



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2024
OF THE CONDITION AND AFFAIRS OF THE

CELTIC INSURANCE COMPANY

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

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 Chicago, IL, US 60601 800-714-4658
(Street and Number) (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 Chicago, IL, US 60601 800-714-4658
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.celtic-net.com

Statutory Statement Contact Clinton Brant 618-531-9816
(Name) (Area Code) (Telephone Number) (Extension)
clinton.r.brant@centene.com 314-445-0117
(E-Mail Address) (FAX Number)

OFFICERS

Name	Title	Name	Title
<u>Kevin Jerome Counihan</u>	<u>President</u>	<u>James Edward Snyder III</u>	<u>Treasurer</u>
<u>Tricia Lynn Dinkelman</u>	<u>Vice President of Tax</u>	<u>Karen Elizabeth Wegg</u>	<u>Vice President</u>

OTHER OFFICERS

<u>Cody D. Wallace #</u>	<u>Secretary</u>	<u>Mark John Freeman</u>	<u>Vice President of Actuary</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DIRECTORS OR TRUSTEES

<u>Kevin Jerome Counihan</u>	<u>Daniel Justin Martinez</u>	<u>Mark John Freeman</u>	<u>Cody D. Wallace #</u>
<u>Karen Elizabeth Wegg</u>	_____	_____	_____

State of _____ ss
 County of _____

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

<u>Kevin Jerome Counihan</u> President	<u>James Edward Snyder III</u> Treasurer	<u>Tricia Lynn Dinkelman</u> Vice President of 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 _____

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE CELTIC INSURANCE COMPANY

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols 1 - 2)	
1. Bonds	788,736,489		788,736,489	610,221,308
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	822,865,845		822,865,845	456,490,594
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$469,156,850), cash equivalents (\$1,432,262,447) and short-term investments (\$241,298,441)	2,142,717,738		2,142,717,738	2,159,875,222
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives	0		0	0
8. Other invested assets	40,923,697		40,923,697	37,701,224
9. Receivables for securities	5,000		5,000	5,000
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	3,795,248,769	0	3,795,248,769	3,264,293,349
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	6,706,096		6,706,096	6,258,191
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	864,196		864,196	1,193,649
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$482,984,167)	482,984,167		482,984,167	250,668,337
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	3,077,829		3,077,829	6,122,430
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts	14,007		14,007	22,371
17. Amounts receivable relating to uninsured plans	6,052,639		6,052,639	3,089,651
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset	19,182,190		19,182,190	10,507,268
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	71,709,414		71,709,414	650,364
24. Health care (\$102,918,329) and other amounts receivable	176,145,264	73,226,935	102,918,329	124,863,655
25. Aggregate write-ins for other-than-invested assets	20,905,241	598,885	20,306,356	1,049,972
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	4,582,889,813	73,825,820	4,509,063,993	3,668,719,238
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	4,582,889,813	73,825,820	4,509,063,993	3,668,719,238
DETAILS OF WRITE-INS				
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	3,230,400		3,230,400	0
2502. FFM User Fee	9,128,255		9,128,255	1,043,567
2503. Prepaid Expenses	8,546,586	598,885	7,947,701	6,406
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	20,905,241	598,885	20,306,356	1,049,972

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE CELTIC INSURANCE COMPANY

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 870,776,928 reinsurance ceded)	883,002,263		883,002,263	681,795,667
2. Accrued medical incentive pool and bonus amounts	13,493,396		13,493,396	6,293,082
3. Unpaid claims adjustment expenses	8,663,640		8,663,640	5,842,313
4. Aggregate health policy reserves including the liability of \$ 157,630,416 for medical loss ratio rebate per the Public Health Service Act	507,075,891		507,075,891	339,482,978
5. Aggregate life policy reserves	2,591,615		2,591,615	2,591,615
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	30,188,275		30,188,275	35,593,391
9. General expenses due or accrued	159,142,670		159,142,670	86,712,268
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	23,046,862		23,046,862	66,550,126
10.2 Net deferred tax liability	0		0	0
11. Ceded reinsurance premiums payable	926,730,966		926,730,966	809,290,119
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	147,219,302		147,219,302	388,916,007
16. Derivatives			0	0
17. Payable for securities	16,232,898		16,232,898	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ 1,575,920 unauthorized reinsurers and \$ certified reinsurers)	1,575,920		1,575,920	2,000,742
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	915,373		915,373	1,852,210
23. Aggregate write-ins for other liabilities (including \$ current)	20,556,847	0	20,556,847	22,440,450
24. Total liabilities (Lines 1 to 23)	2,740,435,916	0	2,740,435,916	2,449,360,968
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	2,500,000	2,500,000
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	551,796,225	551,796,225
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	1,214,331,853	665,062,045
32. Less treasury stock, at cost				
32.1 shares common (value included in Line 26 \$)	XXX	XXX	0	0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	1,768,628,078	1,219,358,270
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	4,509,063,994	3,668,719,238
DETAILS OF WRITE-INS				
2301. ACA cost sharing reduction payable	11,343,683		11,343,683	18,198,978
2302. Unclaimed property	53,912		53,912	33,115
2303. State income tax payable	9,159,252		9,159,252	4,208,357
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	20,556,847	0	20,556,847	22,440,450
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE CELTIC INSURANCE COMPANY

