27	NJ	
Accountable Care Coalition of Quality Health, LLC	82-16045 48	OR	
Accountable Care Coalition of Prime Health, LLC	82-16988 85	OR	
Accountable Care Coalition of Northeast Partners, LLC	82-07279 97	PA	
Accountable Care Coalition of Tennessee, LLC (51%)	82-12192 79	TN	
Accountable Care Coalition Direct Contracting, LLC (51%)	84-25749 01	FL	
Accountable Care Coalition of Elite Providers II, LLC	85-08220 80	DE	
Accountable Care Coalition of Elite Providers, III, LLC	85-08294 73	DE	
Accountable Care Coalition of Elite Providers IV, LLC	85-08476 91	DE	
Accountable Care Coalition of Elite Providers V, LLC	85-08632 92	DE	
Accountable Care Coalition of Elite Providers VI, LLC	85-09078 49	DE	
Accountable Care Coalition of Quality Health II, LLC	85-08784 05	DE	
Accountable Care Coalition of Quality Health III, LLC	85-08936 57	DE	
Collaborative Health Systems IPA, LLC	85-17702 15	FL	
QCA Healthplan, Inc.	71-07946 05	AR	95448
Qualchoice Life and Health Insurance Company	71-03866 40	AR	70998
HealthSmart Benefits Management, LLC	27-13004 75	TX	
Parker LP, LLC	20-23875 87	NV	
HealthSmart Preferred Care II, LP (99%)	75-25083 16	TX	
HealthSmart Primary Care Clinics, LP (99%)	20-33940 46	TX	
HealthSmart Care Management Solutions, LP (99%)	75-29608 59	TX	
HealthSmart Information Systems, Inc.	75-27274 37	TX	
HealthSmart Benefit Solutions, Inc.	36-40991 99	IL	

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HealthSmart Preferred Network II, Inc	06-16214 70	DE	
HealthSmart Rx Solutions, Inc.	34-16355 97	OH	
Mauli Ola Health and Wellness, Inc.		HI	
District Community Care Inc.	84-41195 70	DC	16814
Centene Institute for Advanced Health Education, LLC	84-51609 60	DE	
Centene Canada Corporation		CAN	
Centene Investments, LLC	85-30069 77	DE	
Wellframe, Inc. (7.10%)		DE	
Diameter Health, Inc. (16.65%)		DE	
Prowl Holdings, LLC (96%)	85-38020 75	DE	
Panther Pass Co, LLC	83-32403 68	PA	
Panther Specialty Holding Co, LLC		PA	
Pantherx Specialty, LLC	45-36200 87	PA	
Pantherx Access Services, LLC	37-17784 65	PA	
Babylon Holdings Limited (2.50%)		UK	
Hazel Health, Inc. (7.40%)		DE	
Quartet Health, Inc. (9.50%)		DE	
Rubicon MD (5.84%)		DE	
Apixio, Inc.	80-05082 23	DE	