



ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 2024
 OF THE CONDITION AND AFFAIRS OF THE
EMPOWER HEALTHCARE SOLUTIONS LLC

NAIC Group Code.....0000,..... 0000..... NAIC Company Code..... 16244.... Employer's ID Number..... 82-1454637.....
 (Current) (Prior)

Organized under the Laws of.....AR..... State of Domicile or Port of Entry.....AR.....
 Country of Domicile.....US.....
 Licensed as business type.....OTHER..... Is HMO Federally Qualified?.....
 Incorporated/Organized.....02/05/2017..... Commenced Business.....02/01/2018.....
 Statutory Home Office.....17500 CHENAL PARKWAY, SUITE 300..... LITTLE ROCK, AR, US 72223.....
 Main Administrative Office.....17500 CHENAL PARKWAY, SUITE 300.....
 LITTLE ROCK, AR, US 72223.....
 (Telephone)
 Mail Address.....17500 CHENAL PARKWAY, SUITE 300..... LITTLE ROCK, AR, US 72223.....
 Primary Location of Books and
 Records.....17500 CHENAL PARKWAY, SUITE 300.....
 LITTLE ROCK, AR, US 72223.....
 (Telephone)
 Internet Website Address.....WWW.GETEMPOWERHEALTH.COM.....
 Statutory Statement Contact.....DAVID JOHN ZDECHLIK..... 501-516-2603.....
 (Telephone)
 DAVID.ZDECHLIK@EMPOWERARKANSAS.COM..... 501-516-2603.....
 (E-Mail) (Fax)

OFFICERS

DOUGLAS MITCHELL MORRIS, CHIEF EXECUTIVE OFFICER..... GREGORY MARK LUECK, CHIEF OPERATING OFFICER.....
 MARTIN WAYNE CATRON, CHIEF FINANCIAL OFFICER..... DR. BRADLEY CANADA DINER, CHIEF MEDICAL OFFICER.....

OTHER

SUZANNE LYNETTE TIPTON, CHIEF COMPLIANCE OFFICER... MARIA ROBERTA HALILI OPPEDISANO, CHIEF HUMAN
 DAVID JOHN ZDECHLIK, VICE PRESIDENT..... RESOURCES OFFICER.....
 DEBRA MUNRO LEISS, VICE PRESIDENT..... CRAIG SCOTT STEVENS, VICE PRESIDENT.....

DIRECTORS OR TRUSTEES

ELIZABETH HEISLER GINTY, CHAIRPERSON..... MARK ANTHONY HARTMAN, TREASURER.....
 DAVID LAMAR NORSWORTHY..... DR. JOSHUA BRIAN WILSON.....
 DR. STEVEN FRANKLIN COLLIER..... TANNER JOE COPE.....

State of Arkansas.....
 County of FAULKNER..... SS

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

x Mitch Morris x Martin W. Catron x Gregory M. Lueck
 Douglas Mitchell Morris Martin Wayne Catron Greg Mark Lueck
 CEO CFO COO

Subscribed and sworn to before me
 this 13th day of
February, 2025

x

COLBY CAMPBELL
 FAULKNER COUNTY
 NOTARY PUBLIC -- ARKANSAS
 My Commission Expires April 12th, 2034
 Commission No. 00001452

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....						
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed.....						
0299999 Total group.....						
0399999 Premiums due and unpaid from Medicare entities.....						
0499999 Premiums due and unpaid from Medicaid entities.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....						

NONE

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
State of Arkansas	1,059,255					1,059,255
0499999 – Capitation Arrangement Receivables	1,059,255					1,059,255
0799999 – Gross Health Care Receivables	1,059,255					1,059,255

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	6
	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	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables						
2. Claim overpayment receivables						
3. Loans and advances to providers	205,000				205,000	205,000
4. Capitation arrangement receivables	9,497,000	303,000		1,059,255	9,497,000	9,497,000
5. Risk sharing receivables						
6. Other health care receivables						
7. Totals (Lines 1 through 6)	9,702,000	303,000		1,059,255	9,702,000	9,702,000

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

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0399999 - Aggregate accounts not individually listed-covered.....	6,261,389	(27,178)	(10,457)	(25,496)	(158,349)	6,039,909
0499999 - Subtotals.....	6,261,389	(27,178)	(10,457)	(25,496)	(158,349)	6,039,909
0599999 - Unreported claims and other claim reserves.....						22,202,872
0799999 - Total claims unpaid.....						28,242,781
0899999 - Accrued medical incentive pool and bonus amounts.....						786,725

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
0399999 – Total gross amounts receivable.....							