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	19,579,790	12,340,616	17,272,116
2. Net premium income (including \$ non-health premium income)	XXX	5,679,870,561	3,532,966,260	5,110,192,338
3. Change in unearned premium reserves and reserve for rate credits	XXX		0	0
4. Fee-for-service (net of \$ medical expenses)	XXX		0	0
5. Risk revenue	XXX		0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	5,679,870,561	3,532,966,260	5,110,192,338
Hospital and Medical:				
9. Hospital/medical benefits		6,014,022,458	3,787,463,481	5,636,422,191
10. Other professional services		34,653,159	29,069,170	38,529,324
11. Outside referrals			0	0
12. Emergency room and out-of-area		831,729,788	400,545,647	575,990,440
13. Prescription drugs		1,388,724,746	1,063,365,264	1,494,025,212
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		27,375,327	21,592,341	24,971,845
16. Subtotal (Lines 9 to 15)	0	8,296,505,477	5,302,035,903	7,769,939,012
Less:				
17. Net reinsurance recoveries		4,137,920,654	2,637,425,668	3,868,544,662
18. Total hospital and medical (Lines 16 minus 17)	0	4,158,584,824	2,664,610,235	3,901,394,349
19. Non-health claims (net)			0	0
20. Claims adjustment expenses, including \$ 2,309,159 cost containment expenses		38,485,977	23,320,045	35,057,893
21. General administrative expenses		797,102,341	529,115,258	754,242,584
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		(1,388,518)	0	3,801,201
23. Total underwriting deductions (Lines 18 through 22)	0	4,992,784,623	3,217,045,538	4,694,496,027
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	687,085,938	315,920,722	415,696,311
25. Net investment income earned		94,983,118	30,078,305	89,663,728
26. Net realized capital gains (losses) less capital gains tax of \$ (14,634)		(55,048)	(2,809,848)	(4,463,138)
27. Net investment gains (losses) (Lines 25 plus 26)	0	94,928,070	27,268,457	85,200,590
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$ (5,038,264))]		(5,038,264)	(3,493,242)	(5,095,423)
29. Aggregate write-ins for other income or expenses	0	(859,857)	(613,348)	(654,398)
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	776,115,887	339,082,589	495,147,080
31. Federal and foreign income taxes incurred	XXX	162,919,486	71,502,738	96,864,007
32. Net income (loss) (Lines 30 minus 31)	XXX	613,196,401	267,579,851	398,283,073
DETAILS OF WRITE-INS				
0601.	XXX		0	0
0602.	XXX		0	0
0603.	XXX		0	0
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0	0
0701.	XXX		0	0
0702.	XXX		0	0
0703.	XXX		0	0
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401.			0	0
1402.			0	0
1403.			0	0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	0
2901. Network rental income			1,199,484	1,588,997
2902. Annuity income			0	(2,243,394)
2903. Fines and penalties of regulatory entities		(859,857)	(1,812,832)	0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	(859,857)	(613,348)	(654,398)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	1,219,358,270	794,886,166	794,886,166
34. Net income or (loss) from Line 32	613,196,401	267,579,851	398,283,073
35. Change in valuation basis of aggregate policy and claim reserves		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 240,545	367,232,043	138,660,637	95,776,168
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax	8,915,467	(6,438,906)	(4,735,999)
39. Change in nonadmitted assets	(42,074,103)	29,279,777	30,148,862
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles		0	0
44. Capital Changes:			
44.1 Paid in		0	0
44.2 Transferred from surplus (Stock Dividend)		0	0
44.3 Transferred to surplus		0	0
45. Surplus adjustments:			
45.1 Paid in		0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		0	0
46. Dividends to stockholders	(398,000,000)	(95,000,000)	(95,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	549,269,808	334,081,359	424,472,104
49. Capital and surplus end of reporting period (Line 33 plus 48)	1,768,628,078	1,128,967,525	1,219,358,270
DETAILS OF WRITE-INS			
4701.		0	0
4702.		0	0
4703.		0	0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	5,729,096,257	3,974,593,098	5,841,518,450
2. Net investment income	96,912,271	32,556,627	93,908,857
3. Miscellaneous income	0	1,199,484	1,588,997
4. Total (Lines 1 to 3)	5,826,008,528	4,008,349,209	5,937,016,303
5. Benefit and loss related payments	3,967,287,366	2,481,260,579	3,603,545,181
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	1,104,616,371	365,559,360	356,009,480
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ _____ tax on capital gains (losses).....	206,408,115	12,291,164	660,878
10. Total (Lines 5 through 9)	5,278,311,852	2,859,111,103	3,960,215,539
11. Net cash from operations (Line 4 minus Line 10)	547,696,676	1,149,238,106	1,976,800,764
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	83,811,362	104,199,567	130,433,954
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	933,777	896,277	896,277
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(110)	(630)	(619)
12.7 Miscellaneous proceeds	16,232,898	4,193,110	2,506,231
12.8 Total investment proceeds (Lines 12.1 to 12.7)	100,977,926	109,288,324	133,835,844
13. Cost of investments acquired (long-term only):			
13.1 Bonds	264,431,779	16,710,882	19,680,339
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	2,532,650	2,774,062	3,137,277
13.6 Miscellaneous applications	867,657	57,791	2,000,316
13.7 Total investments acquired (Lines 13.1 to 13.6)	267,832,086	19,542,735	24,817,932
14. Net increase/(decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(166,854,160)	89,745,589	109,017,912
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	398,000,000	95,000,000	95,000,000
16.6 Other cash provided (applied)	2	0	0
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(397,999,998)	(95,000,000)	(95,000,000)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(17,157,482)	1,143,983,695	1,990,818,676
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	2,159,875,219	169,056,543	169,056,543
19.2 End of period (Line 18 plus Line 19.1)	2,142,717,738	1,313,040,238	2,159,875,219

