



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022
OF THE CONDITION AND AFFAIRS OF THE

Emphesys Insurance Company

NAIC Group Code 0119 0119 NAIC Company Code 88595 Employer's ID Number 31-0935772
(Current) (Prior)

Organized under the Laws of Texas, State of Domicile or Port of Entry TX

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 03/13/1978 Commenced Business 05/12/1978

Statutory Home Office 1221 S. Mo Pac Expy., Suite 300, Austin, TX, US 78746-7625
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 500 West Main Street
(Street and Number)
Louisville, KY, US 40202, 502-580-1000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address P. O. Box 740036, Louisville, KY, US 40201-7436
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 500 West Main Street
(Street and Number)
Louisville, KY, US 40202, 502-580-1000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.humana.com

Statutory Statement Contact Bryan Oberholtzer, 502-580-1077
(Name) (Area Code) (Telephone Number)
DOIINQUIRIES@humana.com, 502-580-2099
(E-mail Address) (FAX Number)

OFFICERS

President & CEO Bruce Dale Broussard Chief Financial Officer Susan Marie Diamond
VP, Associate General Counsel & Corporate Secretary Joseph Matthew Ruschell SVP, Chief Actuary Vanessa Marie Olson

OTHER

Courtney Danielle Durall, Assistant Corporate Secretary and Legal Advisor John-Paul William Felter #, SVP, Chief Accounting Officer & Controller Robert Martin Marcoux Jr. #, VP & Treasurer
Matthew George Moore, Regional President William Mark Preston, VP, Investments George Renaudin II, President, Medicare
Donald Hank Robinson, SVP, Tax Susan Draney Schick, Segment President, Group and Military Business Ralph Martin Wilson, Vice President

DIRECTORS OR TRUSTEES

Bruce Dale Broussard John-Paul William Felter # George Renaudin II #
Joseph Mathew Ruschell Susan Draney Schick

State of Kentucky SS
County of Jefferson

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.

Bruce Dale Broussard
President & CEO

Joseph Matthew Ruschell
VP, Associate General Counsel & Corporate Secretary

Robert Martin Marcoux, Jr. #
VP & Treasurer

Subscribed and sworn to before me this 20th day of February, 2023

Julia Wentworth
Notary Public
January 10, 2025



Julia Wentworth
Notary Public
State at Large
Kentucky

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

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	16	8,970,111	0	2,313,287	16	0
2. Claim overpayment receivables	0	0	0	0	0	0
3. Loans and advances to providers	0	0	0	0	0	0
4. Capitation arrangement receivables	0	0	0	0	0	0
5. Risk sharing receivables	0	0	0	1,363	0	0
6. Other health care receivables.....	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	16	8,970,111	0	2,314,649	16	0

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
NONE				
0399999 Total gross payables				

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0	13,323	100.0	0	0
2. Intermediaries	0	0.0	0	0.0	0	0
3. All other providers	0	0.0	0	0.0	0	0
4. Total capitation payments	0	0.0	13,323	100.0	0	0
Other Payments:						
5. Fee-for-service	2,523,218	2.1	XXX	XXX	0	2,523,218
6. Contractual fee payments	119,593,766	97.8	XXX	XXX	0	119,593,766
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX	0	0
9. Non-contingent salaries	123,180	0.1	XXX	XXX	0	123,180
10. Aggregate cost arrangements	0	0.0	XXX	XXX	0	0
11. All other payments	0	0.0	XXX	XXX	0	0
12. Total other payments	122,240,164	100.0	XXX	XXX	0	122,240,164
13. TOTAL (Line 4 plus Line 12)	122,240,164	100%	XXX	XXX	0	122,240,164

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999 Totals			XXX	XXX	XXX

Exhibit 8 - Furniture and Equipment Owned

N O N E



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Empheys Insurance Company

2. Austin, TX

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Alabama		2022										NAIC Company Code	
		88595		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:															
1. Prior Year	9	0	0	9	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter	149	0	0	110	0	0	0	39	0	0	0	0	0	0	0
3. Second Quarter	273	0	0	236	0	0	0	37	0	0	0	0	0	0	0
4. Third Quarter	357	0	0	324	0	0	0	33	0	0	0	0	0	0	0
5. Current Year	437	0	0	405	0	0	0	32	0	0	0	0	0	0	0
6. Current Year Member Months	3,299	0	0	2,870	0	0	0	429	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:															
7. Physician	4,101	0	0	3,168	0	0	0	933	0	0	0	0	0	0	0
8. Non-Physician	1,340	0	0	813	0	0	0	527	0	0	0	0	0	0	0
9. Total	5,441	0	0	3,981	0	0	0	1,460	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	264	0	0	116	0	0	0	148	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	37	0	0	21	0	0	0	16	0	0	0	0	0	0	0
12. Health Premiums Written (b)	944,888	0	0	393,035	0	0	0	551,853	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	944,888	0	0	393,035	0	0	0	551,853	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	767,758	0	0	284,542	0	0	0	483,217	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	897,185	0	0	363,109	0	0	0	534,075	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products32 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 551,853

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Alaska			DURING THE YEAR 2022										(LOCATION)		
	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	NAIC Company Code	
		2 Individual	3 Group													
Total Members at end of:																
1. Prior Year																
2. First Quarter																
3. Second Quarter																
4. Third Quarter																
5. Current Year																
6. Current Year Member Months																
Total Member Ambulatory Encounters for Year:																
7. Physician																
8. Non-Physician																
9. Total																
10. Hospital Patient Days Incurred																
11. Number of Inpatient Admissions																
12. Health Premiums Written (b)																
13. Life Premiums Direct																
14. Property/Casualty Premiums Written																
15. Health Premiums Earned.....																
16. Property/Casualty Premiums Earned																
17. Amount Paid for Provision of Health Care Services.....																
18. Amount Incurred for Provision of Health Care Services																

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

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

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE EmpheSys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

EmpheSys Insurance Company

2. Austin, TX

NAIC Group Code	0119		BUSINESS IN THE STATE OF		Arizona		DURING THE YEAR							2022		(LOCATION)		NAIC Company Code	88595
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14					
		2	3																
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health						
Total Members at end of:																			
1. Prior Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	32	0	0	0	0	0	0	32	0	0	0	0	0	0	0	0	0		
3. Second Quarter	32	0	0	0	0	0	0	32	0	0	0	0	0	0	0	0	0		
4. Third Quarter	35	0	0	0	0	0	0	35	0	0	0	0	0	0	0	0	0		
5. Current Year	39	0	0	0	0	0	0	39	0	0	0	0	0	0	0	0	0		
6. Current Year Member Months	412	0	0	0	0	0	0	412	0	0	0	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:																			
7. Physician	913	0	0	0	0	0	0	913	0	0	0	0	0	0	0	0	0		
8. Non-Physician	252	0	0	0	0	0	0	252	0	0	0	0	0	0	0	0	0		
9. Total	1,165	0	0	0	0	0	0	1,165	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	104	0	0	0	0	0	0	104	0	0	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	8	0	0	0	0	0	0	8	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	478,231	0	0	0	0	0	0	478,231	0	0	0	0	0	0	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	478,231	0	0	0	0	0	0	478,231	0	0	0	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	353,147	0	(4)	0	0	0	0	353,151	0	0	0	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	445,477	0	(4)	0	0	0	0	445,481	0	0	0	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products39 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 478,231

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Arkansas			DURING THE YEAR 2022 (LOCATION)										
	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														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

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

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Connecticut			DURING THE YEAR 2022										(LOCATION) NAIC Company Code	
	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															
2. First Quarter															
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b)															
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

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

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Delaware			DURING THE YEAR 2022										(LOCATION) NAIC Company Code	
	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															
2. First Quarter															
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b)															
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF District of Columbia													
	(LOCATION)													
	DURING THE YEAR 2022 NAIC Company Code													
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE EmpheSys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

EmpheSys Insurance Company

2. Austin, TX

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Florida		2022										NAIC Company Code	
		88595		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:															
1. Prior Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter	430	0	0	0	0	0	0	430	0	0	0	0	0	0	0
3. Second Quarter	439	0	0	0	0	0	0	439	0	0	0	0	0	0	0
4. Third Quarter	446	0	0	0	0	0	0	446	0	0	0	0	0	0	0
5. Current Year	441	0	0	0	0	0	0	441	0	0	0	0	0	0	0
6. Current Year Member Months	5,279	0	0	0	0	0	0	5,279	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:															
7. Physician	10,274	0	0	0	0	0	0	10,274	0	0	0	0	0	0	0
8. Non-Physician	4,216	0	0	0	0	0	0	4,216	0	0	0	0	0	0	0
9. Total	14,490	0	0	0	0	0	0	14,490	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	843	0	0	0	0	0	0	843	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	101	0	0	0	0	0	0	101	0	0	0	0	0	0	0
12. Health Premiums Written (b)	5,518,786	0	0	0	0	0	0	5,518,786	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	5,518,786	0	0	0	0	0	0	5,518,786	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	4,538,419	0	0	0	0	0	0	4,538,419	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	5,088,476	0	0	0	0	0	0	5,088,476	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 441 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 5,518,786

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Empheys Insurance Company

2. Austin, TX

NAIC Group Code	0119	BUSINESS IN THE STATE OF Georgia											DURING THE YEAR 2022		(LOCATION)	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	NAIC Company Code	88595
		2	3													
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health			
Total Members at end of:																
1. Prior Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	552	0	0	0	0	0	0	552	0	0	0	0	0	0		
3. Second Quarter	556	0	0	0	0	0	0	556	0	0	0	0	0	0		
4. Third Quarter	568	0	0	6	0	0	0	562	0	0	0	0	0	0		
5. Current Year	614	0	0	52	0	0	0	562	0	0	0	0	0	0		
6. Current Year Member Months	6,791	0	0	111	0	0	0	6,680	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:																
7. Physician	12,464	0	0	200	0	0	0	12,264	0	0	0	0	0	0		
8. Non-Physician	6,116	0	0	79	0	0	0	6,037	0	0	0	0	0	0		
9. Total	18,580	0	0	279	0	0	0	18,301	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	594	0	0	22	0	0	0	572	0	0	0	0	0	0		
11. Number of Inpatient Admissions	88	0	0	2	0	0	0	86	0	0	0	0	0	0		
12. Health Premiums Written (b)	8,679,207	0	0	17,238	0	0	0	8,661,969	0	0	0	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	8,679,207	0	0	17,238	0	0	0	8,661,969	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	5,366,873	0	0	14,549	0	0	0	5,352,324	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	5,774,153	0	0	22,101	0	0	0	5,752,052	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products562 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$8,661,969

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Idaho			DURING THE YEAR 2022										(LOCATION) NAIC Company Code	
	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															
2. First Quarter															
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b)															
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Empheys Insurance Company

2. Austin, TX

NAIC Group Code	0119		BUSINESS IN THE STATE OF Illinois		DURING THE YEAR 2022										(LOCATION)			
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	NAIC Company Code 88595			
		2	3												Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
	Total	Individual	Group															
Total Members at end of:																		
1.	Prior Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.	First Quarter	358	0	0	0	0	0	0	358	0	0	0	0	0	0	0	0	
3.	Second Quarter	354	0	0	0	0	0	0	354	0	0	0	0	0	0	0	0	
4.	Third Quarter	386	0	0	21	0	0	0	365	0	0	0	0	0	0	0	0	
5.	Current Year	436	0	0	76	0	0	0	360	0	0	0	0	0	0	0	0	
6.	Current Year Member Months	4,507	0	0	194	0	0	0	4,313	0	0	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:																		
7.	Physician	8,263	0	0	243	0	0	0	8,020	0	0	0	0	0	0	0	0	
8.	Non-Physician	4,516	0	0	56	0	0	0	4,460	0	0	0	0	0	0	0	0	
9.	Total	12,779	0	0	299	0	0	0	12,480	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	523	0	0	10	0	0	0	513	0	0	0	0	0	0	0	0	
11.	Number of Inpatient Admissions	89	0	0	3	0	0	0	86	0	0	0	0	0	0	0	0	
12.	Health Premiums Written (b)	5,076,514	0	0	24,574	0	0	0	5,051,940	0	0	0	0	0	0	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	5,076,514	0	0	24,574	0	0	0	5,051,940	0	0	0	0	0	0	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	4,157,909	0	0	17,204	0	0	0	4,140,705	0	0	0	0	0	0	0	0	
18.	Amount Incurred for Provision of Health Care Services	4,573,869	0	0	26,947	0	0	0	4,546,922	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 360 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 5,051,940