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Statera.....	Member Distribution.....	1,100,000	1,100,000	
AHA.....	Member Distribution.....	1,100,000	1,100,000	
0199999 – Individually listed payable.....		2,200,000	2,200,000	
0399999 – Total gross payables.....		2,200,000	2,200,000	

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups.....						
2. Intermediaries.....						
3. All other providers.....						
4. Total capitation payments.....						
Other Payments:						
5. Fee-for-service.....			XXX	XXX		
6. Contractual fee payments.....	357,046,573	100.000	XXX	XXX		357,046,573
7. Bonus/withhold arrangements – fee-for-service.....			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments.....			XXX	XXX		
9. Non-contingent salaries.....			XXX	XXX		
10. Aggregate cost arrangements.....			XXX	XXX		
11. All other payments.....			XXX	XXX		
12. Total other payments.....	357,046,573	100.000	XXX	XXX		357,046,573
13. Total (Line 4 plus Line 12).....	357,046,573	100.000 %	XXX	XXX		357,046,573

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
9999999 – Totals.....			XXX	XXX	XXX

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	492,482	861,746	365,456		988,773	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	2,945,968		404,833		2,541,136	
6. Total	3,438,450	861,746	770,289		3,529,909	



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Empower Healthcare Solutions LLC

2. LITTLE ROCK, AR
(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR 2024

NAIC Company Code: 16244

	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.....	13,655								13,655					
2. First Quarter.....	14,844								14,844					
3. Second Quarter.....	15,334								15,334					
4. Third Quarter.....	15,338								15,338					
5. Current Year.....	15,351								15,351					
6. Current Year Member Months.....	183,227								183,227					
Total Member Ambulatory Encounters for Year:														
7. Physician.....	181,847								181,847					
8. Non-Physician.....	124,751								124,751					
9. Total.....	306,598								306,598					
10. Hospital Patient Days Incurred.....	21,575								21,575					
11. Number of Inpatient Admissions.....	3,366								3,366					
12. Health Premiums Written (b).....	402,391,705								402,391,705					
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	401,332,451								401,332,451					
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	357,046,573								357,046,573					
18. Amount Incurred for Provision of Health Care Services.....	357,523,430								357,523,430					

(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 AR



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Empower Healthcare Solutions LLC

2. LITTLE ROCK, AR
(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2024

NAIC Company Code: 16244

	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	13,655								13,655					
2. First Quarter	14,844								14,844					
3. Second Quarter	15,334								15,334					
4. Third Quarter	15,338								15,338					
5. Current Year	15,351								15,351					
6. Current Year Member Months	183,227								183,227					
Total Member Ambulatory Encounters for Year:														
7. Physician	181,847								181,847					
8. Non-Physician	124,751								124,751					
9. Total	306,598								306,598					
10. Hospital Patient Days Incurred	21,575								21,575					
11. Number of Inpatient Admissions	3,366								3,366					
12. Health Premiums Written (b)	402,391,705								402,391,705					
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	401,332,451								401,332,451					
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	357,046,573								357,046,573					
18. Amount Incurred for Provision of Health Care Services	357,523,430								357,523,430					

30.GT

(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 \$

(31) Schedule S - Part 1 - Section 2

NONE

(32) Schedule S - Part 2

NONE

(33) Schedule S - Part 3 - Section 2

NONE

(34) Schedule S - Part 4

NONE

(34) Schedule S - Part 4 - Bank Footnote

NONE

(35) Schedule S - Part 5

NONE

(35) Schedule S - Part 5 - Bank Footnote

NONE

(36) Schedule S - Part 6

NONE

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	92,538,202		92,538,202
2. Accident and health premiums due and unpaid (Line 15)	1,059,255		1,059,255
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	XXX		
5. All other admitted assets (Balance)	2,083,719		2,083,719
6. Total assets (Line 28)	95,681,176		95,681,176
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	28,242,781		28,242,781
8. Accrued medical incentive pool and bonus payments (Line 2)	786,725		786,725
9. Premiums received in advance (Line 8)			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	28,996,182		28,996,182
15. Total liabilities (Line 24)	58,025,688		58,025,688
16. Total capital and surplus (Line 33)	37,655,488	XXX	37,655,488
17. Total liabilities, capital and surplus (Line 34)	95,681,176		95,681,176
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid		XXX	XXX
19. Accrued medical incentive pool		XXX	XXX
20. Premiums received in advance		XXX	XXX
21. Reinsurance recoverable on paid losses		XXX	XXX
22. Other ceded reinsurance recoverables		XXX	XXX
23. Total ceded reinsurance recoverables		XXX	XXX
24. Premiums receivable		XXX	XXX
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers		XXX	XXX
26. Unauthorized reinsurance		XXX	XXX
27. Reinsurance with Certified Reinsurers		XXX	XXX
28. Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
29. Other ceded reinsurance payables/offsets		XXX	XXX
30. Total ceded reinsurance payables/offsets		XXX	XXX
31. Total net credit for ceded reinsurance		XXX	XXX