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non- Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	1,626,431	1,621,997	0	715	0	0	0	3,654	0	0	0	0	65	0
2. First Quarter	2,144,074	2,140,029	0	654	0	0	0	3,327	0	0	0	0	64	0
3. Second Quarter	2,196,899	2,193,036	0	611	0	0	0	3,192	0	0	0	0	60	0
4. Third Quarter	2,233,014	2,229,162	0	584	0	0	0	3,190	0	0	0	0	58	0
5. Current Year	0													
6. Current Year Member Months	19,579,790	19,544,478		5,547				29,219					546	
Total Member Ambulatory Encounters for Period:														
7. Physician	6,210,816	6,167,195						43,621						
8. Non-Physician	7,379,824	7,354,474						25,350						
9. Total	13,590,640	13,521,669	0	0	0	0	0	68,971	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,001,450	1,000,851						599						
11. Number of Inpatient Admissions	161,994	161,937						58						
12. Health Premiums Written (a)	11,320,259,105	11,277,574,160		1,691,817				40,993,128						
13. Life Premiums Direct	30,032												30,032	
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	11,320,289,137	11,277,574,160		1,691,817				40,993,128					30,032	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	4,121,365,520	4,082,637,860		1,796,454				36,909,330					21,877	
18. Amount Incurred for Provision of Health Care Services	8,296,505,477	8,261,023,572		1,796,454				33,679,451						

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE CELTIC INSURANCE COMPANY

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

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual	506,052,029	3,569,725,649	108,584,707	766,087,808	614,636,736	673,965,024
2. Comprehensive (hospital and medical) group					.0	.0
3. Medicare Supplement		1,796,454			.0	.0
4. Vision only					.0	.0
5. Dental only					.0	.0
6. Federal Employees Health Benefits Plan					.0	.0
7. Title XVIII - Medicare	6,320,269	30,589,061	310,426	8,019,321	6,630,696	7,830,643
8. Title XIX - Medicaid					.0	.0
9. Credit A&H					.0	.0
10. Disability income					.0	.0
11. Long-term care					.0	.0
12. Other health					.0	.0
13. Health subtotal (Lines 1 to 12)	512,372,298	3,602,111,164	108,895,133	774,107,129	621,267,431	681,795,668
14. Health care receivables (a)		171,187,605			.0	.0
15. Other non-health					.0	.0
16. Medical incentive pools and bonus amounts	652,988	6,229,070	8,418,668	5,074,728	9,071,656	6,293,082
17. Totals (Lines 13-14+15+16)	513,025,286	3,437,152,629	117,313,801	779,181,857	630,339,087	688,088,750

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

Q3 2024 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 Association 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 #	9/30/2024	12/31/2023
NET INCOME					
(1) Celtic Insurance Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 613,196,401	\$ 398,283,074
(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	\$ 613,196,401	\$ 398,283,074
SURPLUS					
(5) Celtic Insurance Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$1,768,628,078	\$ 1,219,358,270
(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	\$1,768,628,078	\$ 1,219,358,270

- 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 interests in two subsidiary insurance companies, one of which exceeds 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 these 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

E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill - 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) Prepayment assumptions for loan-backed securities were obtained from Moody's.