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Empheys Insurance Company

2. Austin, TX

NAIC Group Code	0119		BUSINESS IN THE STATE OF		Indiana		DURING THE YEAR							2022				(LOCATION)									
														NAIC Company Code				88595									
	1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10		11		12		13		14		
Total		2		3		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health	
Total Members at end of:																											
1. Prior Year		0		0		0		0		0		0		0		0		0		0		0		0		0	
2. First Quarter		3,779		0		0		0		0		0		3,779		0		0		0		0		0		0	
3. Second Quarter		3,798		0		0		0		0		0		3,798		0		0		0		0		0		0	
4. Third Quarter		3,832		0		0		0		0		0		3,832		0		0		0		0		0		0	
5. Current Year		3,858		0		0		0		0		0		3,858		0		0		0		0		0		0	
6. Current Year Member Months		45,739		0		0		0		0		0		45,739		0		0		0		0		0		0	
Total Member Ambulatory Encounters for Year:																											
7. Physician		90,272		0		0		0		0		0		90,272		0		0		0		0		0		0	
8. Non-Physician		51,502		0		0		0		0		0		51,502		0		0		0		0		0		0	
9. Total		141,774		0		0		0		0		0		141,774		0		0		0		0		0		0	
10. Hospital Patient Days Incurred		6,554		0		0		0		0		0		6,554		0		0		0		0		0		0	
11. Number of Inpatient Admissions		856		0		0		0		0		0		856		0		0		0		0		0		0	
12. Health Premiums Written (b)		53,971,220		0		0		0		0		0		53,971,220		0		0		0		0		0		0	
13. Life Premiums Direct		0		0		0		0		0		0		0		0		0		0		0		0		0	
14. Property/Casualty Premiums Written		0		0		0		0		0		0		0		0		0		0		0		0		0	
15. Health Premiums Earned		53,971,220		0		0		0		0		0		53,971,220		0		0		0		0		0		0	
16. Property/Casualty Premiums Earned		0		0		0		0		0		0		0		0		0		0		0		0		0	
17. Amount Paid for Provision of Health Care Services		44,733,289		0		(22)		0		0		0		44,733,311		0		0		0		0		0		0	
18. Amount Incurred for Provision of Health Care Services		49,312,594		0		(22)		0		0		0		49,312,615		0		0		0		0		0		0	

(a) For health business: number of persons insured under PPO managed care products 3,858 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 53,971,220

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Iowa			DURING THE YEAR 2022										(LOCATION) NAIC Company Code	
	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															
2. First Quarter															
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b)															
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Kansas			DURING THE YEAR 2022										(LOCATION) NAIC Company Code	
	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															
2. First Quarter															
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b)															
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE EmpheSys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

EmpheSys Insurance Company

2. Austin, TX

NAIC Group Code	0119	BUSINESS IN THE STATE OF Kentucky											(LOCATION)	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3												DURING THE YEAR 2022		NAIC Company Code	88595
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:														
1. Prior Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter	2,229	0	0	0	0	0	0	2,229	0	0	0	0	0	0
3. Second Quarter	2,250	0	0	0	0	0	0	2,250	0	0	0	0	0	0
4. Third Quarter	2,264	0	0	0	0	0	0	2,264	0	0	0	0	0	0
5. Current Year	2,279	0	0	0	0	0	0	2,279	0	0	0	0	0	0
6. Current Year Member Months	27,013	0	0	0	0	0	0	27,013	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7. Physician	52,462	0	0	0	0	0	0	52,462	0	0	0	0	0	0
8. Non-Physician	27,719	0	0	0	0	0	0	27,719	0	0	0	0	0	0
9. Total	80,181	0	0	0	0	0	0	80,181	0	0	0	0	0	0
10. Hospital Patient Days Incurred	4,057	0	0	0	0	0	0	4,057	0	0	0	0	0	0
11. Number of Inpatient Admissions	464	0	0	0	0	0	0	464	0	0	0	0	0	0
12. Health Premiums Written (b)	33,988,439	0	0	0	0	0	0	33,988,439	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	33,988,439	0	0	0	0	0	0	33,988,439	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	26,063,191	0	0	0	0	0	0	26,063,191	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	28,126,188	0	0	0	0	0	0	28,126,188	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products2,279 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$33,988,439

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Louisiana			DURING THE YEAR 2022										(LOCATION) NAIC Company Code	
	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															
2. First Quarter															
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b)															
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

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

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR										(LOCATION)	
	Maine			2022										NAIC Company Code	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
Total Members at end of:															
1. Prior Year															
2. First Quarter															
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b)															
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30 ME



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Maryland			DURING THE YEAR 2022 (LOCATION)										
	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														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30 MD



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR										(LOCATION)	
	Massachusetts			2022										NAIC Company Code	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
Total Members at end of:															
1. Prior Year															
2. First Quarter															
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b)															
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

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

30 MA



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Mississippi			DURING THE YEAR 2022										(LOCATION) NAIC Company Code	
	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															
2. First Quarter															
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b)															
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE EmpheSys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

EmpheSys Insurance Company

2. Austin, TX

NAIC Group Code	0119	BUSINESS IN THE STATE OF Missouri											DURING THE YEAR 2022		(LOCATION)	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	NAIC Company Code 88595	
		2	3												Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total	Individual	Group														
Total Members at end of:																
1. Prior Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter	1,003	0	0	0	0	0	0	0	1,003	0	0	0	0	0	0	0
3. Second Quarter	1,002	0	0	0	0	0	0	0	1,002	0	0	0	0	0	0	0
4. Third Quarter	1,010	0	0	0	0	0	0	0	1,010	0	0	0	0	0	0	0
5. Current Year	1,030	0	0	0	0	0	0	0	1,030	0	0	0	0	0	0	0
6. Current Year Member Months	12,102	0	0	0	0	0	0	0	12,102	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:																
7. Physician	20,510	0	0	0	0	0	0	0	20,510	0	0	0	0	0	0	0
8. Non-Physician	12,592	0	0	0	0	0	0	0	12,592	0	0	0	0	0	0	0
9. Total	33,102	0	0	0	0	0	0	0	33,102	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,281	0	0	0	0	0	0	0	1,281	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	192	0	0	0	0	0	0	0	192	0	0	0	0	0	0	0
12. Health Premiums Written (b)	14,954,412	0	0	0	0	0	0	0	14,954,412	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	14,954,412	0	0	0	0	0	0	0	14,954,412	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	11,697,022	0	0	0	0	0	0	0	11,697,022	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	12,916,894	0	0	0	0	0	0	0	12,916,894	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 1,030 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 14,954,412

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Montana			DURING THE YEAR 2022										(LOCATION) NAIC Company Code	
	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															
2. First Quarter															
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b)															
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Nebraska			DURING THE YEAR 2022										(LOCATION) NAIC Company Code	
	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															
2. First Quarter															
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b)															
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

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

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Empheys Insurance Company

2. Austin, TX

NAIC Group Code	BUSINESS IN THE STATE OF Nevada													DURING THE YEAR 2022													(LOCATION)												
	0119													2022													88595												
	1													2													3												
	Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10		11		12		13		14																
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health																									
Total Members at end of:																																							
1. Prior Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0															
2. First Quarter	9	0	0	0	0	0	0	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0															
3. Second Quarter	9	0	0	0	0	0	0	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0															
4. Third Quarter	9	0	0	0	0	0	0	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0															
5. Current Year	9	0	0	0	0	0	0	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0															
6. Current Year Member Months	108	0	0	0	0	0	0	108	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0															
Total Member Ambulatory Encounters for Year:																																							
7. Physician	267	0	0	0	0	0	0	267	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0															
8. Non-Physician	86	0	0	0	0	0	0	86	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0															
9. Total	353	0	0	0	0	0	0	353	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0															
10. Hospital Patient Days Incurred	58	0	0	0	0	0	0	58	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0															
11. Number of Inpatient Admissions	4	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0															
12. Health Premiums Written (b)	101,605	0	0	0	0	0	0	101,605	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0															
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0															
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0															
15. Health Premiums Earned	101,605	0	0	0	0	0	0	101,605	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0															
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0															
17. Amount Paid for Provision of Health Care Services	102,235	0	0	0	0	0	0	102,235	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0															
18. Amount Incurred for Provision of Health Care Services	128,874	0	0	0	0	0	0	128,874	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0															

(a) For health business: number of persons insured under PPO managed care products9 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 101,605

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR										
	New Hampshire			2022										
	(LOCATION)			NAIC Company Code										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR										(LOCATION)	
	New Mexico			2022										NAIC Company Code	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
Total Members at end of:															
1. Prior Year															
2. First Quarter															
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b)															
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF North Carolina			DURING THE YEAR 2022 (LOCATION)										
	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														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

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

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF North Dakota													(LOCATION)		
	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	DURING THE YEAR 2022 NAIC Company Code	
	1 Total	2 Individual	3 Group													
Total Members at end of:																
1. Prior Year																
2. First Quarter																
3. Second Quarter																
4. Third Quarter																
5. Current Year																
6. Current Year Member Months																
Total Member Ambulatory Encounters for Year:																
7. Physician																
8. Non-Physician																
9. Total																
10. Hospital Patient Days Incurred																
11. Number of Inpatient Admissions																
12. Health Premiums Written (b)																
13. Life Premiums Direct																
14. Property/Casualty Premiums Written																
15. Health Premiums Earned.....																
16. Property/Casualty Premiums Earned																
17. Amount Paid for Provision of Health Care Services.....																
18. Amount Incurred for Provision of Health Care Services																

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE EmpheSys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

EmpheSys Insurance Company

2. Austin, TX

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Ohio		2022										NAIC Company Code	
		Ohio		88595											
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:															
1. Prior Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. First Quarter	488	0	0	0	0	0	0	488	0	0	0	0	0	0	
3. Second Quarter	479	0	0	0	0	0	0	479	0	0	0	0	0	0	
4. Third Quarter	478	0	0	0	0	0	0	478	0	0	0	0	0	0	
5. Current Year	474	0	0	0	0	0	0	474	0	0	0	0	0	0	
6. Current Year Member Months	5,768	0	0	0	0	0	0	5,768	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:															
7. Physician	10,525	0	0	0	0	0	0	10,525	0	0	0	0	0	0	
8. Non-Physician	7,256	0	0	0	0	0	0	7,256	0	0	0	0	0	0	
9. Total	17,781	0	0	0	0	0	0	17,781	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	853	0	0	0	0	0	0	853	0	0	0	0	0	0	
11. Number of Inpatient Admissions	91	0	0	0	0	0	0	91	0	0	0	0	0	0	
12. Health Premiums Written (b)	7,054,825	0	0	0	0	0	0	7,054,825	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	7,054,825	0	0	0	0	0	0	7,054,825	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	5,759,379	0	0	0	0	0	0	5,759,379	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	6,290,349	0	0	0	0	0	0	6,290,349	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 474 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 7,054,825

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Oklahoma			DURING THE YEAR 2022										(LOCATION) NAIC Company Code	
	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															
2. First Quarter															
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b)															
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Empheys Insurance Company

2. Austin, TX

(LOCATION)

NAIC Group Code	0119		BUSINESS IN THE STATE OF Oregon		DURING THE YEAR 2022										NAIC Company Code 88595	
	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. First Quarter	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	3	0	0	0	0	0	0	3	0	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:																
7. Physician	41	0	0	0	0	0	0	41	0	0	0	0	0	0	0	
8. Non-Physician	6	0	0	0	0	0	0	6	0	0	0	0	0	0	0	
9. Total	47	0	0	0	0	0	0	47	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	17	0	0	0	0	0	0	17	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	8,112	0	0	0	0	0	0	8,112	0	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	8,112	0	0	0	0	0	0	8,112	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	18,405	0	0	0	0	0	0	18,405	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	18,439	0	0	0	0	0	0	18,439	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$8,112

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Empheys Insurance Company

2. Austin, TX

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Pennsylvania		2022										NAIC Company Code	
		88595		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
Total Members at end of:															
1. Prior Year	693	0	0	693	0	0	0	0	0	0	0	0	0	0	
2. First Quarter	756	0	0	715	0	0	0	41	0	0	0	0	0	0	
3. Second Quarter	757	0	0	716	0	0	0	41	0	0	0	0	0	0	
4. Third Quarter	767	0	0	726	0	0	0	41	0	0	0	0	0	0	
5. Current Year	787	0	0	746	0	0	0	41	0	0	0	0	0	0	
6. Current Year Member Months	9,089	0	0	8,597	0	0	0	492	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:															
7. Physician	12,870	0	0	12,235	0	0	0	635	0	0	0	0	0	0	
8. Non-Physician	6,023	0	0	5,756	0	0	0	267	0	0	0	0	0	0	
9. Total	18,893	0	0	17,991	0	0	0	902	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	454	0	0	429	0	0	0	25	0	0	0	0	0	0	
11. Number of Inpatient Admissions	80	0	0	74	0	0	0	6	0	0	0	0	0	0	
12. Health Premiums Written (b)	1,796,874	0	0	1,316,045	0	0	0	480,828	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	1,796,874	0	0	1,316,045	0	0	0	480,828	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	1,666,516	0	0	1,397,601	0	0	0	268,916	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	1,774,565	0	0	1,459,917	0	0	0	314,648	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products41 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$480,828



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Rhode Island			DURING THE YEAR 2022 (LOCATION)										
	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														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

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

30.RI



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Empheys Insurance Company

2. Austin, TX

NAIC Group Code	0119		BUSINESS IN THE STATE OF		South Carolina		DURING THE YEAR							2022		(LOCATION)		NAIC Company Code		88595	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14							
		2	3																		
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health								
Total Members at end of:																					
1. Prior Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. First Quarter	31	0	0	0	0	0	0	31	0	0	0	0	0	0	0	0	0	0	0	0	
3. Second Quarter	31	0	0	0	0	0	0	31	0	0	0	0	0	0	0	0	0	0	0	0	
4. Third Quarter	31	0	0	0	0	0	0	31	0	0	0	0	0	0	0	0	0	0	0	0	
5. Current Year	32	0	0	0	0	0	0	32	0	0	0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	376	0	0	0	0	0	0	376	0	0	0	0	0	0	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:																					
7. Physician	528	0	0	0	0	0	0	528	0	0	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	202	0	0	0	0	0	0	202	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total	730	0	0	0	0	0	0	730	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	12	0	0	0	0	0	0	12	0	0	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	2	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	336,071	0	0	0	0	0	0	336,071	0	0	0	0	0	0	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	336,071	0	0	0	0	0	0	336,071	0	0	0	0	0	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	223,156	0	0	0	0	0	0	223,156	0	0	0	0	0	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	272,527	0	0	0	0	0	0	272,527	0	0	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products32 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 336,071

