

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.....	41,819	8,652		69,750	69,750	50,471
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).....	41,819	8,652		69,750	69,750	50,471

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
0199998 – Aggregate of Amounts Not Individually Listed	3,781,849	3,781,849	3,781,849	25,508,474	5,569,747	31,284,274
0199999 – Pharmaceutical Rebate Receivables	3,781,849	3,781,849	3,781,849	25,508,474	5,569,747	31,284,274
0299998 – Aggregate of Amounts Not Individually Listed	1,624,091				1,297,457	326,634
0299999 – Claim Overpayment Receivables	1,624,091				1,297,457	326,634
0599998 – Aggregate of Amounts Not Individually Listed	14,818,593					14,818,503
0599999 – Risk Sharing Receivables	14,818,593					14,818,503
0799999 – Gross Health Care Receivables	20,224,533	3,781,849	3,781,849	25,508,474	6,867,204	46,429,411

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	21,325,351	15,047,328		36,854,021	21,325,351	23,650,728
2. Claim overpayment receivables	1,461,837		71,457	1,552,634	1,533,294	1,461,793
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables			(25,721)	14,844,224	(25,721)	3,771,803
6. Other health care receivables						
7. Totals (Lines 1 through 6)	22,787,188	15,047,328	45,736	53,250,879	22,832,924	28,884,324

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.....	1,439,896					1,439,896
0499999 - Subtotals.....	1,439,896					1,439,896
0599999 - Unreported claims and other claim reserves.....						69,039,753
0799999 - Total claims unpaid.....						70,479,649
0899999 - Accrued medical incentive pool and bonus amounts.....						15,183,385

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
Lumeris Group Holdings Corporation	4,288,178					4,288,178	
0199999 – Individually listed receivables	4,288,178					4,288,178	
0399999 – Total gross amounts receivable	4,288,178					4,288,178	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Lumeris Health Outcomes, LLC.....		2,961,915	2,961,915	
Lumeris ARO St. Louis, LLC.....		9,549,308	9,549,308	
Essence Healthcare of GA, Inc.....		9,648	9,648	
Essence Healthcare of OH, Inc.....		19,977	19,977	
Essence Healthcare PPO, Inc.....		1,234,685	1,234,685	
0199999 – Individually listed payable.....		13,775,533	13,775,533	
0399999 – Total gross payables.....		13,775,533	13,775,533	

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.....	82,316,904	11.159				82,316,904
2. Intermediaries.....	4,015,013	0.544				4,015,013
3. All other providers.....	617,719	0.084				617,719
4. Total capitation payments.....	86,949,636	11.787				86,949,636
Other Payments:						
5. Fee-for-service.....			XXX	XXX		
6. Contractual fee payments.....	650,741,200	88.213	XXX	XXX		650,741,200
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.....	650,741,200	88.213	XXX	XXX		650,741,200
13. Total (Line 4 plus Line 12).....	737,690,836	100.000 %	XXX	XXX		737,690,836

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
	Mercy Managed Behavioral Health.....	4,015,013	334,584		
9999999 – Totals.....		4,015,013	XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	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.....						
2. Medical furniture, equipment and fixtures.....						
3. Pharmaceuticals and surgical supplies.....						
4. Durable medical equipment.....						
5. Other property and equipment.....						
6. Total.....						

NONE



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Essence Healthcare, Inc.

2. St. Louis, MO
(LOCATION)

NAIC Group Code: 4597

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR 2024

NAIC Company Code: 11699

	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.....	36							36						
2. First Quarter.....	47							47						
3. Second Quarter.....	46							46						
4. Third Quarter.....	46							46						
5. Current Year.....	47							47						
6. Current Year Member Months.....	573							573						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	435							435						
8. Non-Physician.....	133							133						
9. Total.....	568							568						
10. Hospital Patient Days Incurred.....	38							38						
11. Number of Inpatient Admissions.....	10							10						
12. Health Premiums Written (b).....	779,915							779,915						
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	779,915							779,915						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	559,725							559,725						
18. Amount Incurred for Provision of Health Care Services.....	527,414							527,414						

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(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 \$ 779,915



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Essence Healthcare, Inc.