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 \$37,062
 - ii. 12 months or longer \$7,233,493
 - b. The aggregate related fair value of securities with unrealized losses:
 - i. Less than 12 months \$14,058,991
 - ii. 12 months or longer \$91,818,920
- 5) For any security in an unrealized loss position, the Company assesses whether it intends to sell the security or if it is more likely than not that the Company will be required to sell the security before recovery of the amortized cost basis for reasons such as liquidity, contractual, or regulatory purposes. If the security meets this criterion, the decline in fair value is 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

1)

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	\$ 2,617,810	\$ 2,592,217	\$ 25,593	\$ -	\$ 2,617,810	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							
o. Total Restricted Assets	\$ 2,617,810	\$ 2,592,217	\$ 25,593	\$ -	\$ 2,617,810	0.1%	0.1%

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

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

- 2) Detail of Assets Pledged as Collateral Not Captured in Other Categories – None
- 3) Description of Other Restricted Assets – None
- 4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements – None
- M. Working Capital Finance Investments – None
- N. Offsetting and Netting of Assets and Liabilities – None
- O. SGI Securities – None
- P. Short Sales – None

Q. Prepayment Penalty and Acceleration Fees

	General Account
1) Number of CUSIPs	<u>0</u>
2) Aggregate Amount of Investment Income	<u>\$0</u>

- R. The Company's investment in the qualified cash pool was \$7,244.62 and \$0 as of September 30, 2024 and December 31, 2023, respectively. The following table presents the percent share distribution by underlying asset type as of September 30, 2024:

Asset Type	Percent Share
(1) Cash	<u>0</u> %
(2) Cash Equivalents	<u>100</u> %
(3) Short-Term Investments	<u>0</u> %
(4) Total	<u>100</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. All investment income due and accrued with amounts that are over 90 days past due and amounts relating to nonadmitted invested assets are considered nonadmitted.
- B. The Company did not have any nonadmitted accrued interest income during the statement periods.
- C. The gross, nonadmitted and admitted amounts for interest income due and accrued.

Interest Income Due and Accrued	Amount
1. Gross	6,706,096
2. Nonadmitted	<u>-</u>
3. Admitted	<u>6,706,096</u>

- D. The Company did not have any aggregate deferred interest during the statement periods.
- E. The Company did not have any paid-in-kind interest included in current principal balance.

8. Derivative Instruments – None

9. Income Taxes – No Change

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 2024 and 2023, 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 \$649,970,564 and \$598,812,731 for such services during the periods ended September 30, 2024 and December 31, 2023, respectively.

California Health and Wellness Plan, a wholly owned subsidiary of Centene Corporation, obtains network access services from the Company. Revenues included \$0 and \$794,498 for such services for the periods ended September 30, 2024 and December 31, 2023, respectively.

Involve Dental, Inc., an ultimately wholly owned subsidiary of Centene Corporation, provides dental benefits management services to the Company. Medical expenses included \$10,049,336 and \$9,946,797 for such services for the periods ended September 30, 2024 and December 31, 2023, respectively.

As of January 1, 2023, the Company switched benefit managers ("PBM") from Centene Pharmacy Services, Inc. to an external PBM.

Involve Vision, Inc., an ultimately wholly owned subsidiary of Centene Corporation, provides managed vision services to the Company. Medical expenses included \$11,817,539 and \$15,500,391 for such services for the periods ended September 30, 2024 and December 31, 2023, respectively.

National Imaging Associates, Inc., which was an ultimately wholly owned subsidiary of Centene Corporation, provides managed radiology services to the Company. Medical and administrative expenses included \$0 and \$390,108 for such services for the periods ended September 30, 2024 and December 31, 2023, respectively.

Access Medical Acquisition, Inc., an ultimately wholly owned subsidiary of Centene Corporation, provides managed care services to the Company. Medical and administrative expenses included \$4,060,212 and \$1,709,470 for such services for the periods ended September 30, 2024 and December 31, 2023, respectively.