30.SC



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR										(LOCATION)	
	South Dakota			2022										NAIC Company Code	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
Total Members at end of:															
1. Prior Year															
2. First Quarter															
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b)															
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30.SD



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Empheys Insurance Company

2. Austin, TX

NAIC Group Code	0119	BUSINESS IN THE STATE OF Tennessee											DURING THE YEAR 2022		(LOCATION)	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	NAIC Company Code	88595
		2	3													
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health			
Total Members at end of:																
1. Prior Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	281	0	0	0	0	0	0	281	0	0	0	0	0	0		
3. Second Quarter	281	0	0	0	0	0	0	281	0	0	0	0	0	0		
4. Third Quarter	283	0	0	0	0	0	0	283	0	0	0	0	0	0		
5. Current Year	285	0	0	0	0	0	0	285	0	0	0	0	0	0		
6. Current Year Member Months	3,388	0	0	0	0	0	0	3,388	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:																
7. Physician	6,320	0	0	0	0	0	0	6,320	0	0	0	0	0	0		
8. Non-Physician	4,017	0	0	0	0	0	0	4,017	0	0	0	0	0	0		
9. Total	10,337	0	0	0	0	0	0	10,337	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	484	0	0	0	0	0	0	484	0	0	0	0	0	0		
11. Number of Inpatient Admissions	51	0	0	0	0	0	0	51	0	0	0	0	0	0		
12. Health Premiums Written (b)	4,474,826	0	0	0	0	0	0	4,474,826	0	0	0	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	4,474,826	0	0	0	0	0	0	4,474,826	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	2,784,468	0	0	0	0	0	0	2,784,468	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	2,999,056	0	0	0	0	0	0	2,999,056	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products 285 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 4,474,826

30.TN



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Empheys Insurance Company

2. Austin, TX

NAIC Group Code	0119		BUSINESS IN THE STATE OF Texas		DURING THE YEAR 2022										(LOCATION)			
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	NAIC Company Code 88595			
		2	3												Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total	Individual	Group																
Total Members at end of:																		
1. Prior Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. First Quarter	459	0	0	318	0	0	0	141	0	0	0	0	0	0	0	0	0	
3. Second Quarter	704	0	0	559	0	0	0	145	0	0	0	0	0	0	0	0	0	
4. Third Quarter	939	0	0	793	0	0	0	146	0	0	0	0	0	0	0	0	0	
5. Current Year	1,041	0	0	895	0	0	0	146	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	8,569	0	0	6,842	0	0	0	1,727	0	0	0	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:																		
7. Physician	12,217	0	0	9,276	0	0	0	2,941	0	0	0	0	0	0	0	0	0	
8. Non-Physician	3,995	0	0	2,467	0	0	0	1,528	0	0	0	0	0	0	0	0	0	
9. Total	16,212	0	0	11,743	0	0	0	4,469	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	842	0	0	648	0	0	0	194	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	92	0	0	73	0	0	0	19	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	3,065,306	0	0	1,001,063	0	0	0	2,064,242	0	0	0	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	3,065,306	0	0	1,001,063	0	0	0	2,064,242	0	0	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	2,169,180	0	0	922,858	0	0	0	1,246,321	0	0	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	2,469,309	0	0	1,133,699	0	0	0	1,335,610	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 146 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 2,064,242

30.TX



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Utah			DURING THE YEAR 2022										(LOCATION) NAIC Company Code	
	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															
2. First Quarter															
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b)															
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

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

30 UT



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Vermont			DURING THE YEAR 2022										(LOCATION) NAIC Company Code	
	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															
2. First Quarter															
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b)															
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

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

30.VT



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF West Virginia			DURING THE YEAR 2022 (LOCATION)										
	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														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

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

AM100



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Empheys Insurance Company

2. Austin, TX

NAIC Group Code	0119	BUSINESS IN THE STATE OF Wisconsin											(LOCATION)			
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	DURING THE YEAR 2022	
		2	3												NAIC Company Code 88595	
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health			
Total Members at end of:																
1. Prior Year	561	0	0	561	0	0	0	0	0	0	0	0	0	0	0	
2. First Quarter	1,487	0	0	588	0	0	0	899	0	0	0	0	0	0	0	
3. Second Quarter	1,529	0	0	624	0	0	0	905	0	0	0	0	0	0	0	
4. Third Quarter	1,543	0	0	638	0	0	0	905	0	0	0	0	0	0	0	
5. Current Year	1,561	0	0	648	0	0	0	913	0	0	0	0	0	0	0	
6. Current Year Member Months	18,255	0	0	7,397	0	0	0	10,858	0	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:																
7. Physician	27,484	0	0	8,362	0	0	0	19,122	0	0	0	0	0	0	0	
8. Non-Physician	16,535	0	0	4,882	0	0	0	11,653	0	0	0	0	0	0	0	
9. Total	44,019	0	0	13,244	0	0	0	30,775	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	1,896	0	0	454	0	0	0	1,442	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	248	0	0	60	0	0	0	188	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	15,639,137	0	0	1,167,156	0	0	0	14,471,981	0	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	15,639,137	0	0	1,167,156	0	0	0	14,471,981	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	11,839,217	0	0	1,116,873	0	0	0	10,722,345	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	12,973,421	0	0	1,103,607	0	0	0	11,869,815	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 913 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 14,471,981

30.W1



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Wyoming			DURING THE YEAR 2022 (LOCATION)										
	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												NAIC Company Code
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Empheys Insurance Company

2. Austin, TX

NAIC Group Code	0119	BUSINESS IN THE STATE OF		Grand Total	DURING THE YEAR										(LOCATION)				
		Comprehensive (Hospital & Medical)			4	5	6	7	8	9	10	11	12	13	14	NAIC Company Code 88595			
		2	3													Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total	Individual	Group																	
Total Members at end of:																			
1. Prior Year	1,263	0	0	1,263	0	0	0	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	12,044	0	0	1,731	0	0	0	10,313	0	0	0	0	0	0	0	0	0		
3. Second Quarter	12,494	0	0	2,135	0	0	0	10,359	0	0	0	0	0	0	0	0	0		
4. Third Quarter	12,948	0	0	2,508	0	0	0	10,440	0	0	0	0	0	0	0	0	0		
5. Current Year	13,323	0	0	2,822	0	0	0	10,501	0	0	0	0	0	0	0	0	0		
6. Current Year Member Months	150,698	0	0	26,011	0	0	0	124,687	0	0	0	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:																			
7. Physician	269,511	0	0	33,484	0	0	0	236,027	0	0	0	0	0	0	0	0	0		
8. Non-Physician	146,373	0	0	14,053	0	0	0	132,320	0	0	0	0	0	0	0	0	0		
9. Total	415,884	0	0	47,537	0	0	0	368,347	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	18,836	0	0	1,679	0	0	0	17,157	0	0	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	2,404	0	0	233	0	0	0	2,171	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	156,088,453	0	0	3,919,111	0	0	0	152,169,342	0	0	0	0	0	0	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	156,088,453	0	0	3,919,111	0	0	0	152,169,342	0	0	0	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	122,240,164	0	(25)	3,753,626	0	0	0	118,486,564	0	0	0	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	134,061,375	0	(25)	4,109,380	0	0	0	129,952,020	0	0	0	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products 10,501 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 152,169,342

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Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

Schedule S - Part 6

NONE

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	75,603,041	0	75,603,041
2. Accident and health premiums due and unpaid (Line 15)	3,233,665	0	3,233,665
3. Amounts recoverable from reinsurers (Line 16.1)	0	0	0
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	16,633,875	0	16,633,875
6. Total assets (Line 28)	95,470,581	0	95,470,581
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	12,541,643	0	12,541,643
8. Accrued medical incentive pool and bonus payments (Line 2)	1,862,072	0	1,862,072
9. Premiums received in advance (Line 8)	247,183	0	247,183
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14. All other liabilities (Balance)	21,850,952	0	21,850,952
15. Total liabilities (Line 24)	36,501,851	0	36,501,851
16. Total capital and surplus (Line 33)	58,968,730	XXX	58,968,730
17. Total liabilities, capital and surplus (Line 34)	95,470,581	0	95,470,581
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