2. St. Louis, MO
(LOCATION)

NAIC Group Code: 4597

BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2024

NAIC Company Code: 11699

	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.....	11,005							11,005						
2. First Quarter.....	10,116							10,116						
3. Second Quarter.....	9,966							9,966						
4. Third Quarter.....	9,875							9,875						
5. Current Year.....	9,793							9,793						
6. Current Year Member Months.....	119,887							119,887						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	93,646							93,646						
8. Non-Physician.....	43,851							43,851						
9. Total.....	137,497							137,497						
10. Hospital Patient Days Incurred.....	12,979							12,979						
11. Number of Inpatient Admissions.....	2,343							2,343						
12. Health Premiums Written (b).....	163,049,523							163,049,523						
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	163,049,523							163,049,523						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	168,186,976							168,186,976						
18. Amount Incurred for Provision of Health Care Services.....	158,478,139							158,478,139						

(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 \$ 163,049,523



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Essence Healthcare, Inc.

2. St. Louis, MO
(LOCATION)

NAIC Group Code: 4597

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2024

NAIC Company Code: 11699

	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.....	20							20						
2. First Quarter.....	46							46						
3. Second Quarter.....	45							45						
4. Third Quarter.....	45							45						
5. Current Year.....	46							46						
6. Current Year Member Months.....	568							568						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	436							436						
8. Non-Physician.....	183							183						
9. Total.....	619							619						
10. Hospital Patient Days Incurred.....	132							132						
11. Number of Inpatient Admissions.....	17							17						
12. Health Premiums Written (b).....	772,181							772,181						
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	772,181							772,181						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	290,555							290,555						
18. Amount Incurred for Provision of Health Care Services.....	273,782							273,782						

(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 \$ 772,181



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Essence Healthcare, Inc.

2. St. Louis, MO
(LOCATION)

NAIC Group Code: 4597

BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2024

NAIC Company Code: 11699

	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.....	116							116						
2. First Quarter.....	288							288						
3. Second Quarter.....	284							284						
4. Third Quarter.....	281							281						
5. Current Year.....	287							287						
6. Current Year Member Months.....	3,519							3,519						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	2,802							2,802						
8. Non-Physician.....	1,231							1,231						
9. Total.....	4,033							4,033						
10. Hospital Patient Days Incurred.....	496							496						
11. Number of Inpatient Admissions.....	52							52						
12. Health Premiums Written (b).....	4,785,563							4,785,563						
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	4,785,563							4,785,563						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	2,074,965							2,074,965						
18. Amount Incurred for Provision of Health Care Services.....	1,955,185							1,955,185						

(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 \$ 4,785,563



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Essence Healthcare, Inc.

2. St. Louis, MO
(LOCATION)

NAIC Group Code: 4597

BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR 2024

NAIC Company Code: 11699

	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.....	43,568							43,568						
2. First Quarter.....	38,755							38,755						
3. Second Quarter.....	38,181							38,181						
4. Third Quarter.....	37,833							37,833						
5. Current Year.....	37,468							37,468						
6. Current Year Member Months.....	458,691							458,691						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	310,432							310,432						
8. Non-Physician.....	145,442							145,442						
9. Total.....	455,874							455,874						
10. Hospital Patient Days Incurred.....	50,070							50,070						
11. Number of Inpatient Admissions.....	8,664							8,664						
12. Health Premiums Written (b).....	623,829,121							623,829,121						
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	623,829,121							623,829,121						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	566,578,615							566,578,615						
18. Amount Incurred for Provision of Health Care Services.....	533,872,045							533,872,045						

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(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 \$ 623,829,121



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Essence Healthcare, Inc.

