

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.....	82,009	3,961	194	30,189	30,189	86,164
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).....	82,009	3,961	194	30,189	30,189	86,164

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	956,981	956,981	956,981	6,024,232	1,301,482	7,593,692
0199999 – Pharmaceutical Rebate Receivables	956,981	956,981	956,981	6,024,232	1,301,482	7,593,692
0299998 – Aggregate of Amounts Not Individually Listed	(4,642)	(43,263)	122,685	182,775	182,775	74,779
0299999 – Claim Overpayment Receivables	(4,642)	(43,263)	122,685	182,775	182,775	74,779
0599998 – Aggregate of Amounts Not Individually Listed	6,370,967					6,370,967
0599999 – Risk Sharing Receivables	6,370,967					6,370,967
0799999 – Gross Health Care Receivables	7,323,306	913,718	1,079,666	6,207,007	1,484,257	14,039,438

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	546,034	1,959,592		8,895,174	546,034	583,840
2. Claim overpayment receivables				257,554		172,083
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables				6,370,967		
6. Other health care receivables						216
7. Totals (Lines 1 through 6)	546,034	1,959,592		15,523,695	546,034	756,139

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.....	362,474					362,474
0499999 - Subtotals.....	362,474					362,474
0599999 - Unreported claims and other claim reserves.....						19,711,954
0799999 - Total claims unpaid.....						20,074,428
0899999 - Accrued medical incentive pool and bonus amounts.....						712,290

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
Essence Healthcare, Inc.....	1,234,685					1,234,685	
0199999 – Individually listed receivables.....	1,234,685					1,234,685	
0399999 – Total gross amounts receivable.....	1,234,685					1,234,685	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Lumeris Health Outcomes		158,446	158,446	
Lumeris ARO St Louis, LLC		404,630	404,630	
0199999 – Individually listed payable		563,076	563,076	
0399999 – Total gross payables		563,076	563,076	

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	319,245	0.207				319,245
2. Intermediaries	1,170,929	0.759				1,170,929
3. All other providers	152,360	0.099				152,360
4. Total capitation payments	1,642,534	1.064				1,642,534
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	152,692,059	98.936	XXX	XXX		152,692,059
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	152,692,059	98.936	XXX	XXX		152,692,059
13. Total (Line 4 plus Line 12)	154,334,593	100.000 %	XXX	XXX		154,334,593

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	1,170,920	97,577		
9999999 – Totals		1,170,920	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 PPO, Inc.

2. Maryland Heights, MO
(LOCATION)

NAIC Group Code: 4597

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR 2024

NAIC Company Code: 17254

	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	143							143						
3. Second Quarter	149							149						
4. Third Quarter	157							157						
5. Current Year	161							161						
6. Current Year Member Months	1,728							1,728						
Total Member Ambulatory Encounters for Year:														
7. Physician	1,440							1,440						
8. Non-Physician	1,016							1,016						
9. Total	2,456							2,456						
10. Hospital Patient Days Incurred	133							133						
11. Number of Inpatient Admissions	21							21						
12. Health Premiums Written (b)	1,934,506							1,934,506						
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	1,934,506							1,934,506						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	1,857,686							1,857,686						
18. Amount Incurred for Provision of Health Care Services	1,897,861							1,897,861						

(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 \$ 1,934,506

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Essence Healthcare PPO, Inc.

2. Maryland Heights, MO
(LOCATION)

NAIC Group Code: 4597

BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2024

NAIC Company Code: 17254

	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	265							265						
2. First Quarter	1,588							1,588						
3. Second Quarter	1,783							1,783						
4. Third Quarter	1,949							1,949						
5. Current Year	2,050							2,050						
6. Current Year Member Months	21,973							21,973						
Total Member Ambulatory Encounters for Year:														
7. Physician	16,749							16,749						
8. Non-Physician	12,849							12,849						
9. Total	29,598							29,598						
10. Hospital Patient Days Incurred	1,626							1,626						
11. Number of Inpatient Admissions	339							339						
12. Health Premiums Written (b)	24,597,025							24,597,025						
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	24,597,025							24,597,025						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	23,620,267							23,620,267						
18. Amount Incurred for Provision of Health Care Services	24,131,083							24,131,083						

(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 \$ 24,597,025



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Essence Healthcare PPO, Inc.

2. Maryland Heights, MO
(LOCATION)

NAIC Group Code: 4597

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2024

NAIC Company Code: 17254

	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	103							103						
3. Second Quarter	113							113						
4. Third Quarter	119							119						
5. Current Year	122							122						
6. Current Year Member Months	1,303							1,303						
Total Member Ambulatory Encounters for Year:														
7. Physician	1,130							1,130						
8. Non-Physician	918							918						
9. Total	2,048							2,048						
10. Hospital Patient Days Incurred	80							80						
11. Number of Inpatient Admissions	19							19						
12. Health Premiums Written (b)	1,459,008							1,459,008						
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	1,459,008							1,459,008						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	1,401,070							1,401,070						
18. Amount Incurred for Provision of Health Care Services	1,431,370							1,431,370						

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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 \$ 1,459,008



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Essence Healthcare PPO, Inc.

2. Maryland Heights, MO
(LOCATION)

NAIC Group Code: 4597

BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2024

NAIC Company Code: 17254

	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	661							661						
3. Second Quarter	683							683						
4. Third Quarter	704							704						
5. Current Year	715							715						
6. Current Year Member Months	7,666							7,666						
Total Member Ambulatory Encounters for Year:														
7. Physician	5,945							5,945						
8. Non-Physician	4,709							4,709						
9. Total	10,654							10,654						
10. Hospital Patient Days Incurred	563							563						
11. Number of Inpatient Admissions	77							77						
12. Health Premiums Written (b)	8,581,433							8,581,433						
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	8,581,433							8,581,433						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	8,240,661							8,240,661						
18. Amount Incurred for Provision of Health Care Services	8,418,875							8,418,875						

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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 \$ 8,581,433



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Essence Healthcare PPO, Inc.