Schedule T - Part 2 - Interstate Compact

N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0119	Humana Inc.	00000	20-5309363				516-526 West Main Street Condomium Council of Co-Owners, Inc.	.. KY	..... NIA	Humana Real Estate Company	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	12151	20-1001348				Arcadian Health Plan, Inc.	.. WA	..... IA	Humana Inc.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	26-0815856				Care Partners Home Care, LLC	.. FL	..... NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	39-1514846				CareNetwork, Inc.	.. WI	..... NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	95092	59-2598550				CarePlus Health Plans, Inc.	.. FL	..... IA	Humana Inc.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	95754	62-1579044				Cariten Health Plan Inc.	.. TN	..... IA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	35-2608414				CDO 1, LLC	.. DE	..... NIA	HJM Provider Holdings, LLC	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	32-0545504				CDO 2, LLC	.. DE	..... NIA	HJM Provider Holdings, LLC	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	95158	61-1279717				CHA HMO, Inc.	.. KY	..... IA	Humana Inc.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	52015	59-2531815				CompBenefits Company	.. DE	..... IA	Humana Dental Company	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	04-3185995				CompBenefits Corporation	.. DE	..... NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	11228	36-3886002				CompBenefits Dental, Inc.	.. IL	..... IA	Dental Care Plus Management, Corp.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	58-2228851				CompBenefits Direct, Inc.	.. DE	..... NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	60984	74-2552026				CompBenefits Insurance Company	.. TX	..... IA	Humana Dental Company	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	45-3713941				Complex Clinical Management, Inc.	.. FL	..... NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	42-1575099				Humana Healthcare Research, Inc.	.. IL	..... NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	36-4880828				Conviva Care Solutions, LLC	.. DE	..... NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	15886	75-2043865				Humana Benefit Plan of Texas, Inc.	.. TX	..... IA	Humana Inc.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	36-3512545				Dental Care Plus Management, Corp.	.. IL	..... NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	95161	76-0039628				DentiCare, Inc.	.. TX	..... IA	Humana Dental Company	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	88595	31-0935772				Emphesys Insurance Company	.. TX	..... RE	Emphesys, Inc.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	61-1237697				Emphesys, Inc.	.. DE	..... UDP	Humana Inc.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	59-3164234				CenterWell Senior Primary Care (FL), Inc.	.. FL	..... NIA	FPG Acquisition Corp.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	81-3802918				FPG Acquisition Corp.	.. DE	..... NIA	FPG Acquisition Holdings Corp.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	81-3819187				FPG Acquisition Holdings Corp.	.. DE	..... NIA	FPG Holding Company, LLC	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	32-0505460				FPG Holding Company, LLC	.. DE	..... NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	45-4685400				FPG Senior Services, LLC	.. FL	..... NIA	FPG Acquisition Corp.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	27-1649291				Harris, Rothenberg International Inc.	.. NY	..... NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	61-1223418				Health Value Management, Inc.	.. DE	..... NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	46-4912173				Humana EAP and Work-Life Services of California, Inc.	.. CA	..... IA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	26-3592783				HJM Provider Holdings, LLC	.. DE	..... NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	20-4835394				Humana Active Outlook, Inc.	.. KY	..... NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	75-2739333				Humana At Home (Dallas), Inc.	.. TX	..... NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	76-0537878				Humana At Home (Houston), Inc.	.. TX	..... NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	65-0274594				Humana At Home 1, Inc.	.. FL	..... NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	13-4036798				Humana at Home, Inc.	.. DE	..... NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	60052	37-1326199				Humana Benefit Plan of Illinois, Inc.	.. IL	..... IA	Humana Inc.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	59-1843760				Humana Dental Company	.. FL	..... NIA	CompBenefits Corporation	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	95519	58-2209549				Humana Employers Health Plan of Georgia, Inc.	.. GA	..... IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	61-1241225				Humana Government Business, Inc.	.. DE	..... NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	95642	72-1279235				Humana Health Benefit Plan of Louisiana, Inc.	.. LA	..... IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	13558	26-2800286				Humana Health Company of New York, Inc.	.. NY	..... IA	Humana Inc.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	69671	61-1041514				Humana Health Insurance Company of Florida, Inc.	.. FL	..... IA	Humana Inc.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	00000	26-3473328				Humana Health Plan of California, Inc.	.. CA	..... IA	Humana Inc.	Ownership	100.000	Humana Inc.	.. NO	..... 0
.0119	Humana Inc.	95348	31-1154200				Humana Health Plan of Ohio, Inc.	.. OH	..... IA	Humana Inc.	Ownership	100.000	Humana Inc.	.. NO	..... 0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0119	Humana Inc.	95024	61-0994632				Humana Health Plan of Texas, Inc.	TX	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	95885	61-1013183				Humana Health Plan, Inc.	KY	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	95721	66-0406896				Humana Health Plans of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-0647538		0000049071	NYSE	Humana Inc.	DE	UIP	See Footnote 1	Other	0.000	See Footnote 1	NO	2
.0119	Humana Inc.	00000	61-1343791				Humana Innovation Enterprises, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	73288	39-1263473				Humana Insurance Company	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	60219	61-1311685				Humana Insurance Company of Kentucky	KY	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	12634	20-2888723				Humana Insurance Company of New York	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	84603	66-0291866				Humana Insurance of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-3364857				Humana MarketPOINT of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1343508				Humana MarketPOINT, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	14224	27-3991410				Humana Medical Plan of Michigan, Inc.	MI	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	14462	27-4660531				Humana Medical Plan of Pennsylvania, Inc.	PA	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	12908	20-8411422				Humana Medical Plan of Utah, Inc.	UT	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	95270	61-1103898				Humana Medical Plan, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	45-2254346				Humana Pharmacy Solutions, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1316926				CenterWell Pharmacy, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	12282	20-2036444				Humana Regional Health Plan, Inc.	AR	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-4522426				Humana WellWorks LLC	DE	NIA	Health Value Management, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	95342	39-1525003				Humana Wisconsin Health Organization Insurance Corporation	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	70580	39-0714280				HumanaDental Insurance Company	WI	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1364005				HumanaDental, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-4535747				Go365, LLC	DE	NIA	HumanaWellworks LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1239538				Humco, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1383567				HUM-e-FL, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	86-1050795				Hummingbird Coaching Systems LLC	OH	NIA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	11695	39-1769093				Independent Care Health Plan	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1232669				Managed Care Indemnity, Inc.	VT	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-5569675				Conviva Group Holdings, LLC	DE	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-5904436				Conviva Medical Center Management, LLC	DE	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-2957926				Conviva Speciality, LLC	FL	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0879131				METCARE of Florida, Inc.	FL	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0635728				Metropolitan Health Networks, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0992582				Naples Health Care Specialists, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0688221				Nursing Solutions, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	62-1552091				PHP Companies, Inc.	TN	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	62-1250945				Preferred Health Partnership, Inc.	TN	NIA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-1724127				Humana Real Estate Company	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-1225873				Conviva Health MSO of Texas, Inc.	DE	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-2844854				ROHC, L.L.C.	TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-1096853				SeniorBridge Family Companies (FL), Inc.	FL	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-0301155				SeniorBridge Family Companies (IN), Inc.	IN	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	36-4484443				SeniorBridge Family Companies (NY), Inc.	NY	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	01-0766084				Humana At Home (San Antonio), Inc.	TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	59-2518701				SeniorBridge-Florida, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	74-2352809				Texas Dental Plans, Inc.	TX	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	54739	52-1157181				The Dental Concern, Inc.	KY	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	NO	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0119	Humana Inc.	00000	75-2600512				Humana At Home (TLC), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	80-0072760				Humana Digital Health and Analytics Platform Services, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-5329373				Conviva Health Management, LLC	DE	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	66-0872725				Humana Management Services of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	83-3321367				North Region Providers, LLC	DE	NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	35-2640679				Primary Care Holdings II, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	37-1910409				Transcend Population Health Management II, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-2214810				Edge Health MSO, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-3226630				Humana Benefit Plan of South Carolina, Inc.	SC	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-3391115				Alexander Infusion, LLC	NY	NIA	Eagle NY Rx, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	36-4898224				Eagle NY Rx, LLC	DE	NIA	Eagle Rx, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	47-1407967				Eagle Rx Holdco, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	47-1416614				Eagle Rx, Inc.	DE	NIA	Eagle Rx Holdco, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	23-3068914				Enclara Pharmacia, Inc.	DE	NIA	Eagle Rx, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	39-1789830				GuidantRx, Inc.	WI	NIA	PBM Holding Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1340806				PBM Holding Company	DE	NIA	Eagle Rx, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-2373204				PBM Plus Mail Service Pharmacy, LLC	DE	NIA	PBM Holding Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	85-3191430				Conviva Care Solutions II, LLC	DE	NIA	Conviva Care Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	85-3099097				Humana Direct Contracting Entity, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	85-0858631				CenterWell Care Solutions, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-1493628				Echo Primary Care Holdings, LLC	DE	NIA	Primary Care Holdings II, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	45-2594868				Accredited Home Health of Broward, Inc.	FL	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-0751512				Amazing Home Health Care, Inc.	FL	NIA	Amazing Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	85-3668783				Amazing Home Health Holdings, LLC	DE	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	47-4681334				Care Hope Holdings, Inc.	FL	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	80-0732207				Care Hope Home Health Agency, Inc.	FL	NIA	Care Hope Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	74-2769755				Corpus Christi Home Care, Inc.	TX	NIA	One Home Health Holdings CCTX, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-3443369				On the Way Home Care, Inc.	FL	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-3485437				One Home Health Holdings, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-2018741				One Home Health Holdings CCTX, LLC	TX	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-2894851				One Home Medical Equipment, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-3472028				One Home Medical Equipment TX, LLC	TX	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-3116955				One Nursing Care, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-3313080				One Homecare Solutions, LLC	FL	NIA	Humana Innovation Enterprises, Inc. - 99% Humana Inc. - 1%	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-4176818				One Homecare Systems, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-2882412				One Infusion Pharmacy, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-4271850				One TPA Systems, Inc.	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	83-2136817				Pharaoh JV, LLC	DE	NIA	Primary Care Holdings II, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	72-2695805				Aberdeen Holdings, Inc.	TX	NIA	Integracare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	77-0601595				Able Home Healthcare, Inc.	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	06-1451363				Access Home Health of Florida, LLC	DE	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0180784				Advanced Oncology Services, Inc.	FL	NIA	Homecare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	36-4473376				Alpine Home Health Care, LLC	CO	NIA	Voyager Home Health, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-3306095				American Homecare Management Corp.	DE	NIA	Missouri Home Care of Rolla, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	94-3247811				Asian American Home Care, Inc.	CA	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-1901342				BWB Sunbelt Home Health Services, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0

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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0119	Humana Inc.	00000	30-0711730				California Hospice, LLC Capital Care Resources of South Carolina, LLC	TX	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	56-2102603					GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	58-2411159				Capital Care Resources, LLC	GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	58-2313705				Capital Health Management Group, LLC Chattahoochee Valley Home Care Services, LLC	GA	NIA	CHMG Acquisition LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	03-0387821					GA	NIA	Healthfield, LLC Chattahoochee Valley Home Care Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	34-1994007				Chattahoochee Valley Home Health, LLC	GA	NIA		Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	04-3813487				CHMG Acquisition LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	54-2089073				CHMG of Atlanta, LLC	GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	54-2089075				CHMG of Griffin, LLC	GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	56-1590744				Eastern Carolina Home Health Agency, LLC	NC	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	55-0750157				First Home Health, Inc.	WV	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-2784006				Focus Care Health Resources, Inc.	TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-2855493				GBA Holding, Inc.	TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-2944774				GBA West, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-2645333				CenterWell Certified Healthcare Corp. CenterWell Health Services (Certified), Inc.	DE	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-3454105					DE	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-3414024				CenterWell Health Services (USA) LLC	DE	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-3454104				CenterWell Health Services Holding Corp.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	36-4335801				CenterWell Health Services, Inc.	DE	NIA	Kentucky Homecare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-2802024				CenterWell Services of New York, Inc.	NY	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-4251135				Georgia Hospice, LLC	TX	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	64-0730826				Gilbert's Home Health Agency, Inc.	MS	NIA	Home Health Care Affiliates, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-1519643				Harden Clinical Services, LLC	TX	NIA	Harden HC Texas Holdco, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-1487182				Harden HC Texas Holdco, LLC	TX	NIA	Harden Healthcare, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	37-1743802				Harden Healthcare Holdings, LLC	DE	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	74-3024009				Harden Healthcare, LLC	TX	NIA	Harden Healthcare Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-1299601				Harden Home Health, LLC	DE	NIA	Harden Healthcare, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	43-2083818				Harden Hospice, LLC	TX	NIA	Harden HC Texas Holdco, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	42-1285486				Havkeye Health Services, Inc.	IA	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	58-1947694				Healthfield Home Health, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-0131980				Healthfield of Southwest Georgia, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	68-0593590				Healthfield of Statesboro, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	01-0831798				Healthfield of Tennessee, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	36-4425473				Healthfield Operating Group, LLC	DE	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	58-1819650				Healthfield, LLC	DE	NIA	Healthfield Operating Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	90-0527683				HHS Healthcare Corp.	DE	NIA	Professional Healthcare, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	62-1807084				Home Health Care Affiliates of Central Mississippi, L.L.C. Home Health Care Affiliates of Mississippi, Inc.	MS	NIA	CenterWell Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	62-1775256					MS	NIA	CenterWell Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	74-2737989				Home Health Care Affiliates, Inc.	MS	NIA	CenterWell Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	56-1556547				Home Health Care of Carteret County, LLC	NC	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-2374091				Home Health of Rural Texas, Inc.	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-0494759				Home Health Services, Inc.	UT	NIA	HHS Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0837269				Homecare Holdings, Inc.	FL	NIA	Senior Home Care, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	76-0456316				Horizon Health Care Services, Inc.	TX	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0119	Humana Inc.	00000	20-8781607				Integracare Holdings, Inc.	DE	NIA	PF Development 9, L.L.C.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-2865632				Integracare Home Health Services, Inc.	TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-8781715				Integracare Intermediate Holdings, Inc.	DE	NIA	Integracare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-2915050				Integracare of Albany, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-2139332				Integracare of Athens-Home Health, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-0638801				Integracare of Olney Home Health, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-8768235				Integracare of Texas, LLC	TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-0686207				Integracare of West Texas-Home Health, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-0686266				Integracare of Wichita Falls, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-3992741				KAH Development 10, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-4002959				KAH Development 12, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-4025157				KAH Development 14, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-3902994				KAH Development 4, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-3695166				Kentucky Homecare Holdings, Inc.	DE	NIA	Kentucky Homecare Parent Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-3986306				Kentucky Homecare Parent Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-0717945				Kindred Hospice Services, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-0717534				KND Development 50, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-3228001				Lighthouse Hospice - Metroplex, LLC	TX	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	06-1787617				Lighthouse Hospice Management, LLC	TX	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-0798501				Lighthouse Hospice-San Antonio, LLC	TX	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	47-1818578				Loving Peace Hospice, Inc.	IL	NIA	Hospice Development Company 3, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0277280				Med. Tech. Services of South Florida, Inc.	FL	NIA	Advanced Oncology Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-1033439				Med-Tech Services of Dade, Inc.	FL	NIA	Homecare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0644307				Med-Tech Services of Palm Beach, Inc.	FL	NIA	Advanced Oncology Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-0559199				Mid-South Home Health Agency, LLC	AL	NIA	Horizon Health Network LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	14-1909499				Mid-South Home Health of Gadsden, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	63-0772385				Mid-South Home Health, LLC	DE	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-1285069				Missouri Home Care of Rolla, Inc.	MO	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	22-2695367				New York Healthcare Services, Inc.	NY	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	55-0633030				Nursing Care-Home Health Agency, Inc.	WV	NIA	First Home Health, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	22-3690699				OHS Service Corp.	TX	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-2284154				Outreach Health Services of North Texas, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-3106949				PF Development 10, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-3107011				PF Development 15, L.L.C.	DE	NIA	Kindred Hospice Services, L.L.C.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-0818835				PF Development 16, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-0860128				PF Development 21, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-0718044				PF Development 5, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-3106911				PF Development 7, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-3106934				PF Development 9, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-2378887				PHH Acquisition Corp.	DE	NIA	Professional Healthcare, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	33-1178066				PHC Acquisition Corp.	DE	NIA	CenterWell Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-5143963				Professional Healthcare at Home, LLC	CA	NIA	99% owned by Professional Healthcare, LLC and 1% owned by PHH Acquisition Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-5043143				Professional Healthcare, LLC	DE	NIA	PF Development 10, L.L.C.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-2750425				QC-Medi New York, Inc.	NY	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-2256479				Quality Care - USA, Inc.	NY	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	59-3080333				Senior Home Care, Inc.	FL	NIA	SHC Holding, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	42-1699530				SHC Holding, Inc.	DE	NIA	PF Development 21, L.L.C.	Ownership	100.000	Humana Inc.	NO	0