Health Net Life Reinsurance Company, an ultimately wholly owned subsidiary of Centene Corporation, provides reinsurance services to the Company. Reinsurance premiums included \$5,065,896,659 and \$4,737,831,733 for such services for the periods ended September 30, 2024 and December 31, 2023.

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 \$1,462,758 and \$575,462 for such services for the periods ended September 30, 2024 and December 31, 2023, respectively.

Included in the Company's balance sheet at September 30, 2024 were receivables and/or payables due from/due to parent, subsidiaries and affiliates of:

Affiliated Entity	As of 09/30/2024
Centene Management Company LLC	\$ 59,250,730
Envolve Vision, Inc.	\$ 4,284,656
Dental Health and Wellness	\$ 7,974,374
Sunflower State Health Plan	\$ 75,726
Absolute Total Care Inc	\$ 2,121
AcariaHealth Pharmacy Inc	\$ 79,895
Superior HealthPlan Inc	\$ 9,551
Wellcare Prescription Insur	\$ 32,360
Total Receivables from Affiliates	\$ 71,709,414
Centene Corporation	\$ (4,112,514)
Home State Health Plan	\$ (175,626)
Health Net Life Reinsurance Co	\$ (133,905,571)
NovaSys Health Inc	\$ (8,911,541)
Bankers Reserve Life Insurance Company of Wisconsin	\$ (19,374)
Homescript	\$ (58,646)
Meridian Mgmt Co	\$ (36,029)
Total Amounts due to Affiliates	\$ (147,219,302)
Envolve Dental of Texas, Inc.	\$ (693,684) *
Envolve Dental of Florida, Inc	\$ (316,824) *
Envolve Vision of Florida, Inc	\$ (1,800,981) *
Envolve Vision of Texas, Inc	\$ (512,373) *
US Script Inc	\$ (586,130) *
CMG	\$ (1,517,000) *
Comprehensive Health Management	\$ (8,338) **
US Script (Healthcare Rec)	\$ 11,348,834 **
Total Other due to/from Affiliates	\$ 5,913,505

* 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 Peach State Inc., an insurance company subsidiary, whose carrying value exceeds 10% of admitted assets of the Company. The Company carries Ambetter of Peach State Inc. at audited statutory capital and surplus.

At September 30, 2024, there was no quoted market value of Ambetter of Peach State Inc.

As of September 30, 2024, the financial statements of Ambetter of Peach State Inc. are summarized as follows:

Admitted Assets	\$1,314,519,606
Liabilities	\$689,630,446
Results of Operations	\$277,461,593

The Company also owns a 100% interest in Ambetter of Magnolia Inc., an insurance company subsidiary, whose carrying value does not exceed 10% of 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 \$0 and \$254 for the periods ended September 30, 2024 and December 31, 2023, 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 September 30, 2024.
- 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 \$398,000,000 to Centene Corporation on September 16, 2024.
- E. Within the limitations of 13(c) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- F. There were no restrictions placed on the Company's statutory surplus.
- G. Not applicable
- H. None
- I. None
- J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses was \$711,279,736.
- 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 outstanding commitments of approximately \$5.4 million for additional investments in joint ventures and limited partnerships 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 \$5,038,264 and \$5,076,546 related to member premium receivables outstanding at September 30, 2024 and December 31, 2023, respectively. The \$860,186 and \$1,191,817 of member premium receivables recognized at September 30, 2024 and December 31, 2023, 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 September 30, 2024 for admitted assets and liabilities measured at fair value on a recurring basis:

Description for each class of asset or liability	Net Asset Value					Total
	(Level 1)	(Level 2)	(Level 3)	(NAV)		
a. Assets at fair value						
Cash, cash equivalents, and short-term investments	\$ 1,903,385,992	\$ 239,331,746	\$ -	\$ -	\$ -	\$ 2,142,717,738
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	\$ 1,903,385,992	\$ 239,331,746	\$ -	\$ -	\$ -	\$ 2,142,717,738
b. Liabilities at fair value						
Derivative liabilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

The following table summarizes fair value measurements by level at December 31, 2023 for admitted assets and liabilities measured at fair value on a recurring basis:

Description for each class of asset or liability	Net Asset Value					Total
	(Level 1)	(Level 2)	(Level 3)	(NAV)		
a. Assets at fair value						
Cash, cash equivalents, and short-term investments	\$ 2,114,001,832	\$ 45,873,390	\$ -	\$ -	\$ -	\$ 2,159,875,222
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	\$ 2,114,001,832	\$ 45,873,390	\$ -	\$ -	\$ -	\$ 2,159,875,222
b. Liabilities at fair value						
Derivative liabilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