2. St. Louis, MO
(LOCATION)

NAIC Group Code: 4597

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2024

NAIC Company Code: 11699

	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	54,745							54,745						
2. First Quarter	49,252							49,252						
3. Second Quarter	48,522							48,522						
4. Third Quarter	48,080							48,080						
5. Current Year	47,641							47,641						
6. Current Year Member Months	583,238							583,238						
Total Member Ambulatory Encounters for Year:														
7. Physician	407,751							407,751						
8. Non-Physician	190,840							190,840						
9. Total	598,591							598,591						
10. Hospital Patient Days Incurred	63,715							63,715						
11. Number of Inpatient Admissions	11,086							11,086						
12. Health Premiums Written (b)	793,216,303							793,216,303						
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	793,216,303							793,216,303						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	737,690,836							737,690,836						
18. Amount Incurred for Provision of Health Care Services	695,106,565							695,106,565						

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(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 \$ 793,216,303

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
9999999 - Total (Sum of 0799999 and 1099999)												

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Health, Non-Affiliates, U.S. Non-Affiliates						
93572	43-1235868	01/01/2024	RGA Reinsurance Company	MO	65,506	
1999999 - Accident and Health, Non-Affiliates, U.S. Non-Affiliates					65,506	
2199999 - Accident and Health, Non-Affiliates, Total Non-Affiliates					65,506	
2299999 - Total Accident and Health					65,506	
2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					65,506	
9999999 - Total (Sum of 1199999 and 2299999)					65,506	

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates													
93572	43-1235868	01/01/2024	RG A Reinsurance Company	MO	SSL/I	MR	657,906						
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							657,906						
1099999 – General Account, Authorized, Total Authorized Non-Affiliates							657,906						
1199999 – Total General Account Authorized							657,906						
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							657,906						
9199999 – Total U.S.							657,906						
9999999 – Total (Sum of 4599999 and 9099999)							657,906						

(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

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1	2	3	4	5
	2024	2023	2022	2021	2020
A. OPERATIONS ITEMS					
1. Premiums.....					
2. Title XVIII-Medicare.....	658	3,886	4,632	5,062	3,798
3. Title XIX-Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....	(18)	1,815	3,418	2,022	3,260
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....			486	440	606
8. Reinsurance recoverable on paid losses.....	66	624	486	774	1,327
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with Certified Reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					

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)	141,396,274		141,396,274
2. Accident and health premiums due and unpaid (Line 15)	3,909,715		3,909,715
3. Amounts recoverable from reinsurers (Line 16.1)	65,506	(65,506)	
4. Net credit for ceded reinsurance	XXX	65,506	65,506
5. All other admitted assets (Balance)	68,672,409		68,672,409
6. Total assets (Line 28)	214,043,904		214,043,904
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	70,479,649		70,479,649
8. Accrued medical incentive pool and bonus payments (Line 2)	15,183,385		15,183,385
9. Premiums received in advance (Line 8)	33,813		33,813
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)	28,930,327		28,930,327
15. Total liabilities (Line 24)	114,627,174		114,627,174
16. Total capital and surplus (Line 33)	99,416,730	XXX	99,416,730
17. Total liabilities, capital and surplus (Line 34)	214,043,904		214,043,904
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	65,506	XXX	XXX
22. Other ceded reinsurance recoverables		XXX	XXX
23. Total ceded reinsurance recoverables	65,506	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	65,506	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