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0119	Humana Inc.	00000	87-0494757				Southern Nevada Home Health Care, Inc.	NV	NIA	Home Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	72-1487473				Synergy Home Care-Acadiana Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-1376846				Synergy Home Care-Capitol Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	36-4516940				Synergy Home Care-Central Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	72-1178497				Synergy Home Care-Northeastern Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	72-1223659				Synergy Home Care-Northshore Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	72-1431394				Synergy Home Care-Northwestern Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	72-1429305				Synergy Home Care-Southeastern Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	94-3419676				Synergy, Inc.	LA	NIA	SHC Holding, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	56-1456991				TAR Heel Health Care Services, LLC	NC	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	68-0593592				Total Care Home Health of Louisburg, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-0091435				Total Care Home Health of North Carolina, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-0091422				Total Care Home Health of South Carolina, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	62-1669388				Van Winkle Home Health Care, Inc.	MS	NIA	Home Health Care Affiliates, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-1995143				Vernon Home Health Care Agency, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-1953497				Voyager Acquisition, L.P.	TX	NIA	1% by Voyager Home Health, Inc. and 99% by Voyager Hospicecare, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-1501792				Voyager Home Health, Inc.	DE	NIA	Voyager Hospicecare, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-1173787				Voyager Hospicecare, Inc.	DE	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-2300938				Wake Forest Baptist Health Care at Home, LLC	NC	NIA	60% owned by Total Care Home Health of North Carolina, LLC and 40% owned by Wake Forest University Baptist Medical Center	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-3700467				Elite Health Medical Centers, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-3715136				Elite Health Primary Care, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0270114				South Florida Cardiology Associates, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	47-2446186				Trueshore BPO, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000					Trueshore S.R. I	DOM	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	74-3052911				The Home Team of Kansas LLC	MO	NIA	Humana Real Estate Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-5171456				CenterWell Accountable Care, LLC	FL	NIA	Humana Real Estate Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-3584872				One Home Medical Equipment NC, LLC	DE	NIA	Humana Real Estate Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-3611188				One Home Medical Equipment VA, LLC	DE	NIA	Humana Real Estate Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-3832743				One Infusion Pharmacy NC, LLC	DE	NIA	Humana Real Estate Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-3881471				One Infusion Pharmacy VA, LLC	DE	NIA	Humana Real Estate Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	45-4020791				Amicus Medical Center LLC	FL	NIA	Humana Real Estate Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-3974953				Amicus Medical Group, Inc.	FL	NIA	Humana Real Estate Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-1085323				Amicus Medical Services Organization, LLC	FL	NIA	Humana Real Estate Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-1078045				Hospice Pharmacy Solutions, LLC	DE	NIA	HP Solutions Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	47-5418599				HP Solutions Holdings, LLC	DE	NIA	Eagle Rx, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	32-0351697				Outcome Resources, LLC	DE	NIA	Eagle Rx, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000					Innovative Financial Group Holdings, LLC	NC	NIA	Humana MarketPOINT, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000					Innovative Financial Partners, LLC	NC	NIA	Innovative Financial Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000					Medicare Planning of America LLC	NC	NIA	Innovative Financial Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000					Rees Financial	NC	NIA	Innovative Financial Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000					The Lead Store LLC	NC	NIA	Innovative Financial Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000					Versa Management LLC	NC	NIA	Innovative Financial Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

Asterisk	Explanation
0000001	Humana Inc., a Delaware corporation and ultimate parent company in the holding company system, is a publicly traded company on the New York Stock Exchange and ownership fluctuates daily.

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	20-5309363	515-526 W Main St Condo Council, Inc.	0	0	0	0	540	0		0	540	0
00000	72-2695805	Aberdeen Holdings, Inc.	0	0	0	0	0	0		0	0	0
00000	77-0601595	Able Home Healthcare, Inc.	0	0	0	0	0	0		0	0	0
00000	06-1451363	Access Home Health of Florida, LLC	0	0	0	0	0	0		0	0	0
00000	45-2594868	Accredited Home Care of Broward, Inc.	0	0	0	0	18,838,781	0		0	18,838,781	0
00000	65-0180784	Advanced Oncology Services, Inc.	0	0	0	0	0	0		0	0	0
00000	11-3391115	Alexander Infusion LLC	0	0	0	0	(34,743,048)	0		0	(34,743,048)	0
00000	36-4473376	Alpine Home Health Care, LLC	0	0	0	0	0	0		0	0	0
00000	26-0751512	Amazing Home Health Care Inc.	0	0	0	0	(6,736)	0		0	(6,736)	0
00000	85-3668783	Amazing Home Health Holdings LLC	0	0	0	0	0	0		0	0	0
00000	11-3306095	American Homecare Management Corp.	0	0	0	0	0	0		0	0	0
00000	45-4020797	Amicus Medical Center LLC	0	0	0	0	(13,492,562)	0		0	(13,492,562)	0
00000	27-3974953	Amicus Medical Group, Inc.	0	0	0	0	(901,080)	0		0	(901,080)	0
00000	27-1085323	Amicus Medical Services Organization, LLC	0	0	0	0	0	0		0	0	0
12151	20-1001348	Arcadian Health Plan, Inc.	188,000,000	0	0	0	(6,017,671)	0		0	(6,017,671)	0
00000	94-3247811	Asian American Home Care, Inc.	0	0	0	0	(2,790,245,176)	0		0	(2,602,245,176)	0
00000	75-1901342	BWB Sunbelt Home Health Services, LLC	0	0	0	0	0	0		0	0	0
00000	30-0711730	California Hospice, LLC	0	0	0	0	0	0		0	0	0
00000	56-2102603	Capital Care Resources of South Carolina, LLC	0	0	0	0	0	0		0	0	0
00000	58-2411159	Capital Care Resources, LLC	0	0	0	0	0	0		0	0	0
00000	58-2313705	Capital Health Management Group, LLC	0	0	0	0	0	0		0	0	0
00000	47-4681334	Care Hope Holdings, Inc.	0	0	0	0	0	0		0	0	0
00000	80-0732207	Care Hope Home Health Agency, Inc.	0	0	0	0	17,275,203	0		0	17,275,203	0
00000	26-0815856	Care Partners Home Care, LLC	0	0	0	0	256	0		0	256	0
00000	39-1514846	CareNetwork, Inc.	0	0	0	0	10,239	0		0	10,239	0
95092	59-2598550	CarePlus Health Plans, Inc.	10,000,000	0	0	0	(1,342,916,889)	0		0	(1,332,916,889)	0
95754	62-1579044	Cariten Health Plan Inc.	103,500,000	0	0	0	(850,475,156)	0		0	(746,975,156)	0
00000	35-2608414	CDO 1, LLC	0	0	0	0	92,734,675	0		0	92,734,675	0
00000	47-4681334	CDO 2, LLC	0	0	0	0	52,020,932	0		0	52,020,932	0
00000	84-5171456	CenterWell Accountable Care, LLC	0	0	0	0	0	0		0	0	0
00000	85-0858631	CenterWell Care Solutions, Inc.	0	0	0	0	(1,537,795)	0		0	(1,537,795)	0
00000	61-1316926	CenterWell Pharmacy, Inc.	0	0	0	0	8,115,357,974	0		0	8,115,357,974	0
00000	59-3164234	CenterWell Senior Primary Care (FL), Inc.	0	0	0	0	0	0		0	0	0
95158	61-1279717	CHA HMO, Inc.	142,000,000	0	0	0	128,242,880	0		0	128,242,880	0
00000	03-0387821	Chattahoochee Valley Home Care Services, LLC	0	0	0	0	(1,813,217,756)	0		0	(1,671,217,756)	0
00000	34-1994007	Chattahoochee Valley Home Health, LLC	0	0	0	0	0	0		0	0	0
00000	04-3813487	CHMG Acquisition LLC	0	0	0	0	0	0		0	0	0
00000	54-2089073	CHMG of Atlanta, LLC	0	0	0	0	0	0		0	0	0
00000	54-2089075	CHMG of Griffin, LLC	0	0	0	0	0	0		0	0	0
52015	59-2531815	CompBenefits Company	0	0	0	0	(10,966,608)	0		0	(10,966,608)	0
00000	04-3185995	CompBenefits Corporation	0	0	0	0	471,237	0		0	471,237	0

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PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
11228	36-3686002	CompBenefits Dental, Inc.	0	0	0	0	(1,481,934)	0		0	(1,481,934)	0
00000	58-2228851	CompBenefits Direct, Inc.	0	0	0	0	(14,466)	0		0	(14,466)	0
60984	74-2552026	CompBenefits Insurance Company	0	22,000,000	0	0	(188,182,077)	0		0	(166,182,077)	0
00000	45-3713941	Complex Clinical Management, Inc.	0	0	0	0	1,340,601	0		0	1,340,601	0
00000	85-3191430	Conviva Care Solutions II, LLC	0	0	0	0	39,431,303	0		0	39,431,303	0
00000	36-4880828	Conviva Care Solutions, LLC	0	0	0	0	336,440,538	0		0	336,440,538	0
00000	20-5569675	Conviva Group Holdings, LLC	0	0	0	0	0	0		0	0	0
00000	46-5329373	Conviva Health Management, LLC	0	0	0	0	344,139,808	0		0	344,139,808	0
00000	46-1225873	Conviva Health MSO of Texas, Inc.	0	0	0	0	(2,971,998)	0		0	(2,971,998)	0
00000	20-5904436	Conviva Medical Center Management, LLC	0	0	0	0	1,606,201,736	0		0	1,606,201,736	0
00000	81-2957926	Conviva Speciality, LLC	0	0	0	0	(2,251,854)	0		0	(2,251,854)	0
00000	74-2769755	Corpus Christi Home Care, Inc.	0	0	0	0	6,861,693	0		0	6,861,693	0
00000	36-3512545	Dental Care Plus Management, Corp.	0	0	0	0	36,801	0		0	36,801	0
95161	76-0039628	DentiCare, Inc.	2,000,000	0	0	0	(2,929,504)	0		0	(929,504)	0
00000	36-4898224	Eagle NY Rx, LLC	0	0	0	0	0	0		0	0	0
00000	47-1407967	Eagle Rx Holdco, Inc.	0	0	0	0	(27,980,768)	0		0	(27,980,768)	0
00000	47-1416614	Eagle Rx, Inc.	0	0	0	0	534,287	0		0	534,287	0
00000	56-1590744	Eastern Carolina Home Health Agency, LLC	0	0	0	0	0	0		0	0	0
00000	87-1493628	Echo Primary Care Holdings, LLC	0	0	0	0	2,663,516	0		0	2,663,516	0
00000	84-2214810	Edge Health MSO, Inc.	0	0	0	0	1,467,505	0		0	1,467,505	0
00000	84-3700467	Elite Health Medical Centers, LLC	0	0	0	0	13,363,655	0		0	13,363,655	0
00000	26-3715136	Elite Health Primary Care, LLC	0	0	0	0	(20,674,457)	0		0	(20,674,457)	0
88595	31-0935772	Emphesys Insurance Company	0	60,000,000	0	0	(51,078,938)	0		0	8,921,062	0
00000	61-1237697	Emphesys, Inc.	0	0	0	0	(889,893)	0		0	(889,893)	0
00000	23-3068914	Enclara Pharmacia, Inc.	0	0	0	0	31,465,825	0		0	31,465,825	0
00000	55-0750157	First Home Health, Inc.	0	0	0	0	0	0		0	0	0
00000	75-2784006	Focus Care Health Resources, Inc.	0	0	0	0	0	0		0	0	0
00000	81-3802918	FPG Acquisition Corp.	0	0	0	0	199	0		0	199	0
00000	81-3819187	FPG Acquisition Holdings Corp.	0	0	0	0	0	0		0	0	0
00000	32-0505460	FPG Holding Company, LLC	0	0	0	0	930	0		0	930	0
00000	45-4685400	FPG Senior Services, LLC	0	0	0	0	29,400	0		0	29,400	0
00000	75-2855493	GBA Holdings, Inc.	0	0	0	0	0	0		0	0	0
00000	26-2944774	GBA West, LLC	0	0	0	0	0	0		0	0	0
00000	11-2645333	CenterWell Certified Healthcare Corp.	0	0	0	0	0	0		0	0	0
00000	11-3454105	CenterWell Health Services (Certified), Inc.	0	0	0	0	0	0		0	0	0
00000	11-3414024	CenterWell Health Services (USA), LLC	0	0	0	0	251,485,515	0		0	251,485,515	0
00000	11-3454104	CenterWell Health Services Holding Corp.	0	0	0	0	0	0		0	0	0
00000	36-4335801	CenterWell Health Services, Inc.	0	0	0	0	0	0		0	0	0
00000	11-2802024	CenterWell Services of New York, Inc.	0	0	0	0	0	0		0	0	0
00000	27-4251135	Georgia Hospice, LLC	0	0	0	0	0	0		0	0	0
00000	64-0730826	Gilbert's Home Health Agency, Inc.	0	0	0	0	0	0		0	0	0
00000	27-4535747	Go365, LLC	0	0	0	0	379,477,728	0		0	379,477,728	0
00000	39-1789830	GuidantRx, Inc	0	0	0	0	182,660	0		0	182,660	0