B. Fair Value Disclosures Under Other Pronouncements – None

C. Aggregate Fair Value for All Financial Instruments

The following table summarizes fair value measurements by level at September 30, 2024 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	\$ 2,142,717,738	\$ 2,142,717,738	\$ 1,903,385,992	\$ 239,331,746	\$ -	\$ -	\$ -
Bonds	\$ 773,514,214	\$ 788,736,489	\$ 2,017,778	\$ 771,496,436	\$ -	\$ -	\$ -

The following table summarizes fair value measurements by level at December 31, 2023 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	\$ 2,159,875,222	\$ 2,159,875,222	\$ 2,114,001,832	\$ 45,873,390	\$ -	\$ -	-
Bonds	\$ 577,407,161	\$ 610,221,308	\$ 2,010,668	\$ 575,396,493	\$ -	\$ -	-

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

22. Events Subsequent

Type I – Recognized Subsequent Events – None

Type II – Nonrecognized Subsequent Events

Subsequent events have been considered through November 15, 2024 for the statutory statement issued on November 15, 2024.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Section 2 – Ceded reinsurance Report - Part A

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

Section 3 – Ceded reinsurance Report - Part B

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

- B. 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 September 30, 2024 and December 31, 2023 which were subject to retrospective rating features was \$5,679,870,561 and \$5,110,192,338, 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
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$ 92,560,686.93	\$ -	\$ -	\$ -	\$ 92,560,686.93
(2) Medical loss ratio rebates paid	\$ 40,399,245.09	\$ -	\$ -	\$ -	\$ 40,399,245.09
(3) Medical loss ratio rebates unpaid	\$ 61,611,076.64	\$ -	\$ -	\$ -	\$ 61,611,076.64
(4) Plus reinsurance assumed amounts	\$ -	\$ -	\$ -	\$ -	\$ -
(5) Less reinsurance ceded amounts	\$ -	\$ -	\$ -	\$ -	\$ 30,805,538.32
(6) Rebates unpaid net of reinsurance	\$ -	\$ -	\$ -	\$ -	\$ 30,805,538.32
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$ 358,265,403.17	\$ -	\$ -	\$ -	\$ 358,265,403.17
(8) Medical loss ratio rebates paid	\$ 104,615,648.62	\$ -	\$ -	\$ -	\$ 104,615,648.62
(9) Medical loss ratio rebates unpaid	\$ 315,260,831.19	\$ -	\$ -	\$ -	\$ 315,260,831.19
(10) Plus reinsurance assumed amounts	\$ -	\$ -	\$ -	\$ -	\$ -
(11) Less reinsurance ceded amounts	\$ -	\$ -	\$ -	\$ -	\$ 157,630,415.60
(12) Rebates unpaid net of reinsurance	\$ -	\$ -	\$ -	\$ -	\$ 157,630,415.60

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

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

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

a) Permanent ACA Risk Adjustment Program

Assets

1) Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments) 479,049,694

Liabilities

2) Risk adjustment user fees payable for ACA Risk Adjustment 2,042,002

3) Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium) 346,111,854

Operations (Revenue & Expense)

4) Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment 213,869,161

5) Reported in expenses as ACA risk adjustment user fees (incurred/paid) 2,065,632

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		Explanation of adjustments	
	1	2	3	4	5	6	7	8	9	10		
												Receivable
a. Permanent ACA Risk Adjustment Program												
1. Premium adjustments receivable	247,920,446	-	215,293,021	-	32,627,425	-	213,237,230	-	A	245,964,655	-	A & B - Adjustments due to updated 2023 transfers liabilities and RADV transfer liabilities driven by final CMS announcements
2. Premium adjustments (payable)	-	(303,848,016)	-	(190,289,269)	-	(113,558,747)	-	101,550,573	B	-	(12,008,174)	
3. Subtotal ACA Permanent Risk Adjustment Program	247,920,446	(303,848,016)	215,293,021	(190,289,269)	32,627,425	(113,558,747)	213,237,230	101,550,573	#	245,964,655	(12,008,174)	
d. Total for ACA Risk Sharing Provisions	247,920,446	(303,848,016)	215,293,021	(190,289,269)	32,627,425	(113,558,747)	213,237,230	101,550,573		245,964,655	(12,008,174)	

25. Change in Incurred Claims and Claims Adjustment Expenses

- A. Reserves at December 31, 2023 were approximately \$674 million. As of September 30, 2024, approximately \$470 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 \$71 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 \$132 million favorable prior year development during the period ended Septemr 30, 2024. 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 September 30, 2024.