SCHEDULE T – PART 2
 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
 Allocated By States And Territories

States, Etc.		Direct Business Only				
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts
1.	Alabama AL					
2.	Alaska AK					
3.	Arizona AZ					
4.	Arkansas AR					
5.	California CA					
6.	Colorado CO					
7.	Connecticut CT					
8.	Delaware DE					
9.	District of Columbia DC					
10.	Florida FL					
11.	Georgia GA					
12.	Hawaii HI					
13.	Idaho ID					
14.	Illinois IL					
15.	Indiana IN					
16.	Iowa IA					
17.	Kansas KS					
18.	Kentucky KY					
19.	Louisiana LA					
20.	Maine ME					
21.	Maryland MD					
22.	Massachusetts MA					
23.	Michigan MI					
24.	Minnesota MN					
25.	Mississippi MS					
26.	Missouri MO					
27.	Montana MT					
28.	Nebraska NE					
29.	Nevada NV					
30.	New Hampshire NH					
31.	New Jersey NJ					
32.	New Mexico NM					
33.	New York NY					
34.	North Carolina NC					
35.	North Dakota ND					
36.	Ohio OH					
37.	Oklahoma OK					
38.	Oregon OR					
39.	Pennsylvania PA					
40.	Rhode Island RI					
41.	South Carolina SC					
42.	South Dakota SD					
43.	Tennessee TN					
44.	Texas TX					
45.	Utah UT					
46.	Vermont VT					
47.	Virginia VA					
48.	Washington WA					
49.	West Virginia WV					
50.	Wisconsin WI					
51.	Wyoming WY					
52.	American Samoa AS					
53.	Guam GU					
54.	Puerto Rico PR					
55.	U.S. Virgin Islands VI					
56.	Northern Mariana Islands MP					
57.	Canada CAN					
58.	Aggregate Other Alien OT					
59.	Totals					

NONE

(41) Schedule Y - Part 1A - Detail of Insurance Holding Company System

NONE

(41) Schedule Y - Part 1A - Explanations

NONE

(42) Schedule Y - Part 2

NONE

(43) Schedule Y - Part 3 - Ultimate Controlling Party and Listing of Other U.S. Insurance Groups or Entities Under That Ultimate Controlling Party's Control

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your 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.












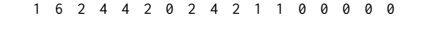
	Response
March Filing	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....	YES
2. Will an actuarial opinion be filed by March 1?.....	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential 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 Accountants 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 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?.....	NO
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?.....	NO
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?.....	NO
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?.....	NO
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
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for the Year be filed with the applicable jurisdictions and with the NAIC by March 1?.....	NO
April Filing	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?.....	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?.....	NO
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) 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

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

Explanation	Barcode
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10. DOES NOT APPLY	 1 6 2 4 4 2 0 2 4 3 6 0 0 0 0 0 0
11. DOES NOT APPLY	 1 6 2 4 4 2 0 2 4 2 0 5 0 0 0 0 0
12. DOES NOT APPLY	 1 6 2 4 4 2 0 2 4 4 2 0 0 0 0 0 0
13. DOES NOT APPLY	 1 6 2 4 4 2 0 2 4 3 7 1 0 0 0 0 0
14. DOES NOT APPLY	 1 6 2 4 4 2 0 2 4 3 7 0 0 0 0 0 0
15. DOES NOT APPLY	 1 6 2 4 4 2 0 2 4 3 6 5 0 0 0 0 0
16. DOES NOT APPLY	 1 6 2 4 4 2 0 2 4 2 2 4 0 0 0 0 0
17. DOES NOT APPLY	 1 6 2 4 4 2 0 2 4 2 2 5 0 0 0 0 0
18. DOES NOT APPLY	 1 6 2 4 4 2 0 2 4 2 2 6 0 0 0 0 0
19. DOES NOT APPLY	 1 6 2 4 4 2 0 2 4 6 0 0 0 0 0 0 0
20. DOES NOT APPLY	 1 6 2 4 4 2 0 2 4 3 0 6 0 0 0 0 0
21. DOES NOT APPLY	 1 6 2 4 4 2 0 2 4 2 1 0 0 0 0 0 0
22.	
23.	
24.	

OVERFLOW PAGE FOR WRITE-INS

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 – ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
2504. SUBSCRIPTIONS.....			17,009		17,009
2505. ALLOWANCE FOR DOUBTFUL ACCOUNTS BAD DEBT EXPENSE.....			214		214
2506. OTHER.....			2,647		2,647
2597. Summary of remaining write-ins for Line 25 from overflow page.....			19,870		19,870

OVERFLOW PAGE FOR WRITE-INS