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00000	27-1519643	Harden Clinical Services, LLC	0	0	0	0	0	0		0	0	0
00000	26-1487182	Harden HC Texas Holdco, LLC	0	0	0	0	0	0		0	0	0
00000	37-1743802	Harden Healthcare Holdings, LLC	0	0	0	0	0	0		0	0	0
00000	74-3024009	Harden Healthcare, LLC	0	0	0	0	0	0		0	0	0
00000	65-1299601	Harden Home Health, LLC	0	0	0	0	0	0		0	0	0
00000	43-2083818	Harden Hospice, LLC	0	0	0	0	0	0		0	0	0
00000	27-1649291	Harris, Rothenberg International Inc.	0	0	0	0	(9,307,297)	0		0	(9,307,297)	0
00000	42-1285486	Hawkeye Health Services, Inc.	0	0	0	0	0	0		0	0	0
00000	61-1223418	Health Value Management, Inc.	0	0	0	0	49,528	0		0	49,528	0
00000	58-1947694	Healthfield Home Health, LLC	0	0	0	0	0	0		0	0	0
00000	27-0131980	Healthfield of Southwest Georgia, LLC	0	0	0	0	0	0		0	0	0
00000	68-0593590	Healthfield of Statesboro, LLC	0	0	0	0	0	0		0	0	0
00000	01-0831798	Healthfield of Tennessee, LLC	0	0	0	0	0	0		0	0	0
00000	36-4425473	Healthfield Operating Group, LLC	0	0	0	0	0	0		0	0	0
00000	58-1819650	Healthfield, LLC	0	0	0	0	0	0		0	0	0
00000	90-0527683	HHS Healthcare Corp.	0	0	0	0	0	0		0	0	0
00000	62-1807084	Home Health Care Affiliates of Central Mississippi, LLC	0	0	0	0	0	0		0	0	0
00000	62-1775256	Home Health Care Affiliates of Mississippi, Inc.	0	0	0	0	0	0		0	0	0
00000	74-2737989	Home Health Care Affiliates, Inc.	0	0	0	0	0	0		0	0	0
00000	56-1556547	Home Health Care of Carteret County, LLC	0	0	0	0	0	0		0	0	0
00000	75-2374091	Home Health of Rural Texas, Inc.	0	0	0	0	0	0		0	0	0
00000	87-0494759	Home Health Services, Inc.	0	0	0	0	0	0		0	0	0
00000	65-0837269	Homecare Holdings, Inc.	0	0	0	0	0	0		0	0	0
00000	76-0456316	Horizon Health Care Services, Inc.	0	0	0	0	0	0		0	0	0
00000	20-1078045	Hospice Pharmacy Solutions, LLC	0	0	0	0	(2,729,063)	0		0	(2,729,063)	0
00000	47-5418599	HP Solutions Holdings, LLC	0	0	0	0	0	0		0	0	0
00000	26-3592783	HUM Provider Holdings, LLC	0	0	0	0	92,085,866	0		0	92,085,866	0
00000	20-4835394	Humana Active Outlook, Inc.	0	0	0	0	408	0		0	408	0
00000	75-2739333	Humana At Home (Dallas), Inc.	0	0	0	0	450	0		0	450	0
00000	76-0537878	Humana At Home (Houston), Inc.	0	0	0	0	1	0		0	1	0
00000	01-0766084	Humana At Home (San Antonio), Inc.	0	0	0	0	(364,967)	0		0	(364,967)	0
00000	75-2600512	Humana at Home (TLC), Inc.	0	0	0	0	152	0		0	152	0
00000	65-0274594	Humana at Home 1, Inc.	0	0	0	0	267,391,757	0		0	267,391,757	0
00000	13-4036798	Humana at Home, Inc.	0	0	0	0	(3,666,978)	0		0	(3,666,978)	0
60052	37-1326199	Humana Benefit Plan of Illinois, Inc.	100,000,000	0	0	0	(1,522,888,692)	0		0	(1,422,888,692)	0
00000	84-3226630	Humana Benefit Plan of South Carolina, Inc.	0	10,000,000	0	0	(13,934,920)	0		0	(3,934,920)	0
15886	75-2043865	Humana Benefit Plan of Texas, Inc.	0	3,000,000	0	0	(1,302,726)	0		0	1,697,274	0
00000	59-1843760	Humana Dental Company	0	0	0	0	1,446,548	0		0	1,446,548	0
00000	80-0072760	Humana Digital Health and Analytics Platform Services, Inc.	0	0	0	0	(20,438,864)	0		0	(20,438,864)	0

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	85-3099097	Humana Direct Contracting Entity, Inc.	0	0	0	0	(73,895,181)	0		0	(73,895,181)	0
00000	46-4912173	Humana EAP and Work-Life Services of California, Inc.	0	0	0	0	(237,016)	0		0	(237,016)	0
95519	58-2209549	Humana Employers Health Plan of Georgia, Inc.	0	0	0	0	(726,683,892)	0		0	(726,683,892)	0
00000	61-1241225	Humana Government Business, Inc.	0	0	0	0	(53,463,397)	0		0	(53,463,397)	0
95642	72-1279235	Humana Health Benefit Plan of Louisiana, Inc.	60,000,000	0	0	0	(1,295,109,669)	0		0	(1,235,109,669)	0
13558	26-2800286	Humana Health Company of New York, Inc.	0	75,000,000	0	0	(254,315,267)	0		0	(179,315,267)	0
69671	61-1041514	Humana Health Insurance Company of Florida, Inc.	0	35,000,000	0	0	30,665,117	0		0	65,665,117	0
00000	26-3473328	Humana Health Plan of California, Inc.	0	2,000,000	0	0	(47,520,391)	0		0	(45,520,391)	0
95348	31-1154200	Humana Health Plan of Ohio, Inc.	0	0	0	0	(92,349,645)	0		0	(92,349,645)	0
95024	61-0994632	Humana Health Plan of Texas, Inc.	0	0	0	0	(117,806,531)	0		0	(117,806,531)	0
95885	61-1013183	Humana Health Plan, Inc.	0	45,000,000	0	0	(1,370,066,494)	0		0	(1,325,066,494)	0
95721	66-0406896	Humana Health Plans of Puerto Rico, Inc.	0	0	0	0	(111,739,340)	0		0	(111,739,340)	0
00000	42-1575099	Humana Healthcare Research, Inc.	0	0	0	0	3,523,916	0		0	3,523,916	0
00000	61-0647538	Humana Inc.	(1,291,000,000)	(402,000,000)	0	0	2,523,533,086	0		0	830,533,086	0
00000	61-1343791	Humana Innovation Enterprises, Inc.	0	0	0	0	13,869,766	0		0	13,869,766	0
73288	39-1263473	Humana Insurance Company	(60,000,000)	(30,000,000)	0	0	(17,281,674,126)	(9,220,868)		0	(17,380,894,994)	0
60219	61-1311685	Humana Insurance Company of Kentucky	0	30,000,000	0	0	(205,337,649)	9,220,868		0	(166,116,781)	0
12634	20-2888723	Humana Insurance Company of New York	0	125,000,000	0	0	(1,037,989,813)	0		0	(912,989,813)	0
84603	66-0291866	Humana Insurance of Puerto Rico, Inc.	0	0	0	0	(73,766,989)	0		0	(73,766,989)	0
00000	66-0872725	Humana Management Services of Puerto Rico, Inc.	0	0	0	0	38,644,224	0		0	38,644,224	0
00000	20-3364857	Humana MarketPOINT of Puerto Rico, Inc.	0	0	0	0	0	0		0	0	0
00000	61-1343508	Humana Marketpoint, Inc.	0	0	0	0	840,099,806	0		0	840,099,806	0
14224	27-3991410	Humana Medical Plan of Michigan, Inc.	0	10,000,000	0	0	(156,788,032)	0		0	(146,788,032)	0
14462	27-4660531	Humana Medical Plan of Pennsylvania, Inc.	0	0	0	0	(2,124,601)	0		0	(2,124,601)	0
12908	20-8411422	Humana Medical Plan of Utah, Inc.	0	15,000,000	0	0	(45,518,658)	0		0	(30,518,658)	0
95270	61-1103898	Humana Medical Plan, Inc.	665,000,000	0	0	0	(6,383,341,496)	0		0	(5,718,341,496)	0
00000	45-2254346	Humana Pharmacy Solutions, Inc.	0	0	0	0	25,099,808,404	0		0	25,099,808,404	0
00000	20-1724127	Humana Real Estate Company	0	0	0	0	12,623,113	0		0	12,623,113	0
12282	20-2036444	Humana Regional Health Plan, Inc.	0	0	0	0	(72,244,226)	0		0	(72,244,226)	0
00000	26-4522426	Humana WellWorks LLC	0	0	0	0	300	0		0	300	0
95342	39-1525003	Humana Wisconsin Health Organization Insurance Corporation	65,000,000	0	0	0	(2,013,730,583)	0		0	(1,948,730,583)	0
70580	39-0714280	HumanaDental Insurance Company	0	0	0	0	(410,006,980)	0		0	(410,006,980)	0
00000	61-1364005	HumanaDental, Inc.	0	0	0	0	330,731	0		0	330,731	0
00000	61-1239538	Humco, Inc.	0	0	0	0	31	0		0	31	0
00000	61-1383567	HUM-e-FL, Inc.	0	0	0	0	(2,616,784)	0		0	(2,616,784)	0
00000	86-1050795	Hummingbird Coaching Systems LLC	0	0	0	0	122,294	0		0	122,294	0
11695	39-1769093	Independent Care Health Plan	0	0	0	0	(28,499,289)	0		0	(28,499,289)	0
00000	88-3465849	Innovative Financial Group Holdings, LLC	0	0	0	0	374,476	0		0	374,476	0