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)	*
4597	Lumeris Grp		26-3628710				Lumeris Healthcare Outcomes, LLC	MO	NIA	Lumeris Holdings LLC	Ownership	100.000	JDlinx, LLC	NO	
4597	Lumeris Grp		43-1861242				Lumeris Solutions Company, LLC	DE	NIA	Lumeris Holdings LLC	Ownership	100.000	JDlinx, LLC	NO	
4597	Lumeris Grp		80-0968618				Lumeris Holdings, LLC	DE	NIA	Lumeris Group Holdings Corporation	Ownership	100.000	JDlinx, LLC	NO	
4597	Lumeris Grp		26-1245470				Lumeris Group Holdings Corporation	DE	UDP	JDlinx, LLC	Ownership	55.600	JDlinx, LLC	NO	
4597	Lumeris Grp	11699	20-8185682				Essence Healthcare, Inc.	MO	RE	Lumeris Group Holdings Corporation	Ownership	100.000	JDlinx, LLC	NO	
4597	Lumeris Grp		47-2472489				Forecast Health Inc.	NC	NIA	Lumeris Solutions Company, LLC	Ownership	100.000	JDlinx, LLC	NO	
4597	Lumeris Grp		82-3463296				LHO of Florida, LLC	FL	NIA	Lumeris Health Outcomes MO, LLC	Ownership	100.000	JDlinx, LLC	NO	
4597	Lumeris Grp		84-3677241				Essence Plan Holdings, LLC	DE	NIA	Lumeris Group Holdings Corporation	Ownership	100.000	JDlinx, LLC	NO	
4597	Lumeris Grp	17058	86-3230767				Essence Healthcare of Georgia, Inc.	GA	DS	Essence Healthcare, Inc.	Ownership	100.000	JDlinx, LLC	NO	
4597	Lumeris Grp		84-5172897				Esse Health ACO, LLC	MO	NIA	Essence Plan Holdings, LLC	Ownership	49.000	JDlinx, LLC	NO	
4597	Lumeris Grp		87-1943889				Rancho Health Management, LLC	CA	NIA	Essence Plan Holdings, LLC	Ownership	49.000	JDlinx, LLC	NO	
4597	Lumeris Grp		99-2894234				Lumeris MSSP ACO, LLC	DE	NIA	Essence Plan Holdings, LLC	Ownership	100.000	JDlinx, LLC	NO	
4597	Lumeris Grp		46-4071746				Essence Healthcare of California, Inc.	CA	NIA	Essence Plan Holdings, LLC	Ownership	100.000	JDlinx, LLC	NO	
4597	Lumeris Grp	17254	88-0718243				Essence Healthcare PPO, Inc.	MO	DS	Essence Healthcare, Inc.	Ownership	100.000	JDlinx, LLC	NO	
4597	Lumeris Grp	17275	30-1295719				Essence Healthcare of Ohio, Inc.	OH	DS	Essence Healthcare, Inc.	Ownership	100.000	JDlinx, LLC	NO	
4597	Lumeris Grp		88-1789122				Lumeris ARO, LLC	DE	NIA	Lumeris Holdings LLC	Ownership	100.000	JDlinx, LLC	NO	
4597	Lumeris Grp		88-1764234				Lumeris ARO St. Louis, LLC	DE	NIA	Lumeris ARO, LLC	Ownership	100.000	JDlinx, LLC	NO	
4597	Lumeris Grp		92-3102119				Lumeris ARO Arkansas, LLC	DE	NIA	Lumeris ARO, LLC	Ownership	100.000	JDlinx, LLC	NO	
4597	Lumeris Grp		93-1400012				Lumeris ARO Ohio, LLC	DE	NIA	Lumeris ARO, LLC	Ownership	100.000	JDlinx, LLC	NO	
4597	Lumeris Grp		93-1435438				Lumeris ARO Oklahoma, LLC	DE	NIA	Lumeris ARO, LLC	Ownership	100.000	JDlinx, LLC	NO	
4597	Lumeris Grp		93-2085084				Lumeris ARO New Jersey, LLC	NJ	NIA	Lumeris ARO, LLC	Ownership	100.000	JDlinx, LLC	NO	
4597	Lumeris Grp		98-0904611				Lumeris ARO NY IPA, LLC	NY	NIA	Lumeris ARO, LLC	Ownership	100.000	JDlinx, LLC	NO	
4597	Lumeris Grp		93-3633636				Lumeris ARO Illinois, LLC	IL	NIA	Lumeris ARO, LLC	Ownership	100.000	JDlinx, LLC	NO	
4597	Lumeris Grp		93-3879347				Lumeris ARO Colorado, LLC	CO	NIA	Lumeris ARO, LLC	Ownership	100.000	JDlinx, LLC	NO	
4597	Lumeris Grp		99-2822679				Provider's Choice, LLC	MO	NIA	Lumeris Holdings LLC	Ownership	100.000	JDlinx, LLC	NO	
4597	Lumeris Grp		99-3260508				Medicare Partners MSSP II, LLC	DE	NIA	Lumeris Holdings LLC	Ownership	100.000	JDlinx, LLC	NO	
4597	Lumeris Grp		99-3266090				Medicare Partners MSSP III, LLC	DE	NIA	Lumeris Holdings LLC	Ownership	100.000	JDlinx, LLC	NO	
4597	Lumeris Grp		99-3288876				Medicare Partners MSSP IV, LLC	DE	NIA	Lumeris Holdings LLC	Ownership	100.000	JDlinx, LLC	NO	
4597	Lumeris Grp		99-3374021				Medicare Partners MSSP V, LLC	DE	NIA	Lumeris Holdings LLC	Ownership	100.000	JDlinx, LLC	NO	