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
9/30/2024	108,513,217.43	108,513,217.43	-	-	108,312,211.71
6/30/2024	98,045,039.90	98,045,039.90	-	-	1,892.05
3/31/2024	79,852,153.13	79,852,153.13	-	-	43,301,035.14
12/31/2023	89,919,348.14	89,919,348.14	-	-	84,458,163.96
9/30/2023	83,093,805.49	83,093,805.49	-	-	78,544,201.61
6/30/2023	72,625,402.10	72,625,402.10	-	-	68,842,551.02
3/31/2023	61,615,335.91	61,615,335.91	-	-	58,488,442.49
12/31/2022	54,849,496.26	54,849,496.26	-	-	53,851,736.11
9/30/2022	55,007,879.43	55,007,879.43	-	-	53,195,701.99
6/30/2022	51,513,726.95	51,513,726.95	-	-	51,499,326.85
3/31/2022	43,760,100.07	43,760,100.07	-	-	44,358,457.82
12/31/2021	468,913,763.70	468,913,763.70	-	-	464,914,594.83

- B. Risk-Sharing Receivables – None

29. Participating Policies – None

30. Premium Deficiency Reserves

- | | |
|---|--------------------|
| 1) Liability carried for premium deficiency reserves | \$2,412,682.47 |
| 2) Date of the most recent evaluation of this liability | September 30, 2024 |
| 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 \$5,736,500 as of September 30, 2024.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No []
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group 0001071739
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] NA []
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2022
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2022
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 07/03/2024
- 6.4 By what department or departments?
Illinois Department of Insurance.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] NA [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] NA [X]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:
- 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 below the names and location (city and state of the main office) of any affiliates regulated by a federal 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

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
 - (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 - (c) Compliance with applicable governmental laws, rules and regulations;
 - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 - (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$

GENERAL INTERROGATORIES

INVESTMENT

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

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

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

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

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

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$ 0	\$
14.22 Preferred Stock	\$ 0	\$
14.23 Common Stock	\$ 456,490,594	\$ 822,865,845
14.24 Short-Term Investments	\$ 0	\$
14.25 Mortgage Loans on Real Estate	\$	\$
14.26 All Other	\$	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 456,490,594	\$ 822,865,845
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

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

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
16.3 Total payable for securities lending reported on the liability page \$ 0

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

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

1 Name of Custodian(s)	2 Custodian Address
Northern Trust	333 South Wabash, 42nd Fl, Chicago IL 60604
U.S. Bank Trust	555 S.W. Oak Street, Portland, OR 67204

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]

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

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

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

1 Name of Firm or Individual	2 Affiliation
Brown Brothers Harriman	U
Affspring Global Investments	U
New England Asset Management, Inc	U
Wellington Management Company LLP	U

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [X] No []

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [] No [X]

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
104487	Brown Brothers Harriman	<blank>	F/NRA	NO
104973	Affspring Global Investments	549300B3H21002L85190	SEC	NO
105900	New England Asset Management, Inc.	KJR85E5PS4GQF27FC130	SEC	DS
106595	Wellington Management Company, LLP	549300YHP12TEZNLX41	SEC	DS

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

18.2 If no, list exceptions:
.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for 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.

GENERAL INTERROGATORIES

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

20. 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 a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

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

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

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

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

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent..... 73.2 %
- 1.2 A&H cost containment percent..... 0.0 %
- 1.3 A&H expense percent excluding cost containment expenses..... 7.4 %
- 2.1 Do you act as a custodian for health savings accounts?..... Yes [] No [X]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date..... \$
- 2.3 Do you act as an administrator for health savings accounts?..... Yes [] No [X]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date..... \$
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?..... Yes [X] No []
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?..... Yes [] No []