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	83-2232570	Innovative Financial Partners, LLC	0	0	0	0	(401,563)	0		0	(401,563)	0
00000	20-8781607	Integracare Holdings, Inc.	0	0	0	0	0	0		0	0	0
00000	75-2865632	Integracare Home Health Services, Inc.	0	0	0	0	0	0		0	0	0
00000	20-8781715	Integracare Intermediate Holdings, Inc.	0	0	0	0	0	0		0	0	0
00000	26-2915050	Integracare of Albany, LLC	0	0	0	0	0	0		0	0	0
00000	27-2139332	Integracare of Athens-Home Health, LLC	0	0	0	0	0	0		0	0	0
00000	81-0638801	Integracare of Olney Home Health, LLC	0	0	0	0	0	0		0	0	0
00000	20-8768235	Integracare of Texas, LLC	0	0	0	0	0	0		0	0	0
00000	27-0686207	Integracare of West Texas-Home Health, LLC	0	0	0	0	0	0		0	0	0
00000	27-0686266	Integracare of Wichita Falls, LLC	0	0	0	0	0	0		0	0	0
00000	46-3992741	KAH Development 10, L.L.C.	0	0	0	0	0	0		0	0	0
00000	46-4002959	KAH Development 12, L.L.C.	0	0	0	0	0	0		0	0	0
00000	46-4025157	KAH Development 14, L.L.C.	0	0	0	0	0	0		0	0	0
00000	46-3902994	KAH Development 4, L.L.C.	0	0	0	0	0	0		0	0	0
00000	82-3695166	Kentucky Homecare Holdings, Inc.	0	0	0	0	0	0		0	0	0
00000	82-3986306	Kentucky Homecare Parent Inc.	0	0	0	0	0	0		0	0	0
00000	26-0717945	Kindred Hospice Services, L.L.C.	0	0	0	0	0	0		0	0	0
00000	26-0717534	KND Development 50, L.L.C.	0	0	0	0	0	0		0	0	0
00000	26-3228001	Lighthouse Hospice - Metroplex, LLC	0	0	0	0	0	0		0	0	0
00000	06-1787617	Lighthouse Hospice Management, LLC	0	0	0	0	0	0		0	0	0
00000	87-0798501	Lighthouse Hospice-San Antonio, LLC	0	0	0	0	0	0		0	0	0
00000	47-1818578	Loving Peace Hospice, Inc.	0	0	0	0	0	0		0	0	0
00000	61-1232669	Managed Care Indemnity, Inc.	10,000,000	0	0	0	(134,949)	0		0	9,865,051	0
00000	65-0277280	Med. Tech. Services of South Florida, Inc.	0	0	0	0	0	0		0	0	0
00000	84-5189010	Medicare Planning of America LLC	0	0	0	0	0	0		0	0	0
00000	65-1033439	Med-Tech Services of Dade, Inc.	0	0	0	0	0	0		0	0	0
00000	65-0644307	Med-Tech Services of Palm Beach, Inc.	0	0	0	0	0	0		0	0	0
00000	65-0879131	METCARE of Florida, Inc.	0	0	0	0	200	0		0	200	0
00000	65-0635728	Metropolitan Health Networks, Inc.	0	0	0	0	138,375	0		0	138,375	0
00000	82-0559199	Mid-South Home Health Agency, LLC	0	0	0	0	0	0		0	0	0
00000	14-1909499	Mid-South Home Health of Gadsden, LLC	0	0	0	0	0	0		0	0	0
00000	63-0772385	Mid-South Home Health, LLC	0	0	0	0	0	0		0	0	0
00000	65-1285069	Missouri Home Care of Rolla, Inc.	0	0	0	0	0	0		0	0	0
00000	65-0992582	Naples Health Care Specialists, LLC	0	0	0	0	0	0		0	0	0
00000	22-2695367	New York Healthcare Services, Inc.	0	0	0	0	0	0		0	0	0
00000		North Region Providers, LLC	0	0	0	0	0	0		0	0	0
00000	55-0633030	Nursing Care-Home Health Agency, Inc.	0	0	0	0	0	0		0	0	0
00000		Nursing Solutions, LLC	0	0	0	0	0	0		0	0	0
00000	22-3690699	OHS Service Corp.	0	0	0	0	0	0		0	0	0
00000	20-3443369	On the Way Home Care, Inc.	0	0	0	0	17,417,153	0		0	17,417,153	0
00000	82-2018741	One Home Health Holdings CCTX, LLC	0	0	0	0	0	0		0	0	0
00000		One Home Health Holdings, LLC	0	0	0	0	0	0		0	0	0
00000		One Home Medical Equipment NC, LLC	0	0	0	0	0	0		0	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
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00000	82-3472028	One Home Medical Equipment TX, LLC	0	0	0	0	2,944,897	0		0	2,944,897	0
00000		One Home Medical Equipment VA, LLC	0	0	0	0	0	0		0	0	0
00000	46-2894851	One Home Medical Equipment, LLC	0	0	0	0	28,671,275	0		0	28,671,275	0
00000	46-3313080	One Homecare Solutions, LLC	0	0	0	0	103,349	0		0	103,349	0
00000	46-4176818	One Homecare Systems, LLC	0	0	0	0	0	0		0	0	0
00000		One Infusion Pharmacy NC, LLC	0	0	0	0	0	0		0	0	0
00000		One Infusion Pharmacy VA, LLC	0	0	0	0	0	0		0	0	0
00000	46-2882412	One Infusion Pharmacy, LLC	0	0	0	0	22,084,854	0		0	22,084,854	0
00000	46-3116955	One Nursing Care, LLC	0	0	0	0	42,647,326	0		0	42,647,326	0
00000	20-4271850	One TPA Systems, Inc.	0	0	0	0	(160)	0		0	(160)	0
00000	32-0351697	Outcome Resources, LLC	0	0	0	0	429	0		0	429	0
00000	75-2284154	Outreach Health Services of North Texas, LLC	0	0	0	0	0	0		0	0	0
00000	61-1340806	PBM Holding Company	0	0	0	0	0	0		0	0	0
00000	20-2373204	PBM Plus Mail Service Pharmacy, LLC	0	0	0	0	0	0		0	0	0
00000	26-3106949	PF Development 10, L.L.C.	0	0	0	0	0	0		0	0	0
00000	26-3107011	PF Development 15, L.L.C.	0	0	0	0	0	0		0	0	0
00000	46-0818835	PF Development 16, L.L.C.	0	0	0	0	0	0		0	0	0
00000	46-0860128	PF Development 21, L.L.C.	0	0	0	0	0	0		0	0	0
00000	26-0718044	PF Development 5, L.L.C.	0	0	0	0	0	0		0	0	0
00000	26-3106911	PF Development 7, L.L.C.	0	0	0	0	0	0		0	0	0
00000	26-3106934	PF Development 9, L.L.C.	0	0	0	0	0	0		0	0	0
00000	83-2136817	Pharaoh JV, LLC	0	0	0	0	(5,782)	0		0	(5,782)	0
00000	75-2378887	PHH Acquisition Corp.	0	0	0	0	0	0		0	0	0
00000	33-1178066	PHHC Acquisition Corp.	0	0	0	0	0	0		0	0	0
00000	62-1552091	PHP Companies, Inc.	0	0	0	0	4,636	0		0	4,636	0
00000	62-1250945	Preferred Health Partnership, Inc.	0	0	0	0	120	0		0	120	0
00000	35-2640679	Primary Care Holdings II, LLC	0	0	0	0	124,197,282	0		0	124,197,282	0
00000	20-5143963	Professional Healthcare at Home, LLC	0	0	0	0	0	0		0	0	0
00000	20-5043143	Professional Healthcare, LLC	0	0	0	0	0	0		0	0	0
00000	11-2750425	QC-Medi New York, Inc.	0	0	0	0	0	0		0	0	0
00000	11-2256479	Quality Care - USA, Inc.	0	0	0	0	0	0		0	0	0
00000		Rees Financial Inc	0	0	0	0	233	0		0	233	0
00000	75-2844854	ROHC, L.L.C.	0	0	0	0	0	0		0	0	0
00000	59-3080333	Senior Home Care, Inc.	0	0	0	0	0	0		0	0	0
00000	65-1096853	SeniorBridge Family Companies (FL), Inc.	0	0	0	0	(481,616)	0		0	(481,616)	0
00000	20-0301155	SeniorBridge Family Companies (IN), Inc.	0	0	0	0	0	0		0	0	0
00000	36-4484443	SeniorBridge Family Companies (NY), Inc.	0	0	0	0	(9,304,683)	0		0	(9,304,683)	0
00000	59-2518701	SeniorBridge-Florida, LLC	0	0	0	0	34	0		0	34	0
00000	42-1699530	SHC Holding, Inc.	0	0	0	0	0	0		0	0	0
00000	65-0270114	South Florida Cardiology Associates, LLC	0	0	0	0	5,340,231	0		0	5,340,231	0
00000	87-0494757	Southern Nevada Home Health Care, Inc.	0	0	0	0	0	0		0	0	0
00000	72-1487473	Synergy Home Care-Acadiana Region, Inc.	0	0	0	0	0	0		0	0	0
00000	20-1376846	Synergy Home Care-Capitol Region, Inc.	0	0	0	0	0	0		0	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	36-4516940	Synergy Home Care-Central Region, Inc.	0	0	0	0	0	0		0	0	0
00000	72-1178497	Synergy Home Care-Northeastern Region, Inc.	0	0	0	0	0	0		0	0	0
00000	72-1223659	Synergy Home Care-Northshore Region, Inc.	0	0	0	0	0	0		0	0	0
00000	72-1431394	Synergy Home Care-Northwestern Region, Inc.	0	0	0	0	0	0		0	0	0
00000	72-1429305	Synergy Home Care-Southeastern Region, Inc.	0	0	0	0	0	0		0	0	0
00000	94-3419676	Synergy, Inc.	0	0	0	0	0	0		0	0	0
00000		TAR Heel Health Care Services, LLC	0	0	0	0	0	0		0	0	0
00000	74-2352809	Texas Dental Plans, Inc.	0	0	0	0	(28,136)	0		0	(28,136)	0
54739	52-1157181	The Dental Concern, Inc.	5,500,000	0	0	0	(7,597,039)	0		0	(2,097,039)	0
00000	74-3052911	The Home Team of Kansas LLC	0	0	0	0	0	0		0	0	0
00000	84-2258899	The Lead Store LLC	0	0	0	0	468,736	0		0	468,736	0
00000	68-0593592	Total Care Home Health of Louisburg, LLC	0	0	0	0	0	0		0	0	0
00000	20-0091435	Total Care Home Health of North Carolina, LLC	0	0	0	0	0	0		0	0	0
00000	20-0091422	Total Care Home Health of South Carolina, LLC	0	0	0	0	0	0		0	0	0
00000	37-1910409	Transcend Population Health Management II, LLC	0	0	0	0	7,251	0		0	7,251	0
00000	47-2446186	Trueshore BPO, LLC	0	0	0	0	3,716,597	0		0	3,716,597	0
00000		Trueshore S.R.L	0	0	0	0	0	0		0	0	0
00000	62-1669388	Van Winkle Home Health Care, Inc.	0	0	0	0	0	0		0	0	0
00000	75-1995143	Vernon Home Health Care Agency, LLC	0	0	0	0	0	0		0	0	0
00000		Versa Management LLC	0	0	0	0	481	0		0	481	0
00000	20-1953497	Voyager Acquisition, L.P.	0	0	0	0	0	0		0	0	0
00000	26-1501792	Voyager Home Health, Inc.	0	0	0	0	0	0		0	0	0
00000	20-1173787	Voyager Hospicecare, Inc.	0	0	0	0	0	0		0	0	0
00000	46-2300938	Wake Forest Baptist Health Care at Home, LLC	0	0	0	0	0	0		0	0	0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control Affiliation of Column 5 Over Column 6 (Yes/No)
ARCADIAN HEALTH PLAN, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
CAREPLUS HEALTH PLANS, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
CARITEN HEALTH PLAN INC.	PHP COMPANIES, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
CHA HMO, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
COMPBENEFITS COMPANY	HUMANA DENTAL COMPANY	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
COMPBENEFITS DENTAL, INC.	DENTAL CARE PLUS MANAGEMENT, CORP.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
COMPBENEFITS INSURANCE COMPANY	HUMANA DENTAL COMPANY	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
DENTICARE, INC.	HUMANA DENTAL COMPANY	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
EMPHESYS INSURANCE COMPANY	EMPHESYS, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA BENEFIT PLAN OF ILLINOIS, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA BENEFIT PLAN OF TEXAS, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA BENEFIT PLAN SOUTH CAROLINA, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.	HUMANA INSURANCE COMPANY	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	HUMANA INSURANCE COMPANY	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH COMPANY OF NEW YORK	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH PLAN OF CALIFORNIA, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH PLAN OF OHIO, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH PLAN OF TEXAS, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH PLAN, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH PLANS OF PUERTO RICO, INC.	HUMANA INC.	99.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA INSURANCE COMPANY	CARENENETWORK, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA INSURANCE COMPANY OF KENTUCKY	HUMANA INSURANCE COMPANY	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA INSURANCE COMPANY OF NEW YORK	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA INSURANCE OF PUERTO RICO, INC.	HUMANA INC.	99.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA MEDICAL PLAN OF MICHIGAN, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA MEDICAL PLAN OF UTAH, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA MEDICAL PLAN, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA REGIONAL HEALTH PLAN, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CORPORATION	CARENENETWORK, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANADENTAL INSURANCE COMPANY	HUMANADENTAL, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
INDEPENDENT CARE HEALTH PLAN	CARENENETWORK, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
THE DENTAL CONCERN, INC.	HUMANADENTAL, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your annual statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.







	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

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

MARCH FILING	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	YES
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	YES
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	YES
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
APRIL FILING	
19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	YES
21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:	
12. This type of business is not written.	
15. This type of business is not written.	
16. No relief will be requested.	
17. No relief will be requested.	
18. No relief will be requested.	
19. This type of business is not written.	

Bar Codes:

12. SIS Stockholder Information Supplement [Document Identifier 420]	
15. Medicare Part D Coverage Supplement [Document Identifier 365]	
16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
18. Relief from the Requirements for Audit Committees [Document Identifier 226]	
19. Long-Term Care Experience Reporting Forms [Document Identifier 306]	



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Alabama.....
 NAIC Group Code 0119 NAIC Company Code 88595
 ADDRESS (City, State and Zip Code) Austin , TX 78746-7625
 Person Completing This Exhibit Julie Ford
 Title Lead, Financial Reporting Telephone Number 502-580-8375

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	ALMES3M10A	A	NO	0234000	09/09/2021					0	0	0.0	0	0	0.0	0	
	ALMES3M10F	F	NO	0234000	09/09/2021					0	0	0.0	0	20,520	15,516	75.6	13
	ALMES3M10G	G	NO	0234000	09/09/2021					0	0	0.0	0	152,965	158,524	103.6	127
	ALMES3M10G(HD)	G	NO	0234000	09/09/2021					0	0	0.0	0	7,284	0	0.0	20
	ALMES3M10N	N	NO	0234000	09/09/2021					0	0	0.0	0	35,675	25,965	72.8	32
	ALMES2HCA	A	NO	0230500	08/13/2021					0	0	0.0	0	150	0	0.0	1
	ALMES2HCF	F	NO	0230500	08/13/2021					0	0	0.0	0	48,630	20,984	43.1	30
	ALMES2HCG	G	NO	0230500	08/13/2021					0	0	0.0	0	68,215	76,941	112.8	105
	ALMES2HCG(HD)	G	NO	0230500	08/13/2021					0	0	0.0	0	931	0	0.0	5
	ALMES2HCN	N	NO	0230500	08/13/2021					0	0	0.0	0	58,665	65,179	111.1	72
019999. Total Experience on Individual Policies										0	0	0.0	0	393,035	363,109	92.4	405

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 500 West Main Street Louisville , KY 40202
 - Contact Person and Phone Number: Marlene Helmkamp Ms. 502-476-5123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 101 E. Main Street Louisville , KY 40202
 - Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Georgia.....
 NAIC Group Code 0119 NAIC Company Code 88595
 ADDRESS (City, State and Zip Code) Austin , TX 78746-7625
 Person Completing This Exhibit Julie Ford
 Title Lead, Financial Reporting Telephone Number 502-580-8375

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	GAMES3M10A	A	NO	0234060	07/25/2022					0	0	0.0	0	0	0.0	0	
	GAMES3M10F	F	NO	0234060	07/25/2022					0	0	0.0	0	3,066	3,942	128.6	9
	GAMES3M10G	G	NO	0234060	07/25/2022					0	0	0.0	0	8,681	16,191	186.5	23
	GAMES3M10G(HD)	G	NO	0234060	07/25/2022					0	0	0.0	0	2,033	0	0.0	9
	GAMES3M10N	N	NO	0234060	07/25/2022					0	0	0.0	0	3,458	1,967	56.9	11
0199999. Total Experience on Individual Policies										0	0	0.0	0	17,238	22,101	128.2	52

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details

- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address:
 2.2 Contact Person and Phone Number:
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address:
 3.2 Contact Person and Phone Number:
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Illinois.....
 NAIC Group Code 0119 NAIC Company Code 88595
 ADDRESS (City, State and Zip Code) Austin , TX 78746-7625
 Person Completing This Exhibit Julie Ford
 Title Lead, Financial Reporting Telephone Number 502-580-8375