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Asterisk	Explanation
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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)
		Essence Healthcare, Inc.....		(2,000,000)			(50,622,041)				(52,622,041)	
		Essence Healthcare PPO, Inc.....		29,800,000							29,800,000	
		Lumeris Group Holdings Corporation.....		(27,800,000)			50,622,041				22,822,041	
9999999		Control Totals.....							XXX			

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)
Essence Healthcare, Inc.....	Lumeris Group Holdings Corporation.....	100.000 %	NO	JDLinx, LLC.....	Lumeris Group.....	38.190 %	
Essence Healthcare of Georgia, Inc.....	Essence Healthcare, Inc.....	100.000 %	NO	JDLinx, LLC.....	Lumeris Group.....	38.190 %	
Essence Healthcare of Ohio, Inc.....	Essence Healthcare, Inc.....	100.000 %	NO	JDLinx, LLC.....	Lumeris Group.....	38.190 %	
Essence Healthcare PPO, Inc.....	Essence Healthcare, Inc.....	100.000 %	NO	JDLinx, LLC.....	Lumeris Group.....	38.190 %	

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.










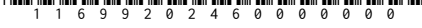


		Response
March Filing		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2.	Will an actuarial opinion be filed by March 1?	Yes
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4.	Will the confidential Risk-based 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?	
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.	 1 1 6 9 9 2 0 2 4 3 6 0 0 0 0 0 0
11.	 1 1 6 9 9 2 0 2 4 2 0 5 0 0 0 0 0
12.	 1 1 6 9 9 2 0 2 4 4 2 0 0 0 0 0 0
13.	 1 1 6 9 9 2 0 2 4 3 7 1 0 0 0 0 0
14.	 1 1 6 9 9 2 0 2 4 3 7 0 0 0 0 0 0
15.	 1 1 6 9 9 2 0 2 4 3 6 5 0 0 0 0 0
16.	 1 1 6 9 9 2 0 2 4 2 2 4 0 0 0 0 0
17.	 1 1 6 9 9 2 0 2 4 2 2 5 0 0 0 0 0
18.	 1 1 6 9 9 2 0 2 4 2 2 6 0 0 0 0 0
19.	 1 1 6 9 9 2 0 2 4 6 0 0 0 0 0 0 0
20.	 1 1 6 9 9 2 0 2 4 3 0 6 0 0 0 0 0
21.	 1 1 6 9 9 2 0 2 4 2 1 0 0 0 0 0 0
22.	
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24.	

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