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE CELTIC INSURANCE COMPANY

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
NONE									

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE CELTIC INSURANCE COMPANY

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

1	2	3	4	5	Direct Business Only					10
					6	7	8	9		
States, Etc.	Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1. Alabama	AL	225,166,110					1,168		225,167,278	
2. Alaska	AK	2,923							2,923	
3. Arizona	AZ						(331)		(331)	
4. Arkansas	AR	569,322,918							569,322,918	
5. California	CA								0	
6. Colorado	CO	3,433							3,433	
7. Connecticut	CT	36,945					220		36,165	
8. Delaware	DE	3,664,970	2,259,188				326		6,124,484	
9. Dist. Columbia	DC								0	
10. Florida	FL	4,767,700,938					1,340		4,767,701,738	
11. Georgia	GA	59,424							59,424	
12. Hawaii	HI								0	
13. Idaho	ID								0	
14. Illinois	IL	213,456,041					3,433		213,459,474	
15. Indiana	IN	532,357,261							532,357,261	
16. Iowa	IA	13,815					60		13,875	
17. Kansas	KS	491,422,832							491,422,832	
18. Kentucky	KY						305		305	
19. Louisiana	LA						131		131	
20. Maine	ME								0	
21. Maryland	MD								0	
22. Massachusetts	MA						1,178		1,178	
23. Michigan	MI	4,492					461		4,953	
24. Minnesota	MN	5,570							5,570	
25. Mississippi	MS	3,569							3,569	
26. Missouri	MO	773,119,209							773,119,209	
27. Montana	MT								0	
28. Nebraska	NE	19,873							19,873	
29. Nevada	NV	4,358							4,358	
30. New Hampshire	NH	83,448,820							83,448,820	
31. New Jersey	NJ	173,262							173,262	
32. New Mexico	NM	16,229					905		17,134	
33. New York	NY								0	
34. North Carolina	NC	347,501					5,120		352,621	
35. North Dakota	ND								0	
36. Ohio	OH	12,006					205		12,211	
37. Oklahoma	OK	236,289,386					108		236,289,494	
38. Oregon	OR						108		108	
39. Pennsylvania	PA	28,677	38,733,940						38,762,617	
40. Rhode Island	RI								0	
41. South Carolina	SC	18,210							18,210	
42. South Dakota	SD	(2,542)							(2,542)	
43. Tennessee	TN	1,295,056,264							1,295,056,264	
44. Texas	TX	2,087,287,032					7,139		2,087,294,170	
45. Utah	UT								0	
46. Vermont	VT	5,058							5,058	
47. Virginia	VA	22,933					4,193		27,126	
48. Washington	WA								0	
49. West Virginia	WV								0	
50. Wisconsin	WI						2,316		2,316	
51. Wyoming	WY						1,647		1,647	
52. American Samoa	AS								0	
53. Guam	GU								0	
54. Puerto Rico	PR								0	
55. U.S. Virgin Islands	VI								0	
56. Northern Mariana Islands	MP								0	
57. Canada	CAN								0	
58. Aggregate other alien	OT	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	11,279,265,977	40,993,128	0	0	0	30,032	0	11,320,289,137	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	XXX	11,279,265,977	40,993,128	0	0	0	30,032	0	11,320,289,137	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page.	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts

- 1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG 50
- 2. R – Registered – Non-domiciled RRGs 0
- 3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state 0
- 4. Q – Qualified – Qualified or accredited reinsurer 0
- 5. N – None of the above – Not allowed to write business in the state 7

Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group – Part 1 Organizational Chart

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE CELTIC INSURANCE COMPANY

Centene Corporation							42-1406317	DE
	Bankers Reserve Life Insurance Company of Wisconsin						39-0993433	WI 71013
	Health Plan Real Estate Holding, Inc (17%)						46-2860967	MO
	Peach State Health Plan, Inc						20-3174593	GA 12315
	Health Plan Real Estate Holding, Inc (21%)						46-2860967	MO
	Iowa Total Care, Inc						46-4829006	IA 15713
	Buckeye Community Health Plan, Inc						32-0045282	OH 11834
	Health Plan Real Estate Holding, Inc (18%)						46-2860967	MO
	Absolute Total Care, Inc						20-5693998	SC 12959
	Health Plan Real Estate Holding, Inc (1%)						46-2860967	MO
	Coordinated Care Corporation						39-1821211	IN 95831
	Health Plan Real Estate Holding, Inc (15%)						46-2860967	MO
	Healthy Washington Holdings, Inc						46-5523218	DE
	Coordinated Care of Washington, Inc						46-2578279	WA 15352
	Managed Health Services Insurance Corp						39-1678579	WI 96822
	Health Plan Real Estate Holding, Inc (2%)						46-2860967	MO
	Hallmark Life Insurance Co						86-0819817	AZ 60078
	Superior HealthPlan, Inc						74-2770542	TX 95647
	Health Plan Real Estate Holding, Inc (21%)						46-2860967	MO
	Healthy Louisiana Holdings LLC						27-0916294	DE
	Louisiana Healthcare Connections, Inc						27-1287287	LA 13970
	Magnolia Health Plan Inc						20-8570212	MS 13923
	Sunshine Health Holding LLC						26-0557093	FL
	Sunshine State Health Plan, Inc (50%)						20-8937577	FL 13148
	Healthy Missouri Holding, Inc						45-5070230	MO
	Home State Health Plan, Inc						45-2798041	MO 14218
	Health Plan Real Estate Holding, Inc (5%)						46-2860967	MO
	Sunflower State Health Plan, Inc						45-3276702	KS 14345