2. Maryland Heights, MO
(LOCATION)

NAIC Group Code: 4597

BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR 2024

NAIC Company Code: 17254

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	1,096							1,096						
2. First Quarter	8,403							8,403						
3. Second Quarter	9,216							9,216						
4. Third Quarter	9,962							9,962						
5. Current Year	10,348							10,348						
6. Current Year Member Months	110,900							110,900						
Total Member Ambulatory Encounters for Year:														
7. Physician	75,606							75,606						
8. Non-Physician	58,322							58,322						
9. Total	133,928							133,928						
10. Hospital Patient Days Incurred	7,671							7,671						
11. Number of Inpatient Admissions	1,480							1,480						
12. Health Premiums Written (b)	124,144,751							124,144,751						
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	124,144,751							124,144,751						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	119,214,909							119,214,909						
18. Amount Incurred for Provision of Health Care Services	121,793,072							121,793,072						

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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 \$ 124,144,751



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Essence Healthcare PPO, Inc.

2. Maryland Heights, MO
(LOCATION)

NAIC Group Code: 4597

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2024

NAIC Company Code: 17254

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	1,361							1,361						
2. First Quarter	10,898							10,898						
3. Second Quarter	11,944							11,944						
4. Third Quarter	12,891							12,891						
5. Current Year	13,396							13,396						
6. Current Year Member Months	143,570							143,570						
Total Member Ambulatory Encounters for Year:														
7. Physician	100,870							100,870						
8. Non-Physician	77,814							77,814						
9. Total	178,684							178,684						
10. Hospital Patient Days Incurred	10,073							10,073						
11. Number of Inpatient Admissions	1,936							1,936						
12. Health Premiums Written (b)	160,716,723							160,716,723						
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	160,716,723							160,716,723						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	154,334,593							154,334,593						
18. Amount Incurred for Provision of Health Care Services	157,672,261							157,672,261						

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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 \$ 160,716,723

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	99,193	
1999999 - Accident and Health, Non-Affiliates, U.S. Non-Affiliates					99,193	
2199999 - Accident and Health, Non-Affiliates, Total Non-Affiliates					99,193	
2299999 - Total Accident and Health					99,193	
2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					99,193	
9999999 - Total (Sum of 1199999 and 2299999)					99,193	

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	840,733						
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							840,733						
1099999 – General Account, Authorized, Total Authorized Non-Affiliates							840,733						
1199999 – Total General Account Authorized							840,733						
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							840,733						
9199999 – Total U.S.							840,733						
9999999 – Total (Sum of 4599999 and 9099999)							840,733						

(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.....	841	77			
3. Title XIX-Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....	99				
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....	99				
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)	28,946,105		28,946,105
2. Accident and health premiums due and unpaid (Line 15)	1,625,372		1,625,372
3. Amounts recoverable from reinsurers (Line 16.1)	99,193	(99,193)	
4. Net credit for ceded reinsurance	XXX	99,193	99,193
5. All other admitted assets (Balance)	19,464,352		19,464,352
6. Total assets (Line 28)	50,135,022		50,135,022
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	20,074,428		20,074,428
8. Accrued medical incentive pool and bonus payments (Line 2)	712,290		712,290
9. Premiums received in advance (Line 8)	65,445		65,445
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)	6,116,032		6,116,032
15. Total liabilities (Line 24)	26,968,195		26,968,195
16. Total capital and surplus (Line 33)	23,166,827	XXX	23,166,827
17. Total liabilities, capital and surplus (Line 34)	50,135,022		50,135,022
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	99,193	XXX	XXX
22. Other ceded reinsurance recoverables		XXX	XXX
23. Total ceded reinsurance recoverables	99,193	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	99,193	XXX	XXX

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

States, Etc.		Direct Business Only					Totals
		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		99-0904611				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				Providers'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	JCLinx, 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)
11699	20-8185682	Essence Healthcare, Inc.		(29,800,000)							(29,800,000)	
17275	30-1295719	Essence Healthcare PPO, Inc.		29,800,000			(2,394,289)				27,405,711	
00000	26-3628710	Lumeris Health Outcomes					2,394,289				2,394,289	
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.












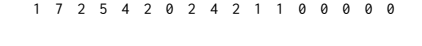

		Response
March Filing		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based 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?	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?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

Explanation	Barcode
1.	
2.	
3.	
4.	
5.	
6.	
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10.	 1 7 2 5 4 2 0 2 4 3 6 0 0 0 0 0 0
11.	 1 7 2 5 4 2 0 2 4 2 0 5 0 0 0 0 0
12.	 1 7 2 5 4 2 0 2 4 4 2 0 0 0 0 0 0
13.	 1 7 2 5 4 2 0 2 4 3 7 1 0 0 0 0 0
14.	 1 7 2 5 4 2 0 2 4 3 7 0 0 0 0 0 0
15.	 1 7 2 5 4 2 0 2 4 3 6 5 0 0 0 0 0
16.	 1 7 2 5 4 2 0 2 4 2 2 4 0 0 0 0 0
17.	 1 7 2 5 4 2 0 2 4 2 2 5 0 0 0 0 0
18.	 1 7 2 5 4 2 0 2 4 2 2 6 0 0 0 0 0
19.	 1 7 2 5 4 2 0 2 4 6 0 0 0 0 0 0 0
20.	 1 7 2 5 4 2 0 2 4 3 0 6 0 0 0 0 0
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