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	ILMES3M10A	A	NO	0234060	05/31/2022					0	0	0.0	0	0	0.0	0	
	ILMES3M10F	F	NO	0234060	05/31/2022					0	0	0.0	0	3,099	334	10.8	8
	ILMES3M10G	G	NO	0234060	05/31/2022					0	0	0.0	0	17,082	23,844	139.6	43
	ILMES3M10G(HD)	G	NO	0234060	05/31/2022					0	0	0.0	0	2,425	0	0.0	19
	ILMES3M10N	N	NO	0234060	05/31/2022					0	0	0.0	0	1,968	2,768	140.7	6
0199999. Total Experience on Individual Policies										0	0	0.0	0	24,574	26,947	109.7	76

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: ,
 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: ,
 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Pennsylvania.....
 NAIC Group Code 0119 NAIC Company Code 88595
 ADDRESS (City, State and Zip Code) Austin , TX 78746-7625
 Person Completing This Exhibit Julie Ford
 Title Lead, Financial Reporting Telephone Number 502-580-8375

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	PAAIMESA	A	NO	0034060	10/25/2019					0	0	0.0	0	0	0.0	0	
	PAAIMESB	B	NO	0034060	10/25/2019					0	0	0.0	0	146	0	0.0	1
	PAAIMESF	F	NO	0034060	10/25/2019					0	0	0.0	0	342,802	338,613	98.8	159
	PAAIMESG	G	NO	0034060	10/25/2019					0	0	0.0	0	808,125	961,016	118.9	466
	PAAIMESG(HD)	G	NO	0034060	10/25/2019					0	0	0.0	0	4,629	60	1.3	9
	PAAIMESN	N	NO	0034060	10/25/2019					0	0	0.0	0	160,344	160,229	99.9	111
0199999. Total Experience on Individual Policies										0	0	0.0	0	1,316,045	1,459,917	110.9	746

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 500 West Main Street Louisville , KY 40202
- 2.2 Contact Person and Phone Number: Marlene Helmkamp Ms. 502-476-5123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 101 E. Main Street Louisville , KY 40202
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Texas.....
 NAIC Group Code 0119 NAIC Company Code 88595
 ADDRESS (City, State and Zip Code) Austin , TX 78746-7625
 Person Completing This Exhibit Julie Ford
 Title Lead, Financial Reporting Telephone Number 502-580-8375

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	TXMES3M10A	A	NO	0234060	10/21/2021					0	0	0.0	0	5,701	6,705	117.6	1
	TXMES3M10F	F	NO	0234000	10/21/2021					0	0	0.0	0	267,713	270,530	101.1	163
	TXMES3M10G	G	NO	0234000	10/21/2021					0	0	0.0	0	519,318	683,286	131.6	462
	TXMES3M10G(HD)	G	NO	0234000	10/21/2021					0	0	0.0	0	34,635	4,387	12.7	100
	TXMES3M10N	N	NO	0234000	10/21/2021					0	0	0.0	0	173,697	168,791	97.2	169
0199999. Total Experience on Individual Policies										0	0	0.0	0	1,001,063	1,133,699	113.2	895

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 500 West Main Street Louisville , KY 40202
- 2.2 Contact Person and Phone Number: Marlene Helmkamp Ms. 502-476-5123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 101 E. Main Street Louisville , KY 40202
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Wisconsin.....
 NAIC Group Code 0119 NAIC Company Code 88595
 ADDRESS (City, State and Zip Code) Austin , TX 78746-7625
 Person Completing This Exhibit Julie Ford
 Title Lead, Financial Reporting Telephone Number 502-580-8375

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	WIAIBASIC	B	NO	0034060	12/04/2019					0	0	0.0	0	1,167,156	1,103,607	94.6	648
0199999. Total Experience on Individual Policies										0	0	0.0	0	1,167,156	1,103,607	94.6	648

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 500 West Main Street Louisville , KY 40202
- 2.2 Contact Person and Phone Number: Marlene Helmkamp Ms. 502-476-5123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 101 E. Main Street Louisville , KY 40202
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944
4. Explain any policies identified above as policy type "O".



LIFE SUPPLEMENTS

For The Year Ended December 31, 2022

(To Be Filed By March 1)

Of The Empesys Insurance Company.....

ADDRESS (City, State and Zip Code) Austin , TX 78746-7625

NAIC Group Code 0119 NAIC Company Code 88595 Employer's ID Number 31-0935772

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1 Valuation Standard	2 Total ^(a)	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
NONE					

9999999. Totals (Net)

(a) Included in the above table are amounts of deposit-type contracts that originally contained a mortality risk. Amounts of deposit-type contracts in Column 2 that no longer contain a mortality risk are Life Insurance \$; Annuities \$; Supplementary Contracts with Life Contingencies \$; Accidental Death Benefits \$; Disability - Active Lives \$; Disability - Disabled Lives \$; Miscellaneous Reserves \$

EXHIBIT 5 - INTERROGATORIES

- 1.1 Has the reporting entity ever issued both participating and non-participating contracts?..... Yes [] No []
- 1.2 If not, state which kind is issued.
.....
- 2.1 Does the reporting entity at present issue both participating and non-participating contracts?..... Yes [] No []
- 2.2 If not, state which kind is issued.
.....
3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?..... Yes [] No []
If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.
4. Has the reporting entity any assessment or stipulated premium contracts in force? Yes [] No []
If so, state:
- 4.1 Amount of insurance? \$ 0
- 4.2 Amount of reserve? \$ 0
- 4.3 Basis of reserve
.....
- 4.4 Basis of regular assessments
.....
- 4.5 Basis of special assessments
.....
- 4.6 Assessments collected during the year: \$ 0
5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.
.....
6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? Yes [] No []
- 6.1 If so, state the amount of reserve on such contracts on the basis actually held:..... \$ 0
- 6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: \$ 0
- Attach statement of methods employed in their valuation.
7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? Yes [] No []
- 7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements \$ 0
- 7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount
.....
- 7.3 State the amount of reserves established for this business: \$ 0
- 7.4 Identify where the reserves are reported in the blank
.....
8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year? Yes [] No []
- 8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements: \$ 0
- 8.2 State the amount of reserves established for this business: \$ 0
- 8.3 Identify where the reserves are reported in the blank:
.....
9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? Yes [] No []
- 9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders: \$ 0
- 9.2 State the amount of reserves established for this business: \$ 0
- 9.3 Identify where the reserves are reported in the blank:
.....

Life Supplement - Exhibit 7 - Deposit-Type Contracts

N O N E

Life Supplement - Schedule S - Part 1 - Section 1

N O N E

Life Supplement - Schedule S - Part 3 - Section 1

N O N E



SUPPLEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred, and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan, Credit (Group and Individual), Collectively renewable policies/certificates, Medicare Title XVIII, and Other Individual Policies.

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 39 and number of persons insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pol. & Certifs., 2 Amount, 3 No. of Ind. Pol. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pol. & Certifs., 8 Amount, 9 No. of Pol. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred, and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan, Credit (Group and Individual), Medicare Title XVIII, and other individual policies.

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pol. & Certifs., 2 Amount, 3 No. of Ind. Pol. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pol. & Certifs., 8 Amount, 9 No. of Pol. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No. of Pol. & Certifs., 2 Amount, 3 No. of Ind. Pol. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pol. & Certifs., 8 Amount, 9 No. of Pol. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred, and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan, Credit (Group and Individual), Medicare Title XVIII, and other individual policies.

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS.

NONE

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 441 and number of persons insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 562 and number of persons insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pol. & Certifs., 2 Amount, 3 No. of Ind. Pol. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pol. & Certifs., 8 Amount, 9 No. of Pol. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 360 and number of persons insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3,858 and number of persons insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pol. & Certifs., 2 Amount, 3 No. of Ind. Pol. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pol. & Certifs., 8 Amount, 9 No. of Pol. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No. of Pol. & Certifs., 2 Amount, 3 No. of Ind. Pol. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pol. & Certifs., 8 Amount, 9 No. of Pol. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred, and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan, Credit (Group and Individual), Collectively renewable policies/certificates, Medicare Title XVIII, and Other Individual Policies.

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS.

NONE

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2,279 and number of persons insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pol. & Certifs., 2 Amount, 3 No. of Ind. Pol. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pol. & Certifs., 8 Amount, 9 No. of Pol. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No. of Pol. & Certifs., 2 Amount, 3 No. of Ind. Pol. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pol. & Certifs., 8 Amount, 9 No. of Pol. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred, and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$, Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$, Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan, Credit (Group and Individual), Collectively renewable policies/certificates, Medicare Title XVIII, and Other Individual Policies.

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pol. & Certifs., 2 Amount, 3 No. of Ind. Pol. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pol. & Certifs., 8 Amount, 9 No. of Pol. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No. of Pol. & Certifs., 2 Amount, 3 No. of Ind. Pol. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pol. & Certifs., 8 Amount, 9 No. of Pol. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred, and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan, Credit (Group and Individual), Medicare Title XVIII, and other individual policies.

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred, and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$, Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$, Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan, Credit (Group and Individual), Collectively renewable policies/certificates, Medicare Title XVIII, and Other Individual Policies.

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred, and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b), Federal Employees Health Benefits Plan premium (b), Credit (Group and Individual), Collectively renewable policies/certificates (b), Medicare Title XVIII exempt from state taxes or fees, Other Individual Policies, Non-cancelable (b), Guaranteed renewable (b), Non-renewable for stated reasons only (b), Other accident only, All other (b), and Totals.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,030 and number of persons insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No. of Pol. & Certifs., 2 Amount, 3 No. of Ind. Pol. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pol. & Certifs., 8 Amount, 9 No. of Pol. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred, and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan, Credit (Group and Individual), Medicare Title XVIII, and other individual policies.

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pol. & Certifs., 2 Amount, 3 No. of Ind. Pol. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pol. & Certifs., 8 Amount, 9 No. of Pol. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred, and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b), Federal Employees Health Benefits Plan premium (b), Credit (Group and Individual), Collectively renewable policies/certificates (b), Medicare Title XVIII exempt from state taxes or fees, Other Individual Policies, Non-cancelable (b), Guaranteed renewable (b), Non-renewable for stated reasons only (b), Other accident only, All other (b), and Totals.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 9 and number of persons insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pol. & Certifs., 2 Amount, 3 No. of Ind. Pol. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pol. & Certifs., 8 Amount, 9 No. of Pol. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pol. & Certifs., 2 Amount, 3 No. of Ind. Pol. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pol. & Certifs., 8 Amount, 9 No. of Pol. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pol. & Certifs., 2 Amount, 3 No. of Ind. Pol. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pol. & Certifs., 8 Amount, 9 No. of Pol. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pol. & Certifs., 2 Amount, 3 No. of Ind. Pol. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pol. & Certifs., 8 Amount, 9 No. of Pol. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred, and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b), Federal Employees Health Benefits Plan premium (b), Credit (Group and Individual), Collectively renewable policies/certificates (b), Medicare Title XVIII exempt from state taxes or fees, Other Individual Policies, Non-cancelable (b), Guaranteed renewable (b), Non-renewable for stated reasons only (b), Other accident only, All other (b), and Totals.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 474 and number of persons insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pol. & Certifs., 2 Amount, 3 No. of Ind. Pol. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pol. & Certifs., 8 Amount, 9 No. of Pol. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred, and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$, current year \$, current year \$, current year \$, current year \$, current year \$, current year \$, current year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan, Credit (Group and Individual), Medicare Title XVIII, and various other policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 41 and number of persons insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No. of Pol. & Certifs., 2 Amount, 3 No. of Ind. Pol. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pol. & Certifs., 8 Amount, 9 No. of Pol. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred, and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan, Credit (Group and Individual), Medicare Title XVIII, and other individual policies.

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 32 and number of persons insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pol. & Certifs., 2 Amount, 3 No. of Ind. Pol. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pol. & Certifs., 8 Amount, 9 No. of Pol. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Includes rows for Life insurance, Annuity considerations, and Grand Totals.

NONE

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, Ordinary (1, 2), Credit Life (3, 4), Group (5, 6), Industrial (7, 8), Total (9, 10). Includes rows for Unpaid December 31, prior year, Incurred during current year, and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$, current year \$, current year \$, current year \$, current year \$, current year \$, current year \$, current year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Includes rows for Group Policies, Federal Employees Health Benefits Plan, Medicare Title XVIII, and Totals.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 285 and number of persons insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS.

NONE

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 146 and number of persons insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pol. & Certifs., 2 Amount, 3 No. of Ind. Pol. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pol. & Certifs., 8 Amount, 9 No. of Pol. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2022 OF THE Empheys Insurance Company

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind.Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, Death benefits, etc. A large 'NONE' watermark is present across the table.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, Ordinary (1, 2), Credit Life (3, 4), Group (5, 6), Industrial (7, 8), Total (9, 10). Rows include Unpaid December 31, prior year, Incurred during current year, etc. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan, etc. A large 'NONE' watermark is present across the table.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 913 and number of persons insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No. of Pol. & Certifs., 2 Amount, 3 No. of Ind. Pol. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pol. & Certifs., 8 Amount, 9 No. of Pol. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred, and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$, Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$, Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan, Credit (Group and Individual), Collectively renewable policies/certificates, Medicare Title XVIII, and Other Individual Policies.

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2022 OF THE Emphesys Insurance Company

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2022

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 88595

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind.Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 10,501 and number of persons insured under indemnity only products 0